

**2015-2016 Financial Assistance for Students with Intellectual Disabilities Expenditure Report  
Award Year July 1, 2015 through June 30, 2016**

***The deadline for submitting this expenditure report electronically and providing a signature to the U.S. Department of Education is Friday, September 30, 2016.***

***Electronic Submission:*** The deadline for electronic submission of the expenditure report is 11:59 P.M. (ET) on September 30, 2016. Transmissions must be completed and accepted by 12:00 midnight.

***Signature Options:*** This form may be signed electronically or manually, see instructions.

***If the manual signature option is used:*** If the signed printed copy of the expenditure report is sent through the U.S. Postal Service, it must be postmarked by September 30, 2016 and mailed to:

United States Department of Education  
Federal Student Aid  
Grants & Campus-Based Division  
CTP Program  
830 First Street, NE, Rm 64F2  
Washington, DC 20202-5453

If the signed printed copy of the report is hand delivered by a commercial courier, use the address provided above except use 20002 as the zip code and it must be delivered by 4:30 P.M. (ET) on September 30, 2016.

***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 1845-0113. Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory in accordance with the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105-244 Sec. 424) and the Higher Education Opportunity Act of 2008 (Pub. L. 110-315). If you have comments or concerns regarding the status of your individual submission of this form, please contact the Grants & Campus-Based Division Call Center directly at 877/801-7168 or email CBF0B@ed.gov.*

**Name of Institution:** [prefilled by eCB]

**OPEID:** [prefilled by eCB]

**State:** [prefilled by eCB]

**Federal Pell Grant (Pell) Program**

- 1. Number of students with intellectual disabilities who received Pell funds \_\_\_\_\_
- 2. Total Pell funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_

**Federal Supplemental Educational Opportunity Grant (FSEOG) Program**

- 3. Number of students with intellectual disabilities who received FSEOG funds \_\_\_\_\_
- 4. Total FSEOG funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_
- 5. Federal share of the FSEOG funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_

**Federal Work-Study (FWS)**

- 6. Number of students with intellectual disabilities who earned FWS funds \_\_\_\_\_
- 7. Total FWS funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_
- 8. Federal share of FWS funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_

**Unduplicated Student Count**

- 9. Total unduplicated number of students with intellectual disabilities who received Pell, FSEOG, or FWS program funds for the 2015-2016 award year

**Certification**

I understand that by signing my name below or by using eSignature for this form that I am certifying that the information above is true and accurate and that it is subject to review by the U.S. Department of Education.

10. Chief Executive Officer

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: [prefilled by eCB] Typed Name: [prefilled by eCB]

Telephone No.: [prefilled by eCB]

E-Mail Address: [prefilled by eCB]