Student Support Services Program
2009-2010 Annual Performance Report

Section I -- Project Identification, Certification and Warning

A.   Identification

1.   PR/Award Number: [will be pre-populated]_____

2.   Name of Grantee Institution: [will be pre-populated]_____

3.   Address: _____

4.   Name of Project Director: [will be pre-populated]_____

5.   Telephone Number: _____

6.   Fax and E-mail: _____

7.   Report Period: [will be pre-populated]

8.   Project Characteristics
        a.   Has a Summer Bridge Program
             _____Yes   _____No
        b.   Uses Federal Grant Funds to Provide Grant Aid
             _____Yes   _____No
        c.   Receives institutional or other non-federal funds
             _____Yes   _____No

             If yes, indicate the dollar amount for reporting period: _____

9.   Name of Data Entry Person: _____

10.   Phone Number: _____   E-mail Address: _____

B.   Certification: We certify that the performance report information reported and submitted electronically on _____ is readily verifiable. The information reported is accurate and complete to the best of our knowledge.

_____   _____
Name of Project Director (Print)   Name of Certifying Official (Print)

_____   _____
Signature and Date   Signature and Date

C.   Warnings: Any person who knowingly makes a false statement or misrepresentation on this report is subject to penalties which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1097. Further Federal funds or other benefits may be

withheld under this program unless this report is completed and filed as required by existing law (20 U.S.C.) 1231a) and regulations (34 CFR 75.590 and 75.720).

Authority: Public Law 102-325, as amended.