

**Application to Participate in the Leveraging Educational Assistance and Partnership (LEAP) Program
Special Leveraging Educational Assistance and Partnership (SLEAP)**



Grants for Access and Persistence (GAP) Program

2010-2011 Award Year

Please read complete instructions attached separately.



PART A: State Contact Information (Must Complete)

1. State Educational Agency's Name	
2. State Agency's Data Universal Numbering Scheme (DUNS):	4. Agency Chief Executive Officer Name and Title
3. Mailing Address Street & No. _____ City _____ State _____ Zip Code _____	5. Fiscal Contact Name and Title
	6. Fiscal Contact Email Address
	7. Principal Contact Name and Title
	8. Principal Contact Email Address
	9. Principal Phone Number (Area code and number)
	10. Principal Fax Number (Area code and number)

PART B: State Request for Federal Funds (Must Complete)

11. Total Federal funds requested under LEAP for student awards (include initial state allotment plus any available reallotted funds): LEAP Request \$ _____	7. Principal Contact Name and Title
12. Does your state also choose to participate in <input type="radio"/> SLEAP or <input type="radio"/> GAP ? If yes, total Federal funds requested for student awards (include basic state allotment plus any available reallotted funds): Request \$ _____	8. Principal Contact Email Address
	9. Principal Phone Number (Area code and number)
	10. Principal Fax Number (Area code and number)

PART C: State Matching Funds Available In Your State (Must Complete)

State Matching Funds Available For the year for which funds are requested under the LEAP and SLEAP Programs, indicate the expected amount of state funds:

13. State Appropriated Funds for Need Based Awards \$ _____	15. Other State Funds for Need Based Awards \$ _____	TOTAL STATE AID \$ _____
14. State Funds from Public Tuition Revenues \$ _____	16. Total State Funds for Non-Need Based Awards \$ _____	

PART D: Institutional Eligibility Within Your State (Must Complete)

17. Please indicate the institutions by type that are eligible to participate in your state's programs.

a.. Public 2-Year
 c. Private Non-Profit 2-Year
 e. Other Nonprofit Institutions
 b. Public 4-Year
 d. Private Non-Profit 4-Year
 f. Private Proprietary (for profit)

18. If a, b, c, d, or e were left blank under item 17, please indicate the reason below:

State Constitution
 State law enacted before October 1, 1978
 Type of institution does not exist in my State

Cite State Law or Constitution: _____

PART E: State Program Names and Maximum Award Amounts (Must Complete)

Please Include the Name(s) of Your State Program(s) and Maximum Award Amount(s) Below

19. Name of state program(s) included in your LEAP Program. Include maximum award amount(s).

20. If participating in SLEAP, name the state program(s) included in your SLEAP Program. Include maximum award amount(s).

PART F: State Determination of Substantial Financial Need of Students (Needs Analysis) (Must Complete)

Please answer and complete the following: *The fields below do allow for multiple lines and an unlimited number of characters.*

21. Does your state use the "Free Application for Federal Student Aid (FAFSA)" or "Renewal FAFSA" for students to apply for state grant and work-study aid in your state? Yes No

If your answer to 21 is "No," provide an electronic copy of each form used by the state. Include each form's instructions, including any instructions concerning the payment of fees by students for processing the forms.

22. Does your state use other forms in addition to the FAFSA or Renewal FAFSA? Yes No

If your answer to 22 is "Yes," provide an electronic copy of each form used by the state. Include each form's instructions, including any instructions concerning the payment of fees by students for processing forms.

23. Does your state use the Federal Need Analysis Methodology to determine financial need for your LEAP and SLEAP or GAP programs? Yes No

If your answer to 23 is "No," provide a detailed description of the methodology used by your state in the space provided below. In addition, please provide a copy of all descriptive materials produced by your state or other entity to explain your state's methodology.

24. Does your state use in its need analysis methodology the definition of "independent student" in section 480(d) of the Higher Education Act of 1965, as amended (HEA) (P.L. 102-235)? Yes No

If your answer to 24 is "No," you must provide a detailed explanation as to why the Secretary should approve a definition of "independent student" that varies from that term as defined in section 480(d) of the HEA. Also, you must provide a detailed description of your state's "independent student" definition used in your LEAP and SLEAP programs. Please use the space provided below.

