**Institution Early Pilot Progress Questionnaire:**

If a following question refers to a specific date range, please answer the question in regards to your institution’s involvement in the pilot for the following date range [insert date range]:

1. Were there any unanticipated benefits or positive outcomes associated with your institution’s involvement in the pilot?
* Yes. (Please briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No.
1. Describe any challenges to the institution associated with your institution’s involvement in the pilot.
2. What amount of staff time at your institution, if any, would you estimate was devoted to working with the Pilot Implementers and Pilot Participants to stand-up and implement the pilot on your campus for the specified date range? Express your response in a measurement of hours.
3. If staff time at your institution was devoted to the pilot for the specified date range, how was that time used?
4. What role, if any, did your institution play in making aid recipients aware of FSA’s Payment Vehicle Account as an option for which to receive their credit balance refunds? Please select from among the following and select more than one, as applicable:
	1. Email or other electronic messaging
	2. Posting information on the institution’s website
	3. Campus signage
	4. Tabling events, such as new student orientation or information sessions
	5. Other (please describe):
5. Describe all methods for credit balance refunds that your institution offered aid recipients prior to your institution’s involvement in the pilot.
	1. Paper checks
	2. Direct deposit
	3. Cash disbursement
	4. Tier 1 third-party servicer
	5. Tier 2 third-party servicer
	6. Other (please describe):
6. Describe all types of methods for credit balance refunds that your institution offered aid recipients during to your institution’s involvement in the pilot.
	1. Paper checks
	2. Direct deposit
	3. Cash disbursement
	4. Tier 1 third-party servicer
	5. Tier 2 third-party servicer
	6. Other (please describe):
7. What was the total dollar amount of credit balance refunds disbursed by your institution for the specified date range?
8. What was the total dollar amount of credit balance refunds issued on the payment vehicle account by your institution for the specified date range?
9. What was the total number of unique (unduplicated) aid recipients receiving credit balance refunds disbursed by your institution for the specified date range?
10. What was the total number of unique (unduplicated) aid recipients receiving credit balance refunds issued on FSA’s payment vehicle account by your institution for the specified date range?
11. Of the total number of unique (unduplicated) aid recipients receiving credit balance refunds issued on FSA’s payment vehicle account by your institution, how many were also Federal Pell Grant recipients at some point for the specified term?
12. Describe what your institution believes the Pilot Implementer did well, if anything.
13. Describe what your institution believes the Pilot Implement could do better, if anything.
14. During the pilot, institutions may have offered aid recipients alternative products to FSA’s payment vehicle account that were similar because these alternative products also provided the aid recipients the option of opening an account to receive his or her credit balance refund.
	1. During the pilot, did your institution offer such an alternative product in addition to FSA’s payment vehicle account?
		1. Yes
		2. No
	2. If yes, overall did FSA’s payment vehicle account work:
		1. Better,
		2. Same
		3. Worse as compared to those alternative products?
		4. Please provide additional information, as applicable:

For the following seven questions, please use the rating scale of 1 to 5 to express your institution’s satisfaction level.

* 1 = Very satisfied
* 2 = Satisfied
* 3 = Neutral
* 4 = Dissatisfied
* 5= Very Dissatisfied
1. On a scale of 1 to 5, what is your institution’s satisfaction level of the Pilot Implementer’s communications to aid recipients regarding the payment vehicle account product? Please explain your rating.
2. On a scale of 1 to 5, what is your institution’s satisfaction level of the Pilot Implementer’s initial set-up of the pilot generally at your institution? Please explain your rating.
3. On a scale of 1 to 5, what is your institution’s satisfaction level of the Pilot Implementer’s on-going operation of the pilot generally at your institution? Please explain your rating.
4. On a scale of 1 to 5, what is your institution’s satisfaction level of the Pilot Implementer’s account set-up of aid recipients’ payment vehicle accounts? Please explain your rating.
5. On a scale of 1 to 5, what is your institution’s satisfaction level of the Pilot Implementer’s account management of aid recipients’ payment vehicle accounts? Please explain your rating.
6. On a scale of 1 to 5, what is your institution’s satisfaction level of the pilot’s privacy and data protections? Please explain your rating.
7. On a scale of 1 to 5, what is your institution’s satisfaction level of the pilot overall? Please explain your rating.
8. Is there anything else about the pilot that your institution would like to share? If yes, please provide that information below.

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-NEW. Public reporting burden for this collection of information is estimated to average 20 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 voluntary. If you have comments or concerns regarding the status of your individual submission of this application, please contact FSAPaymentVehicle@ed.gov directly.