**Activity #1: Name of Activity**

**Activity Narrative**

**Abstract:**

**Purpose:**

|  |
| --- |
| **Key Personnel** |

Position#1: Serves as Activity Director. Leads the “*Name of Activity*” as director and submit all reports and data regarding the activity. Reports to the Provost and the Title III Director regarding this activity. 100% State Funded.

Position #2: Provide information on how this positions will assist the activity director and the activity. Reports to “provide the supervisor’s title”/Activity Director. 100% Title III Funded.-Provide percentage amount.

Position #3: Provide information on how this positions will assist the activity director and the activity. Reports to the “provide the supervisor’s title”/Activity Director. 100% Title III Funded.-Provide percentage amount.

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| Fayetteville State UniversityGRANT APPLICATION FOR THE STRENGTHENING INSTITUTIONS PROGRAMTitle III, Higher Education Act of 1965, as amended by Public Law 99-498 | Fayetteville State UniversityGRANT APPLICATION FOR THE STRENGTHENING INSTITUTIONS PROGRAMTitle III, Higher Education Act of 1965, as amended by Public Law 99-498 |
| **ACTIVITY OBJECTIVES AND PERFORMANCE INDICATORS** |
| **Name of Applicant Institution:** Fayetteville State University | **Activity Title: Name of Activity**  |
| **Objectives in Measurable Terms** | **PERFOrMANCE INDICATORS** |
| **1.****Baseline Data:** *all objectives should include baseline data.*  | **1.1** **1.2** **1.3** **1.4**  |
| **2.** **Baseline Data:**  | **2.1** **2.2****2.3**  |
| **3.****Baseline Data:**  | **3.1**. **3.2** **3.3** **3.4**  |

| Fayetteville State UniversityGRANT APPLICATION FOR THE STRENGTHENING INSTITUTIONS PROGRAMTitle III, Higher Education Act of 1965, as amended by Public Law 99-498 |  |
| --- | --- |
| **IMPLEMENTATION STRATEGY AND TIMETABLE FORM**  |
| **1. Name of Applicant Institution:** Fayetteville State University | **2. Activity Title: Name of Activity**  |
| **3. Specific Tasks****to be Completed** | **4. Primary****Participants** | **5. Methodologies Involved** | **6. Tangible Results** | **7. Time Frame****From To** |
|  |  |  |  | Ex. 10/24 | 09/24 |
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Be sure to include specific dates. Do not indicate 10/1/13 – 9/30/14 as your timeframe unless it will take you the entire grant period to complete.

**INDIVIDUAL ACTIVITY BUDGET**

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| **Name of Institution:** Fayetteville State University |
| **Activity Title: Name of Activity** | **Activity Number**  |
| **Roster of Personnel and Salaries** |
| Position title/Activity DirectorPosition Title Position Title  | **Salary amount for each position**$0$0$0 |
| (1) Total for personnel  | $0 |
| (2) Fringe  | $0 |
| (3) Travel | $0 |
| (4) Equipment | $0 |
| (5) Supplies | $0 |
| (6) Contractual | $0 |
| (7) Construction | $0 |
| (8) Other | $0 |
| (9) **TOTAL** | **$0** |

**INDIVIDUAL ACTIVITY BUDGET NARRATIVE**

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| --- |
| **Name of Institution:** Fayetteville State University |
| **Activity Title: Name of Activity** | **Activity Number**  |
| **PERSONNEL** |
| Position Title/Activity Director – 100% State FundedPosition Title – 100% Title III Funded Position Title – 100% Title III Funded  | $0$0$0 |  |
| **TOTAL PERSONNEL:** |  | **$0** |
| **FRINGE BENEFITS**  |  |  |
| Social Security @ 7.65% (include for ALL personnel)State Retirement Calculated @ 24.50%. Optional Retirement Calculated @ 13.56%. Medical Insurance @ $7,397  | $0$0$0$0 |  |
| **TOTAL FRINGE BENEFITS:** |  | **$0** |
| **TRAVEL** |
| **Name of trip; Location; Dates** Airfare: Hotel: Per Diem: Misc.: **Name of trip; Location; Dates** Airfare: Hotel: Per Diem: Misc.:   | $0$0$0 |  |
| **TOTAL TRAVEL:** |  | **$0** |
| **EQUIPMENT** |
|  | $0 |  |
| **TOTAL EQUIPMENT:** |  | **$0** |
| **SUPPLIES** |  |  |
| General Office Supplies **Justification**: Ex. Supplies are needed to set up program and support advising and coaching for student success. | $0 |  |
| **TOTAL SUPPLIES:** |  | **$0** |
| **CONTRACTUAL** |  |  |
|  | $0 |  |
| **TOTAL CONTRACTUAL:** |  | **$0** |
| **CONSTRUCTION** |  |  |
|  | $0 |  |
| **TOTAL construction:** |  | **$0** |
| **OTHER** |  |  |
| **Registration Fees:****Membership Fees:****Software:** **Justification:**  | $0$0$0 |  |
| **TOTAL OTHER:** |  | **$0** |
| **TOTAL BUDGET:** | **$0** |