

Lake Superior State University

REQUEST TO ADD NEW FOAPAL

Fill in all information above dashed line except signatures. Print form and sign as appropriate.
Attach any additional documentation that may be applicable and then return to Business Office.

1. Suggested title: _____

2. Describe the event that requires a new FOAPAL element (if restricted grant or contract, attach copy of award document and proposal or signed contract); for Federal Grants indicate (CFDA) Catalog of Federal Domestic Assistance Number.

3. Estimated total project dollar volume of activity/organization \$ _____

4. Attach budget.

5. Budget Office Approval: _____
(Required if Revenue Source is General Fund, Tuit/Fees, Sales/Serv, Aux Fund, or Gift)

6. List Fund/Org from which any deficit will be funded: _____

7. Identify the FOAPAL element being requested:

9. Identify the source of revenue:

10. Identify the expenditure purpose:

- ____ Fund
- ____ Organization
- ____ Account (Object Code)
- ____ Program
- ____ Activity
- ____ Location

- ____ GF Operating Funds
- ____ Tuition/Fees
- ____ Federal Appropriation
- ____ State Appropriation
- ____ Federal Grant
- ____ State Grant
- ____ Other Grant
- ____ Gift
- ____ From:
- ____ Endowment Income
- ____ Sales/Services -- Departmental
- ____ Auxiliary Funds
- ____ Agency Funds
- ____ Other _____

- ____ Instruction
- ____ Research
- ____ Public Service
- ____ Academic Support
- ____ Student Services
- ____ Institutional Support
- ____ Scholarships/Fellowships
- ____ Auxiliary Enterprises
- ____ Plant Operation & Maintenance
- ____ Plant Funds
- ____ Agency Funds
- ____ Insurance & Benefits Funds
- ____ Other _____

8. Identify duration:
Project Start Date _____
Project End Date _____
if not ongoing: _____

11. Name of responsible person/authorized signer:

print name

signature/date

12. Additional authorized signers:

print name

signature/date

13. Approved by _____
signature/date of supervisor of authorized signer

Title (35 max): _____ 0

Number (6 max): _____ 0