OMB No: 1845-0113 Expires: 3/31/18

2016-2017 Financial Assistance for Students with Intellectual Disabilities Expenditure Report Award Year July 1, 2016 through June 30, 2017

The deadline for submitting this expenditure report electronically and providing a signature to the U.S. Department of Education is Friday, September 29, 2017.

Electronic Submission: The deadline for electronic submission of the expenditure report is 11:59 P.M. (ET) on September 29, 2017. 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 29, 2017 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 29, 2017.

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 CBFOB@ed.gov.

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OPEID: [prefilled by eCB] Name of Institution: [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 2016-2017 award year **NOTE:** This field includes all students reported in fields 1, 3, and 6 above. "Unduplicated" means each student is counted/reported in this total only ONCE, regardless of whether the student received more than one type of aid. See instructions for clarification and example. 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]