	U.S. Department of Education Budget Summary			OMB Control Number: x Expiration Date: xx/xx/x		
1. Program				2. Select One: Lead (fiscal agent) Partner		
3. Name of Institution/O			Li beletti oliti i Belet	r (noeur ugent) - r urther		
Project Costs Requested						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)	
4. Personnel (salary & wages)						
5. Fringe Benefits						
employee benefits)						
6. Travel						
7. Equipment						
(purchase)						
and materials)						
9. Contractual						
enter partner totals here)						
10. Other						
equipment rental,						
orinting, etc.)						
Costs (lines 4-10)						
2. Indirect Costs*						
8% of line 11)						
3. Mobility						
Stipends 4. Language						
Stipends						
5. Subtotal of						
Stipends						
lines 13+14) 16. Total Requested						
from FIPSE (lines						
11+12+15)						
These figures						
should appear on the Title Form)						
Project Costs Not Reque	sted from FIPSE:		-			
7. Lead Partner						
ion-federal funds						
8. Subcontractor(s)						
on-federal funds	oign Dorthour-					
9a. Total	eigii Partners:					
Requested from Canada						
.9b. Total						
Requested from						
/lexico						
.9c. Total Requested from						
Brazil						
9d. Total						
Requested from						
urope	/TL 1	V D · Off	<u> </u>			
Indirect Cost Information			e): se answer the following q	uestions:		
	lirect Cost Rate Agreer			Yes No (Radio	Button)	
	ide the following inform		Bo , crimient.			
o Period o	covered by the Indirect	Cost Rate Agreement:		To: <u>mm/dd/yyyy</u>		
	ing federal agency:		please specify):	(Radio Butto	on)	
For Restricted Rate	Programs (select one)	Are you using a res	stricted indirect cost rate the	hat:		