

**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.

Paperwork Reduction Act Notice

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