



**Program Outline, Budget Narrative Form**

TITLE OF PROGRAM:		DATE OF EVENT	
NAME OF PROJECT DIRECTOR:		EMAIL ADDRESS	CAMPUS ADDRESS
TOTAL AMOUNT REQUESTED:		PHONE	CAMPUS ADDRESS

Note:  
 1. Expense categories should be specific to the budget request. For instance, "Transportation"; "Honorarium"  
 2. If the amount requested is not 100% of the project budget, please describe other funders and their amounts. If your organization/dept. will receive matching funds to the FSA grant, please describe. This format will be required with the Final Report.

**FSA FOUNDERS FUND TYPICALLY AWARDS AMOUNTS IN THE RANGE \$250.00 TO \$3,000.00**

Expense Categories (See note #1 above)	Amount Requested	Other Funding Sources	Other Funding Sources (Identify Source by Name)	Total Project Budget	Description
<b>TOTAL</b>					

**Except in rare circumstances, grants will be awarded according to the following guidelines:**

- a. Programs are to be conducted on the Buffalo State campus only.
- b. Programs should be open to all members of the campus community free of charge.
- c. Programs should be of a non-continuous basis.
- d. No more than one-third of the FSA portion supporting the program's total budget may be expended for food.

This program will benefit:  Students  Faculty  Specific organization  
 \_\_\_\_\_  
 Name of organization

Number of people expected to attend \_\_\_\_\_  
 Reason for program (please be specific) \_\_\_\_\_

**Use the following page to write an outline for the proposed program.  
 Please restrict this to a single page**

**Outline for program**