***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 1845-0077.  Public reporting burden for this collection of information is estimated to average 120 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 write directly to: Grants & Campus-Based Division, Federal Student Aid, Union Center Plaza, 830 First Street, NE, Washington, D.C. 20202.*

**Part I: Data Provider Registration:**

**Instructions (Part I):**

1. Complete Part I of this form and mail the hard copy form along with a signed letter on agency letterhead to the FSA TCLI Liaison. The letter must include the name and contact information for the contact person or persons who will provide the agency’s TCLI data to Federal Student Aid (FSA).
2. Mail the completed form and letter to: Teacher Cancellation Low Income Directory

Grants and Campus-Based Division

U.S. Department of Education

Union Center Plaza, Room 64F2

830 First Street, NE

Washington, DC 20202-5433

1. Confirmation of receipt will be provided via email to the contact(s).
2. If any of the information in fields 1 through 17 below is updated, it must be submitted via this form and accompanied by a signed letter on agency letterhead and sent to the address in item 2 above.

|  |  |  |
| --- | --- | --- |
| **Agency Information** | | |
| 1. | State *(required)*: |  |
| 2. | Agency Name *(required)*: |  |
| 3. | Agency Address *(Line1 required))*: |  |
| 4. | Agency Address *(Line2)*: |  |
| 5. | City *(required)*: |  |
| 6. | State *(required)*: |  |
| 7. | Zip Code *(required)*: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary Contact** | | | **Secondary Contact** | | |
| 8. | First Name: *(required)* |  | 13. | First Name |  |
| 9. | Last Name: *(required)* |  | 14. | Last Name: |  |
| 10. | Title: *(required)* |  | 15. | Title: |  |
| 11. | Phone No.: *(required)* |  | 16. | Phone No: |  |
| 12. | Email Address: *(required)* |  | 17. | Email Address: |  |

**Part II: Data Upload File**

**Instructions (Part II):**

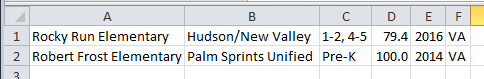
1. To submit TCLI data, a spreadsheet in the following format must be emailed to the FSA TCLI Liaison at [Alanna.Nelson@ed.gov](mailto:Alanna.Nelson@ed.gov).
2. The data must be received from a confirmed TCLI contact for your state agency, as documented on this form.
3. Use the TCLI Directory Upload field information below to construct the spreadsheet file containing your state or territory TCLI data.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Data File Upload Spreadsheet Format** | | | | | |
| A | B | C | D | E | F |
| School or ESA Name | Location | Grade | Percentage | Year | State |

**TCLI Directory Upload File Field Descriptions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Column | **Field Name** | **Field Description** | **Data Type** | **Data Description** |
| A | School or Educational Service Agency Name | School or ESA name | Alpha Numeric Text | * Cannot be blank * Cannot be more than 100 characters |
| B | Location | Different states identify locations differently. Most states use either the county or county/district | Alpha Numeric Text | * Cannot be blank * Cannot be more than 100 characters. |
| C | Grade | Examples:   * Grade range kindergarten through 5th grade:  K-5 * Split grade ranges kindergarten and 5th grade: K,5 * Combination range and split: * Pre-K, 2-5, 7-9 | Alpha Numeric Text | * Cannot be blank * Cannot be more than 25 characters * Cannot have single or double quotes |
| D | Percentage | Percentage of children enrolled in the school who are counted under Section 1124 of the Elementary and Secondary Education Act (ESEA) ( must exceed 30 percent of the total enrollment of the school) | Numeric | * Digits only * Do not enter percent sign * Only one digit after the decimal * Examples: 30.1   100.0   * Must be greater than 30.0 but less than or equal to 100.0 |
| E | Year | School Year.  Use the beginning year of the school year.  Examples:  When providing data for the 2015-2016 year, use 2015; when providing data for the 2016-2017 year, use 2016; etc.  Only one year may be submitted per spreadsheet file. | Numeric | * Must be 4 digits * The only acceptable years are 1997 through the current year |
| F | State | State Code  Example: KY for Kentucky | Alpha Only | * Must use the 2-character US Postal abbreviation for the State or Territory |

**Example TCLI Directory Spreadsheet:**



***Note:*** *only 2 rows shown.*

***Reminder:*** *When a spreadsheet is submitted to FSA for upload, it must contain all schools for the year. The file will overwrite all existing data for that year. For providing updates and/or additions to a state’s list of schools, modify the data in the file and/or add additional schools before submitting the updated file to FSA.*

**Suggested Spreadsheet Data File Naming Convention:**

In order to maintain clarity in the name of a file, we suggest using the following naming convention: TCLI-[State]-[Year]\_[mmddyyyy]

**Example:** If the Missouri Department of Education is submitting a TCLI data file for 2017 on February 6, 2018, the .xls spreadsheet file name would be:

TCLI-MO-2017\_02062018.xls