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

- 3. Confirmation of receipt will be provided via email to the contact(s).
- 4. 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.

Age	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):				

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Prin	nary Contact	Seco	ondary Contact	
8.	First Name:	13.	First Name	
	(required)			
9.	Last Name:	14.	Last Name:	
	(required)			
10.	Title: (required)	15.	Title:	
11.	Phone No.:	16.	Phone No:	
	(required)			
12.	Email Address:	17.	Email Address:	
	(required)			

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.
- 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	В	С	D	E	F		
School or ESA Name	Location	Grade	Percentage	Year	State		

TCLI Directory Upload File Field Descriptions:

Column	Field Name	Field Description	Data	Data Description
		•	Type	•
A	School or Educational Service Agency Name	School or ESA name	Alpha Numeric Text	Cannot be blankCannot be more than 100 characters
В	Location	Different states identify locations differently. Most states use either the county or county/district	Alpha Numeric Text	Cannot be blankCannot be more than 100 characters.
С	Grade	 Examples: Grade range kindergarten through 5th grade: K-5 Split grade ranges kindergarten and 5th grade: K,5 	Alpha Numeric Text	 Cannot be blank Cannot be more than 25 characters Cannot have single or double quotes

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D	Percentage	Combination range and split: Pre-K, 2-5, 7-9 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
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:

4	Α	В	С	D	Е	F		
1	Rocky Run Elementary	Hudson/New Valley	1-2, 4-5	79.4	2016	VA		
2	Robert Frost Elementary	Palm Sprints Unified	Pre-K	100.0	2014	VA		
3								

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

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