PREDOMINANTLY BLACK INSTITUTIONS PROGRAM PROFILE

INSTRUCTIONS: *ALL applicants must complete this page. Applicants must copy and paste 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: it has an enrollment of financially needy undergraduate students; and enrollment of undergraduate students at least 40% of whom are Black; and, has at least 1,000 undergraduate students of whom not less than 50% enrolled at the institution are low-income or first generation and registered in a BA or AA program leading to a degree.

Total Undergraduate Headcount Enrollment: _____

Black American Undergraduate Headcount Enrollment: #_____   _____%

Low-income or first generation: #_____   _____%

Registered in a BA or AA program: #_____   _____%

Authorized Representative
Name:
Date:
Telephone: