

To: Accounting Office

Date: \_\_\_\_\_

## NORTHWEST MISSOURI STATE UNIVERSITY

### REQUEST FOR FOAP

(Fund, Organization, Account, Program)

**Fund/Org/Account/Program (FOAP) Title:** \_\_\_\_\_  
(limited to 30 characters)

**Effective Date:** \_\_\_\_\_

**FOAP Custodian:** \_\_\_\_\_

**Authorized Account/Approval Signature:** \_\_\_\_\_

**Purposes of the Account** (be specific):

**Source of Revenue** (be specific):

#### **Grants:**

Grant Period                      Beginning Date \_\_\_\_\_                      End Date \_\_\_\_\_

FUNDING SOURCE (select one)                       Federal                       State                       Private

If Federal Funding Source (select one)                       Recipient                       Sub-Recipient                       Vendor

If Federal Recipient:                      Federal Grantor Name \_\_\_\_\_                      CFDA # \_\_\_\_\_

If Federal Sub-Recipient:                      Federal Grantor Name \_\_\_\_\_                      CFDA # \_\_\_\_\_

Pass-Through Grantor Name \_\_\_\_\_

Pass-Through Identifying Number \_\_\_\_\_

To be completed by Accounting Office:
FOAP Assigned
Date Processed
Finance Signature