|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRANT APPLICATION FOR THE TITLE III, PART B PROGRAMS** | | | | | **ACTIVITY**  **NUMBER** | | **ACTIVITY TITLE** | | | **PAGE NUMBER**  1 | | **FORM APPROVED**  **OMB NO. 1840-0113** | |
| **ACTIVITY BUDGET FORM (To be completed for every major activity for which funding is requested**) | | | | | | | | | | | | | |
| **1. Name of Applicant Institution:**  Jackson State University | | | | | **2. Activity Title:** | | | | | | | | |
| **3. Budget Categories**  **By Year** | **First Year**  2012-2013 | | **Second Year**  2013-2014 | | **Third Year**  2014-2015 | | | **Fourth Year**  2015-2016 | | **Fifth Year**  2016-2017 | | | **Total Funds Requested** |
| Object Class | % of  Time | Funds Requested | % of  Time | Funds Requested | % of  Time | Funds Requested | | % of  Time | Funds Requested | % of  Time | Funds Requested | |
| **a. Personnel (Position Title)** |  |  |  |  |  |  | |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |  |  |  | |  |
| **SUB-TOTAL** |  |  |  |  |  |  | |  |  |  |  | |  |
| **b. Fringe Benefits (32%)** |  |  |  |  |  |  | |  |  |  |  | |  |
| **c. Travel** |  |  |  |  |  |  | |  |  |  |  | |  |
| **d. Equipment** |  |  |  |  |  |  | |  |  |  |  | |  |
| **e. Supplies** |  |  |  |  |  |  | |  |  |  |  | |  |
| **f. Contractual** |  |  |  |  |  |  | |  |  |  |  | |  |
| **g. Construction** |  |  |  |  |  |  | |  |  |  |  | |  |
| **h. Other** |  |  |  |  |  |  | |  |  |  |  | |  |
| **i. TOTAL DIRECT CHARGES** |  |  |  |  |  |  | |  |  |  |  | |  |

|  |  |
| --- | --- |
| **GRANT APPLICATION FOR THE TITLE III, PART B PROGRAMS** | **FORM APPROVED**  **OMB NO. 1840-0113** |
| **INDIVIDUAL ACTIVITY BUDGET NARRATIVE FORM**  **Provide detailed narrative for each budget line item. Add pages as needed.** | |
| **1. Name of Applicant Institution:**  Jackson State University | **2. Activity Title:** |
| **3. List of Personnel (use position title)** | **4. Salary Amount for Each Position** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **5. SUB-TOTAL** |  |
| **6. Fringe Benefits** (32%) |  |
| The fringe benefit rate for full-time employees is 32% of salaries. It includes Retirement Matching (11.85%), FICA Matching (6.20%), Workmen’s Compensation (.75%), Health Insurance (7.85%), Life Insurance (2.00%), Unemployment Compensation (.40%), Medicare (1.45%), and Remission of Fees for academic credit courses (1.50%). | |
| **7. Travel** |  |
|  | |
| **8. Equipment** |  |
|  | |
| **9. Supplies** |  |
|  | |
| **10. Contractual** |  |
|  | |
| **11. Construction** |  |
|  | |
| **12. Other** |  |
|  | |
| **TOTAL DIRECT CHARGES** |  |