		Year 1		Year 2		Year 3		Year 4		Year 5		Total		
Item	**Cost Category**	**BioDiv**	**GCC**	**BioDiv**	**GCC**	**BioDiv**	**GCC**	**BioDiv**	**GCC**	**BioDiv**	**GCC**	**BioDiv**	**GCC**	**Grand Total**
a.	Personnel/Direct Labor													
b.	Fringe Benefits/Allowances													
c.	Travel													
d.	Equipment													
e.	Supplies													
f.	Contractual													
g.	Other Direct Costs													
	Total Direct Costs													
h.	Fee/Profit													
i.	Grants Under Contract*													$5,000,000
j.	Indirect Costs													
	Total Estimated Cost Including Fee													

*No fee on GUCs