



CONTACT PAGE

Project Title: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip+4: _____

College President *(or authorized Designee)*

Name: _____ Signature: _____ Title: _____
Phone: (____) _____ Fax: (____) _____ E-Mail Address: _____

Responsible Administrator *(Appropriate Program Area)*

Name: _____ Signature: _____ Title: _____
Phone: (____) _____ Fax: (____) _____ E-Mail Address: _____

Coordinator

Name: _____ Signature: _____ Title: _____
Phone: (____) _____ Fax: (____) _____ E-Mail Address: _____

District Chief Business Officer *(or authorized Designee)*

Name: _____ Signature: _____ Title: _____
Phone: (____) _____ Fax: (____) _____ E-Mail Address: _____

TO BE COMPLETED BY UMOJA

Fiscal Year: _____ Date of Approval: _____
Grant Amount: _____



DISTRICT: _____
COLLEGE: _____
GRANT NUMBER: _____

NEEDS STATEMENT

Program Title: _____

Coordinator: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Phone: (____) _____

PLEASE PROVIDE UMOJA WITH YOUR PROGRAM PROFILE, BRIEF NEEDS STATEMENT, AND REPOSE TO THE NEEDS STATEMENT HERE (see page 3 of the Application Guidelines for more information). Note: Only include needs related to the purpose for this funding request. For example, we understand many programs need additional faculty support. However, these funds cannot be used for faculty reassigned time or stipend so do not include this need in the needs statement.



DISTRICT:
COLLEGE:

WORKPLAN AND OUTCOMES FORM

OBJECTIVE (Use one page per objective):

(See pages 4-7 of Application Guidelines for more information.)

GOALS AND REFERENCE NUMBER	MEASURABLE OUTCOMES (SEE PAGE 5 OF APPLICATION FOR MORE INFORMATION)	RESPONSIBLE PERSON(S)	TIMELINES



DISTRICT: _____

COLLEGE: _____

*APPLICATION BUDGET
DETAIL SHEET*

Program Year: _____

Source of Funds: _____

Expenditure Series	Workplan Goal Reference Number	Item Description	Requested Funds
Total Requested Program Funds:			

(See page 7 of Application Guidelines for more information.)



DISTRICT: _____

COLLEGE: _____

APPLICATION BUDGET SUMMARY

Note: "Other Funds" refers to dollars that are not Umoja funds.
 See page 8 of Application Guidelines for more information

Expenditure Series	Item Description	Line	Campus Match Funding	Other Funding Source	Other Funding Source	Other Funding Source
2000	Non-instructional Salaries a. Ex: Student Assistant b. _____	1	a. _____ b. _____	a. _____ b. _____	a. _____ b. _____	a. _____ b. _____
4000	Supplies and materials a. Ex: Library b. _____ c. _____ d. _____	2	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____
5000	Other Operating Expenses and Services a.Ex: Events/Programs b. Ex: Travel c. _____ d. _____	3	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____
Total Program Funds		4				

Payee(Please list who the check should be sent to and what address):

College/District/Foundations: _____

Attention or Special Instructions: _____

Address: _____

I Certify the total cost proposal as the maximum amount to be claimed for this project and assure that funds shall be spent in compliance with State and Federal regulations.

Program Campus Coordinator _____

Date: _____



DISTRICT:	
COLLEGE:	

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