**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 University  GRANT APPLICATION FOR THE STRENGTHENING INSTITUTIONS PROGRAM  Title III, Higher Education Act of 1965, as amended by Public Law 99-498 | | Fayetteville State University  GRANT APPLICATION FOR THE STRENGTHENING INSTITUTIONS PROGRAM  Title 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 University  GRANT APPLICATION FOR THE STRENGTHENING INSTITUTIONS PROGRAM  Title 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**

|  |  |
| --- | --- |
| **Name of Institution:** Fayetteville State University | |
| **Activity Title: Name of Activity** | **Activity Number** |
| **Roster of Personnel and Salaries** | |
| Position title/Activity Director  Position 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**

|  |  |  |
| --- | --- | --- |
| **Name of Institution:** Fayetteville State University | | |
| **Activity Title: Name of Activity** | **Activity Number** | |
| **PERSONNEL** | | |
| Position Title/Activity Director – 100% State Funded  Position 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** |