ESTIMATED COST: 1,000,000

Project Name: Amending Williamson County Regional Habitat Conservation Plan to Cover Six Additional Species Sub-recipient: Williamson County

The state of the s			
Cost Categories	Federal Share	Applicant Share	1
(FY runs Sept. 1 through Aug. 31)	(Please select one)	(Non-federal Match)	lotal
YEAR 1 - FY 2022			
ıel			
PI/Grad Student Salaries		\$16,824	\$16,824
Temp Asst Salaries			\$0
Fringe Benefits			\$0
Travel			\$0
Equipment			\$0
Supplies			\$0
Contractual	\$237,382	\$79,127	\$316,509
Miscellaneous).		\$0
Total Direct Cost	\$237,382	\$95,951	\$333,333
Modified Total Direct Cost (MTDC)*			\$0
Indirect Cost Rate as applied to MTDC			\$0
Unrecovered indirect as match (if applicable)			\$0
Total IDC			\$0
Total (Yr 1)	\$237,382	\$95,951	\$333,333
Total year 1 (%)	71.21%	28.79%	100.00%
YEAR 2 - FY 2023			
Personnel			
PI/Grad Student Salaries		\$16,824	\$16,824
Temp Asst Salaries			\$0
Fringe Benefits			\$0
Travel			\$0
Equipment			\$0
Supplies			\$0
Contractual	\$237,382	\$79,127	\$316,509
Miscellaneous			\$0
Total Direct Cost	\$237,382	\$95,951	\$333,333
Modified Total Direct Cost (MTDC)*			\$0
Indirect Cost Rate as applied to MTDC			\$0
Unrecovered indirect as match (if applicable)			\$0
Total IDC			\$0
lotal (Yr Z)	\$231,382	\$95,957	<i>\$333,333</i>

IDC rate: Enter full negotiated

\$95,951 \$333,333 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$712,146 \$	
\$333,3 \$333,3		GRAND TOTAL (\$)
\$333,3 \$333,3 100.00		
\$333,3 \$333,3	71.21%	Total year 3 (%)
\$333,3	\$237,382	Total (Yr 3)
\$333,3		
\$333,3		Total IDC
\$333,3		Unrecovered indirect as match (if applicable)
		Indirect Cost Rate as applied to MTDC
		Modified Total Direct Cost (MTDC)*
\$0	\$237,382	Total Direct Cost
		Miscellaneous
\$79,127 \$316,509	\$237,382	Contractual
\$0		Supplies
\$0		Equipment
\$0		Travel
\$0		Fringe Benefits
\$0		Temp Asst Salaries
\$16,824 \$16,824		PI/Grad Student Salaries
		Personnel
		YEAR 3 - FY 2024
28.79% 100.00%	71.21%	Total year 2 (%)

If you elect to use part of your IDC as match, please fill out the following information:	please fill out the following information:
Total amount of IDC requested for	\$0.00
reimbursement:	
Total amount of IDC used to meet match	\$0.00
requirement:	

agency.	
for your organization that was negotiated with the appropriate cognizant federal	
claim indirect costs you must attach a copy of the valid Indirect Cost rate agreement	used to meet match requirements.)
Include the currently approved Indirect Cost rate for your organization; In order to	Indirect Cost (F&A unrecovered indirect costs may be
the portion of each subaward/subcontract in excess of \$25,000.	
costs, tuition remission, scholarships and fellowships, participant support costs and	which the IDC rate should be applied.
MTDC excludes equipment, capital expenditures, charges for patient care, rental	your institution's NICRA to determine the base to
supplies, services, travel, and up to the first \$25,000 of each subaward/subcontract.	included in most, but not all, NICRA's. Please refer to
MTDC means all direct salaries and wages, applicable fringe benefits, materials and	Modified Total Direct Cost (MTDC)*MTDC is

that part of your IDC will be waived to use as match, then the budget must be signed by the institution's official having the as a grant coordinator, a budget coordinator, or a reviewer from the Office of Sponsored Research. If the budget indicates NOTE: This budget MUST be reviewed and approved by the pass-thru entity's designated Contract Point-of-Contact, such authority to negotiate indirect cost rates for your organization.



Contract Point-of-Contact

Printed Name: Job Title:

Email: Work Phone: