

**APPENDIX N  
SUPPORTING DETAILS OF ANTICIPATED COSTS**

**PART A: CONSULTATION**

**A. PERSONNEL:** (List all positions having salary charged to Consultation.) **Total** \_\_\_\_\_

<u>Position</u>	<u>Type</u> <sup>1</sup>	<u>Status</u> <sup>2</sup>	<u>Cond.</u> <sup>3</sup>	<u>Location</u>	<u>% Time 21(d)</u>	<u>Salary</u>
1. Consultant						
				Subtotal:		_____
2. Supervisory consultant/clerical						
				Subtotal:		_____

**B. FRINGE BENEFITS:** (List Cost Formula[s]) **Total** \_\_\_\_\_

1. Consultant	Subtotal:	_____
2. Supervisory consultant/clerical	Subtotal:	_____

**C. TRAVEL:** (100% Describe in Training Plan) **Total** \_\_\_\_\_

1. Out-of-State (100% Federal)	Subtotal:	_____
Training		_____
Other (specify)		_____
2. Within State (90% Federal)	Subtotal:	_____
Training		_____
Promotion		_____
Consultative Visits		_____
Other (specify)		_____

**D. EQUIPMENT:** (tech/list in Equipment Listing) **Total** \_\_\_\_\_

**E. SUPPLIES:** (tech/itemize & describe) **Total** \_\_\_\_\_

**F. CONTRACTS:** (all sources) **Total** \_\_\_\_\_

1. Lab Analysis (include #samples)	Subtotal:	_____
2. Industrial Hygiene Services	Subtotal:	_____
3. Other (specify)	Subtotal:	_____

**G. OTHER** (items not covered elsewhere) **Total** \_\_\_\_\_

1. 100% non-travel costs of training	Subtotal	_____
2. Other (itemize and describe)	Subtotal	_____

**H. TOTAL OF DIRECT CHARGES:**  
(A. through G.) **Total** \_\_\_\_\_

<sup>1</sup> S—TS—S/S—H—TH—H/S—SEC

<sup>2</sup> Encumbered/ Vacant

<sup>3</sup> Previously Approved/ New