

Request for Title IV Reimbursement or Heightened Cash Monitoring 2 (HCM2)

STANDARD Form 270

Effective immediately, the previous three (3) forms:

PMS 270 Form,
President/Owner/Chief Executive Officer Statement, and
Financial Aid Director/Third Party Servicer Certification Statement

have been incorporated in the newly developed **STANDARD Form 270**. Any institution presently on or placed on the Reimbursement or Heightened Cash Monitoring (HCM2) funding methods must now complete **STANDARD Form 270** and submit it with each claim when requesting reimbursement of Title IV funds under the Reimbursement or HCM2 methods of payment. **Please note that the institution can submit one form for all Title IV programs request/authorization.**

The following pages provide instructions for completing the **STANDARD Form 270**. The format of the form has changed for efficient and accurate entry and submission of information required for institutions to obtain Title IV reimbursements.

Please read these instructions carefully. These instructions have been written in a general manner in order to be used by all the various types of institutions that participate in the Title IV HEA student financial assistance programs. Since different institutions use different methods for recording, processing or storing information, or use different terminology for certain items, it is important to understand that it may be necessary to contact your Payment Analyst for clarification before submitting a request in order to avoid discrepancies and delays.

Completing The Request for Title IV Reimbursement or Heightened Cash Monitoring 2 (HCM2) Form

INSTRUCTIONS

Follow the instructions provided, by item number, to accurately record the required entries.

ITEM #1 - METHOD OF PAYMENT TYPE:

Select **HMC2** or **Reimbursement**.

ITEM #2 - INSTITUTION NAME AND ADDRESS:

Separated by commas, type the name of the institution, department/division, street address, maildrop/mailbox/suite (if applicable), city, state, and zip code (e.g., Federal Student Aid College, Office of Financial Aid, 123456 American Street, Suite 7890, Washington, DC 20202).

ITEM #3 - OPEID NUMBER:

Enter the institution's eight (8) digit OPEID#.

ITEM #4 - DUNS NUMBER:

Enter the institution's nine (9) digit DUNS number.

ITEM #5 - DEPARTMENT OF EDUCATION - FEDERAL STUDENT AID:

Using the drop down feature, select the Federal Student Aid School Participation Team (SPT) servicing the state for your institution.

ITEM #6 - COMPUTATIONS:

6A. - ESTIMATED FEDERAL CASH OUTLAYS TO BE MADE.

Enter the award year (e.g., "08/09") of the request as the time period for the total Title IV amount disbursed.

Enter the dollar amounts requested for each program (PELL, ACG, SMART, TEACH, FSEOG, FWS, DL and/or FFEL), using only digits and a decimal to separate cents (e.g., 1234567.89).

INSTRUCTIONS

(continued)

6B. - LESS ESTIMATED BALANCE OF FEDERAL CASH ON HAND.

Select the appropriate date using the calendar. This date will represent the estimated balance of federal cash on hand for each program (PELL, ACG, SMART, TEACH, FSEOG, FWS, DL and/or FFEL). Enter the dollar amounts of the cash on hand using only digits and a decimal to separate cents (e.g., 1234567.89).

6C. - REQUESTED FUNDING AMOUNT(S).

Select the beginning and ending periods using the calendars. These dates will represent the period of requested federal funds for each program (PELL, ACG, SMART, TEACH, FSEOG, FWS, DL and/or FFEL). In order to obtain the correct amounts for each program, subtract line 6B from line 6A. After performing the calculations, enter the required dollar amounts using only digits and a decimal to separate cents (e.g., 1234567.89).



AUTHORIZED FOR LOCAL REPRODUCTION

INSTRUCTIONS

(continued)

CERTIFICATION

WARNING & CERTIFICATION STATEMENTS: Prior to certifying the **STANDARD Form 270**, read the warning and certification thoroughly. Failure on behalf of certifying officials to comply with the Department of Education's warning, as prescribed under the United States Criminal Code, Title 18, Section 1001, and oath, attesting full knowledge of providing false or misleading information, could subject officials to fines, imprisonment (up to five years), and/or deny the institution's request for Title IV funds.

COMPTROLLER OR THIRD PARTY SERVICER: The party assigned the responsibility of Comptroller or Third Party Servicer must submit his/her digital signature. **If a digital signature is not used in the Comptroller or Third Party Servicer Signature area, print the Department of Education's *Request for Title IV Reimbursement or Heightened Cash Monitoring 2 (HCM2) Form* and manually sign page two.**

Select the Certification Date using the calendar. Type your Legal Name (e.g., "John H. Doe" or "Jane M. Doe"). Enter the ten-digit phone number without symbols (e.g., enter (222) 333-4444 as 222333444). Enter the institution's official e-mail address on record at the Department of Education. After completing the certification sections, print the **STANDARD Form 270** and manually sign page two. If a digital signature is not used in the Comptroller or Third Party Servicer area, print your Legal Name - if the name was not typed in this area. Retain a copy of this completed form for your records.

PRESIDENT, OWNER OR CEO: Use the same instructions for certification as the Comptroller or Third Party Servicer.

Mail this completed form and required documents to: <PA Name>, Payment Analyst
U.S. Department of Education, Federal Student Aid
School Participation Team - <SPT name >
<Street Address>
<City, State Zip Code>



Request for Title IV Reimbursement or Heightened Cash Monitoring 2 (HCM2)

1. Method of Payment Type: HCM2 Reimbursement

2. Institution Name and Address:

3. OPEID # 4. DUNS #

5. Department of Education - Federal Student Aid

6. Computations:

A. During Award Year:
 [Estimated Federal Cash Outlays To Be Made]

PELL	ACG	SMART	TEACH	FSEOG	FWS	DL	FFEL	FPerkins
\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

B. As Of [Month (MM)/Day (DD)/Year (YY):
 [Less Estimated Balance of Federal Cash On Hand]

PELL	ACG	SMART	TEACH	FSEOG	FWS	DL	FFEL	FPerkins
\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

C. For Period From Month/Day/Year to Month/Day/Year: to
 [Requested Amount Line A Minus B]

PELL	ACG	SMART	TEACH	FSEOG	FWS	DL	FFEL	FPerkins
\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>



Request for Title IV Reimbursement or Heightened Cash Monitoring 2 (HCM2)

Institution Name and Address:

OPEID #

DUNS #

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid control number for this information collection is 1845-xxxx. The time required to complete this information collection is estimated to average four (4) hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: **Veronica Pickett, 830 First Street, NE, Room 74D3, Washington, D.C. 20202.**

CERTIFICATION

Comptroller or Third Party Servicer & President/Owner/Chief Executive Officer

WARNING: Any person who knowingly provides false or misleading information on this certification will be subject to the following: a) \$250,000 fine per individual, b) \$500,000 fine (per organization), and/or c) imprisonment (up to five (5) years) under the provisions of the United States Criminal Code, Title 18, Section 1001.

CERTIFICATION: I, hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution, or I, when acting in my official capacity by signing below, provide false or misleading information, the U.S. Department of Education may deny the institution's request for Title IV funds for this payment.

Comptroller or Third Party Servicer Signature:

Certification Date:

Legal Name Typed or Printed:

Phone:

E-Mail Address:

President, Owner or CEO Signature:

Certification Date:

Legal Name Typed or Printed:

Phone:

E-Mail Address:

