Version 4/17/2008

Su bmit to Chan c ellor’s Office for all activit ies based upon a new funding source.

Place copy in front of any applicable master file.

1) Name of grant: (type in all CAP’S)

2) Granting agency/donor/oth er funding sourc e: (attach support info)

2b) State Revenue Code: ___

2a) CFDA # _____________________2c) A ward #

3) Purpose of a ctivity:

4a) Proper accounting fund: 4b) Funding Source

Entity Gasb Code Federal

Activity Code State

Other: (Name)

5) Related Grants and th eir funding sources :

6a) Begin ning date: 6b) Ending date

:

4 a)aunt rt snrt :4(8) T ET q 0 55.02 5.52008 m 554 678 re W n /Cs1 cs 0 0 0 sc q 0.24 0 0 0.24 18 40.02008 cm BT 42 0 0 38 154 100624805201 m /TT1.0 1 Tf (O) 0.1 (t) -0.5 (t) -.3 (r) --2 ( )hr n os ina l nn rSt tC2):eral:2)eSt nh h e ou tuST ET q 0.24 0 0 0.24 18 40.2008 cm BT -0.0005 Tc 42 42 02.2527 m /3645Tm /TT1.0 1 Tf (St) 1 T0.4 En nh ns os i ST ET q 0.55.02 5.52008 500.4 678 re W n /Cs1 cs 0 0 0 sc q 0.24 0 0 0.24 18 40.02008 cm BT 42 0 0 38 154 1645807770Tm /TT1.0 1 Tf (2)e) V.4 ( ) -.3 (r) -0.2 ( ) -0.3 (ou) .1 (r) --0.5 (or) 0.5 (of) 42 ( ) 00.1 (ot) .5 (7) 0.5 (/) -0.1 (2) 0.5 (b) 002 ( ) 002 ( ) 08T ET 86.655.02 5518 01 201.7 4 1308 57 f q /Cs1 cs 0 0 0 sc q 0.24 0 0 0.24 18 40.02008 cm BT -0.0 0 42 286 2076 Seut C:t aar r n