25. In the space below, provide a description of the criteria (standards) used by your state to determine whether a student's financial need is substantial. Clearly relate these criteria (standards) to the need analysis methodology used by your state. Also, include any state policies with respect to packaging LEAP and SLEAP awards with other assistance and preventing over awards.

PART G: LEAP State Maintenance of Effort (MOE) Requirement (Only Applies to LEAP) (Must Complete)

26. Total LEAP expenditures (not including federal funds) for previous three award years. The amounts reported must be the state matching expenditures as submitted to the Department on your annual performance report for such years.

a. 2006-2007 Award Year

b. 2007-2008 Award Year

c. 2008-2009 Award Year

d. Projected LEAP expenditures for award year 2009-2010

e. Projected LEAP expenditures for award year 2010-2011

27. If item 26e is less than the three-year-average MOE for your state (26a+b+c/3), show full-time equivalent enrollment as a basis for calculating average annual expenditures per full-time equivalent student. Enter Full-time Equivalent (FTE) Student information for previous three award years:

a. 2006-2007 Award Year

b. 2007-2008 Award Year

c. 2008-2009 Award Year

d. Projected FTEs for award year 2009-2010

e. Projected FTEs for award year 2010-2011

PART H: SLEAP or GAP Base Year Requirement (Must Complete if this is the First Time Your State is Applying for SLEAP or GAP)

If your state is applying to participate in SLEAP or GAP, please complete the following:

28. Total state expenditures for need-based grants, scholarships, and work-study assistance for the 1999-2000 Award Year: \$ _____

PART I: SLEAP or GAP State Maintenance of Effort (MOE) Requirement (Complete if Applying for SLEAP) Does not apply to GAP this initial award year.

29. SLEAP MOE. Total state expenditures for SLEAP authorized activities for the following award years:

a. 2008-2009 final award year expenditures:

b. 2009-2010 projected award year expenditures:

30. If Item 29(b) is equal to or higher than Item 29(a), check here and go to Part J. If item 30(b) is less than item 30(a), show the number of students who received assistance under the SLEAP authorized activities for the following award years:

a. 2008-2009 final award year students:

b. 2009-2010 projected award year students:

PART J: SLEAP Activities (Complete if Applying for SLEAP)

31. If your State is applying for SLEAP funding, please indicate each activity your state plans to fund using its SLEAP allotment for the 2010-2011 award year. Check all that apply.

- a. LEAP Grant Award Supplement b. LEAP Community Service Work-Study Awards Supplement
- c. Merit and Academic Achievement, or Critical Careers Scholarships

PARTS K through N: Grants for Access and Persistence (GAP) (Must Complete if Applying for GAP)

PART K: State Matching Funds Available Under GAP (Must Complete if Applying for GAP)

For the year for which funds are requested under **the GAP** Program, indicate the expected amount of matching funds:

32. Funds Provided by your State	34. Philanthropic Organizational Funds	Total Cash Matching Funds
33. Funds from Institutions	35. Private Corporation Funds	
33a. Public Non-Profit	36. In-Kind (e.g., Tuition Waivers, Room and Board)	37. Plan to use any Federal GAP funds for administrative cost allowance? (2% allowance) <input type="radio"/> Yes <input type="radio"/> No
33b. Private Non-Profit		
33c. For Profit		

PART L: LEAP Grant Award Amounts Under GAP and Institutional Participation (Must Complete if Applying for GAP)

38. What is the minimum and maximum LEAP Grant Awards Under GAP established under your state's GAP Program? Also, include the name of your state Program.

a. Minimum GAP Amount

b. Maximum GAP Amount

c. Name of Program

39. Will your state restrict the use of LEAP Grants under GAP only to students attending institutions of higher education that are participating in the partnership?

- Yes No

40. Does your state provide LEAP Grants to students attending institutions of higher education located outside of your state?

- Yes No

PART M: The Partnership (Must Complete if Applying for GAP)

Please identify all participants in your state's partnership by completing the following:

41. List name, official address, and OPE ID Number for all public degree-granting institutions that are in the partnership. (Must provide at least one.)

42. List name, official address, and OPE ID Number for all private degree-granting institutions that are in the partnership. (Must provide at least one if one exists in the state.)

Does the combined full-time enrollment of the degree-granting institutions identified above represent a majority of all students attending institutions of higher education in your state? The Department will use most recently available IPEDS data to determine matching requirement. See 34 CFR 692.113(b)(2)(i).

