|  |  |  |  |
| --- | --- | --- | --- |
| **INNOVATION PROJECT WORK PLAN: BUDGET** | | | |
| IF PROJECT EXTENDS BEYOND TWO YEARS, DUPLICATE THIS BUDGET PAGE OR INSERT COLUMNS, AND PROVIDE TOTAL AT THE END OF THE ADDITIONAL YEARS. | | | |
| **SALARY** (Note: There are restrictions on the use of research funds to reimburse offices or Districts for Mn/DOT salaries, and this can be done only in special circumstances, with prior approvals required.) | DOLLAR AMOUNT (OMIT CENTS) | | |
| NAME/ROLE | **YEAR 1** | **YEAR 2** | **TOTALS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL SALARIES |  |  |  |
| Provide information here describing the methods used to develop salary budgets and other costs: | | | |
| **DIRECT COSTS** |  |  |  |
| CONSULTANT/CONTRACTOR COSTS (See Note below) |  |  |  |
| EQUIPMENT: (ITEMIZE) |  |  |  |
| SUPPLIES |  |  |  |
| TRAVEL (In-State only) |  |  |  |
| OTHER EXPENSES (i.e. testing) |  |  |  |
| TOTAL DIRECT COSTS |  |  |  |
| **TOTAL PROJECT COSTS** |  |  |  |