

**STATE OF DELAWARE
Federal Aid Master (FM)**

***Required**

***Submit form to: OMB_FM@delaware.gov**

***Date:** _____ ***Organization:** _____ **Dept ID:** _____

***Requestor Name:** _____ ***Email:** _____ ***Phone:** _____

Source of Funding	Amount (\$s and ¢s)	Increase/Decrease
Federal Funds	\$	
Carry Over	\$	
Program Income	\$	

*SAI #	*Project Title	*CFDA/ALN #	*R&D Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No

GR_GROUP (Federal Parent)						
*Action	*Bud Ref	*Approp	*Bud Acct	Begin Date	End Date	Amount
			5010			\$

GR_DETAIL (Federal Child)								
*Action	*Bud Ref	*Fund	*Dept ID	*Approp	*Bud Acct	Begin Date	End Date	Amount
					5010			\$
					5010			\$
					5010			\$

GR_G_REV (Revenue)							
*Action	*Bud Ref	*Fund	*Dept ID	*Approp	*Bud Acct	Begin Date	End Date
					4000		
					4000		
					4000		

Action Codes: E – Establish a new appropriation, M – Modify appropriation amount or end date

EXPLANATION:

ORGANIZATION USE ONLY			
Prepared By:	Date:	Approved By:	Date:
OMB USE ONLY			
Entered By:	Date:	Record Journal ID #:	