43. List name and official address of at least two early intervention programs in your state's partnership.

44. List name and official address of at least one philanthropic or private corporation in your state's partnership.

PART N: The Written State Plan for GAP (Must Complete if Applying for GAP)

Please complete the following sections. Again, the fields below do allow for multiple lines and an unlimited number of characters.

45. Please describe the organizational structure in place to administer your state's GAP Program, including a description of how your State will compile information on degree completion of students receiving grants under GAP.

46. Please describe your state's plan for using the Federal and non-federal funds and how these funds will be paid. In addition, please include how you plan to coordinate activities among partners.

47. Please describe the steps your State will take to ensure, to the extent practicable, that students who receive a LEAP Grant under GAP persist to degree completion.

48. Describe your state's method to identify eligible low-income students and award LEAP Grants under GAP to such students. What is your state's definition of eligible student in accordance with Section 692.120 of the program rules, include any additional eligibility criteria your state may establish?

49. How does your state plan to encourage each institution of higher education in the state that participates in your State's LEAP Program, to participate in the partnership?

50. How will your state identify potentially eligible students and provide early notifications to such students of their potential eligibility for student financial assistance, including a LEAP Grant under GAP, to attend a LEAP participating institution of higher education?

51. Degree-granting institutions of higher education that are in your state's partnership and participate in your state's LEAP Program are required to adhere to 34 CFR 692.101(b). Please describe below the agreement your state has with partnering institutions. Include any official language you may have in written agreements with the institution as it relates to recruiting and admitting eligible students; providing additional institutional grant aid to participating students; providing support services; and assisting the state in identifying eligible students and the dissemination of early notifications of assistance. Also, please identify any services participating institutions provide for early information and intervention, mentoring, or outreach programs.

52. Please describe the direct services provided to participating students that are provided by the early information and intervention, mentoring, or outreach program(s) participating in the partnership.

PART O: Assurances and Signature Page (Must Complete)

The state agency designated in Section A hereby assures the U.S. Secretary of Education that it will comply with all provisions of the laws and regulations applicable to the Leveraging Educational Assistance Partnership (LEAP) and Special Leveraging Educational Assistance Partnership (SLEAP) (if applicable) or Grants for Access and Persistence (GAP) (if applicable) program(s) including the following assurances:

That it is the "single state agency" designated to administer the LEAP and SLEAP or GAP programs as required by section 415C of the Higher Education Act of 1965, as amended (HEA).

That no student or parent shall be required by the state or any institution participating in the state's LEAP or SLEAP or GAP programs to pay a fee payable to an entity other than the state for the collection of any data needed to make a determination of a student's eligibility under the state's LEAP and SLEAP or GAP programs regardless of whether that data may be used for institutional purposes.

That the State will provide notice to all eligible students that grants received under the State's grant program funded under LEAP and SLEAP or GAP, are, or may be, Leveraging Educational Assistance Partnership Grants funded by the Federal Government, the State, and, where applicable, other contributing partners.

That if a state's allocation of LEAP and SLEAP funds is based in part on the financial need demonstrated by independent students as defined in section 480(d) of the HEA or students attending less-than-full-time, a reasonable proportion of the LEAP and SLEAP funds will be made available to these students.

That to the extent practicable, state LEAP and SLEAP program funds shall represent the same proportional distribution of the funds awarded to independent students in the LEAP and SLEAP programs as to the funds awarded to all students in the state program or programs of which the state's LEAP and SLEAP programs are a part.

That the state will maintain fiscal control and fund accounting procedures that provide for such reports as may be reasonably necessary to enable the Secretary to perform the Secretary's functions under the LEAP and SLEAP or GAP programs.

That the state will provide for annual, independent, non-federal audits of its LEAP and SLEAP or GAP programs operations as required by section 7501(8)(A) of the Single Audit Act of 1984 (31 USC).

On behalf of our state agency, I certify I've read the above and hereby assure compliance with these assurances.

If your state participates in the LEAP and SLEAP programs, the state agency further assures the U.S. Secretary of Education of the following:

That the state will use no more than 20 percent of its allotment for each fiscal year for payments to eligible students for community service-learning jobs as defined in 34 CFR 692.30(d).

