



**Islands of Opportunity Alliance-LSAMP**

**PROJECT ACTIVITY PLAN & BUDGET PROPOSAL  
YEAR 5**

**CONTACT INFORMATION**

Institution Name \_\_\_\_\_

Campus Coordinator

Name \_\_\_\_\_

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

**PROJECT ACTIVITY PLAN**

List and describe each activity separately. For each activity, include the number of participants you plan to serve, how they will be tracked, what other program(s) will be involved, statement of why the activity will work, and anticipated outcomes and benchmarks.

**BUDGET**

Provide a detailed budget breakdown and statement of justification.

Complete the attached *NSF Budget Form* in highlighted areas ONLY. Note the name of your institution on Line 2 and complete section "F. Participant Support" and section "I. Indirect Costs" ONLY. The form MUST then be signed by an authorized representative at the bottom of the page where it reads "PI/PD TYPED NAME & SIGNATURE\*."