

DATE: _____

REQUEST FOR FRS NUMBER

Name of Grant: _____

Project Director: _____

Project Director's Campus: _____

Project Period: _____

Funding Source:	Agency Name:
State _____	_____
Federal _____	_____
Private _____	_____
Local _____	_____

If Federal, CFDA# _____

Fund Group: *(this field identifies a group of funds, having similar characteristics, to which account belongs)*

Undefined	_____
10 - Current Unrestricted	_____
20 - Current Restricted	_____
40 - Loan	_____
50 - Endowment/Similar	_____
70 - Unexpended	_____
71 - Renew & Replace	_____
72 - Investment in Plant	_____
90 - Agency	_____

Program Function/Identity Codes: *(this field identifies the function of expenses for this account)*

1000	Instruction	_____
2000	Research	_____
3000	Public Service	_____
4000	Academic Support	_____
5000	Student Services	_____
6000	Institutional Support	_____
7000	Operation & Maintenance of Physical Plant	_____
8000	Scholarships/Fellowships	_____
9000	Auxiliary Enterpr	_____

Official Award Letter Attached Yes _____ No _____

Final Budget Attached Yes _____ No _____

Grant Proposal Attached Yes _____ No _____