That LEAP assistance to a full-time student will not exceed the lesser of \$12,500 or the student's cost of attendance per academic year.

That LEAP and SLEAP recipients are selected on the basis of substantial financial need, determined annually according to criteria established by the state and approved by the Secretary.

That all public and nonprofit institutions of higher education in the state are eligible to participate in the state LEAP and SLEAP programs, unless such participation is prohibited by the state's constitution or by state law enacted before October 1, 1978.

That no payment will be made to a student, either directly by the state or indirectly through an institution of higher education under the LEAP and SLEAP programs, unless the student meets the eligibility requirements of the program regulations (34 CFR 692.40).

On behalf of our state agency, I certify I've read the above and hereby assure compliance with these assurances.,

If your state participates in the SLEAP Program, the state agency further assures the U.S. Secretary of Education of the following:

That the SLEAP funds will only be used for the authorized activities as indicated under Part J of this application and as described under section 415E(c) of the HEA.

That for purposes of determining the state's share of the cost of authorized SLEAP activities, the state will consider only those expenditures from non-federal sources that exceed its total expenditures for need-based grants, scholarships, and work-study assistance for award year 1999-2000 (including any assistance provided under LEAP).

That the total amount spent per student OR the total amount of funds spent by the state, from non-federal sources, for the authorized activities described under section 415E(c) of the HEA for the preceding award year was not less than the amount spent per student OR the total amount of funds spent by the state for the SLEAP activities for the second preceding award year.

That the federal share of the total cost of the authorized activities under the SLEAP Program for any fiscal year shall not be more than 33 1/3 percent and the remaining share of the total cost of the state's SLEAP Program are matching dollars derived from non-federal sources.

On behalf of our state agency, I certify I've read the above and hereby assure compliance with these assurances.,

If your state participates in the GAP Program, the state agency further assures the U.S. Secretary of Education of the following (continued):

That the state will provide matching funds in accordance with the program regulations (34 CFR 692.113).

That the state will use Federal GAP funds to supplement, and not supplant, Federal and State funds available for carrying out the activities under Title IV of the HEA.

That the state has early information and intervention, mentoring, or outreach programs within the state or plans to make these programs widely available.

That the state has a method in place to identify eligible students and award LEAP Grants under GAP to such students.

That the state will provide notification to eligible students that grants under GAP are LEAP Grants and are funded by the Federal government and State, and, where applicable, other contributing partners.

That the state is the primary administrative unit for the partnership.

That the state will encourage each institution of higher education in the state that participates in the state's LEAP Program to participate in the partnership.

That the state has a method in place, such as acceptance of the automatic zero expected family contribution under section 479(c) of the HEA, to identify eligible students and award LEAP Grants under GAP to such students.

That no payment will be made to a student, either directly by the state or indirectly through an institution of higher education under the GAP Program, unless the student meets the eligibility requirements of the program regulations (34 CFR 692.120).

That the fiscal year prior to the fiscal year for which the state is requests federal funds, the amount the state expended from non-Federal sources per student, or the aggregate amount the State expended, for all the authorized activities in 34 CFR 692.111 will be no less than the amount the State expended from non-Federal sources per student, or in the aggregate, for those activities for the second fiscal year prior to the fiscal year for which the state is requesting Federal funds.

That for purposes of determining the state's share of the cost of authorized GAP activities, the state will consider only those expenditures from non-federal sources that exceed its total expenditures for need-based grants, scholarships, and work-study assistance for award year 1999-2000 (including any assistance provided under LEAP).

That the state will use Federal GAP funds to supplement, and not supplant, Federal and State funds available for carrying out the activities under Title IV of the HEA.

On behalf of our state agency, I certify I've read the above and hereby assure compliance with these assurances.,

Upon submission, I hereby CERTIFY that the information provided in this Application is true and accurate and is based upon information reflected in the official accounting and program records of this agency. Upon request, such records will be made available to the Secretary or his delegate for review. I've read.

Name/ Title of Chief Executive Officer

Name/ Title of Official Designated to Sign and Submit Electronically

Signature Field

Dated

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 OMB control number for this information collection is 1845-0028. The time required to complete this information collection is estimated to average 8 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. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Grants and Campus Based Division, Federal Student Aid, U.S. Department of Education, 830 First Street, N.E., Fourth Floor, Washington, D.C. 20202.