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 _____ Match _____

4. **ATTACH BUDGET.**

5. Budget Office Approval: _____ N/A (no signature required)

    (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:

    Fund

    Organization Account (Object Code)

    Program

    Activity

    Location

8. Identify the source of revenue:

    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:

9. Identify the expenditure purpose:

    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 :

10. <u>Identify duration</u>
    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

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Title (35 max): _____

Number (6 max): _____