

**BOARD OF REGENTS SUPPORT FUND
BoR/SREB DOCTORAL SUPPORT INITIATIVE**

BUDGET, FY _____

Contract Number: _____

Title of Project: _____

Project Director(s): _____

Institution of Higher Education: _____

I. PROPOSED BUDGET:

<u>Line Item</u>	<u>Support Fund Money Requested</u>	<u>Institutional Match (Stipulate whether In-Cash or In-Kind)</u>
A. Stipends	\$ _____ (@ \$10,000 per student)	\$ _____ (@ \$10,000 per student minimum)
B. Educational Support	\$ _____	
1. SREB Membership & Administrative Support)	\$ _____ (@ \$5,000 per student)	
2. Faculty Participation @ Annual Institute (Year 1 Only)	\$ _____ (@ \$2,500 per student)	\$ _____
C. Other Match (Identify)		\$ _____
1.		_____
2.		_____
D. Total Costs	\$ _____	\$ _____

Project Director

Authorized Fiscal Officer

* The justification page for this budget, including a breakdown of all categories, must be attached to this form.