

PREDOMINANTLY BLACK INSTITUTIONS PROGRAM PROFILE

INSTRUCTIONS: *ALL applicants must complete this page. Applicants must copy and past this page into a separate document, or recreate the page as exactly as it appears. Then complete the page, save it to your computer and attach it to the "Other Attachments Form" as either a .doc, .rtf, or pdf document. DO NOT MODIFY.... The completed page must be attached to the "Other Attachments Form" in the application package in Grants.gov (as either a .doc, .rtf or. pdf document). DO NOT MODIFY OR AMEND THIS PAGE.*

OPE ID # _____

1. INSTITUTION (Legal Name):

2. Are you applying as a Branch Campus? _____ YES _____ NO

3. ADDRESS (Applicants must indicate the address where the project will be located):

Project Address:

City: _____ State: _____ Zip: _____

4. PREDOMINANTLY BLACK INSTITUTIONS PROGRAM CERTIFICATION:

• **By checking this box (or placing an "X" beside it),** the applicant certifies pursuant to the statutory requirements governing the Predominantly Black Institutions Program, authorized under CCRAA, that: The named institution of higher education, at the time of application, meets the definition of a predominantly Black institution as defined by the CCRAA of 2007.

Specifically:

Total Undergraduate Headcount Enrollment: _____

Black American Undergraduate Headcount Enrollment: _____

Percent of Black American Enrollment of Undergraduate Students: _____

Authorized Representative

Name:

Date:

Telephone: