

South Texas College Request to Set Up a New Grant Fund

d:	Organization:	Pi	rogram:
Grant Title: Financial Manager:			
nt Purpose:			
cipal Investigator:			
ephone:	E-mail:	Vice President:	
Granting Agency		Contact Person	
Grantor Address		Grantor Tel. No	
		Grantor Fax No.	
Contract Number		Grant Amount	
	ber (Required for Federal G deral Domestic Assistance) Grant End Date:		Fiscal Year:
Capital Asset Guideli	ines		_
	old		
In-Kind Budget Salaries Benefits Operating Travel Capital Tuition Total	Organization		
++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++
Requestor		Date	
Financial Manager		Date	