Grambling State University
Title III Programs Office
PERSONNEL ROSTER

Activity Title:			
Activity #:	**Grant Year:**	**Fund Account #:**	**Activity Director:**

Title III, Strengthening HBCU, FUTURE ACT or MSN (Please underline your grant)

Name	*Position/Title*	*Months Employed*		*Source of Salary*	
		9	*12*	*Title III*	*GSU*

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