



## SUPPLEMENTAL ASSISTANCE TO INSTITUTIONS OF HIGHER EDUCATION (SAIHE) PROGRAM PROFILE INFORMATION FORM

**Coronavirus Response and Relief Supplemental Appropriations Act, 2021**

**APPLICATIONS ARE DUE BY [INSERT DATE], AT 11:59:59 PM EASTERN TIME.**

### SECTION 1: INSTRUCTIONS

All applicants should complete and submit this form via grants.gov. Your completed and signed (1) Program Profile Information Form, (2) SAIHE Certification and Agreement, and (3) SF-424 (collectively, the SAIHE application) must be received no later than 11:59:59 pm Eastern Time on [INSERT DATE] as described in the SAIHE Notice Inviting Applications (NIA). An institution of higher education (IHE) may only apply under one Absolute Priority.

### SECTION 2: APPLICANT IDENTIFICATION<sup>1</sup>

Institution Name			
Contact Name and Title			
Telephone Number		Extension:	
Email			
DUNS Number			
OPEID			

### SECTION 3: INSTITUTION-SPECIFIC DATA

Complete all the enrollment fields below by providing information from your institution's academic year (AY) 2019-2020.

Full-time Equivalent (FTE) Enrollment	Total Enrollment	Full-time Equivalent (FTE) Pell Recipient Enrollment	Total Pell Recipient Enrollment

Type of IHE (please check all appropriate boxes):

<input type="checkbox"/> <b>2-Year</b>	<input type="checkbox"/> <b>4-Year</b>	<input type="checkbox"/> <b>Public</b>	<input type="checkbox"/> <b>Private Nonprofit</b>
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Indicate whether your institution has already received any of the following awards under the CARES Act and/or CRRSAA by marking the appropriate box:

Program	CARES Act	CRRSAA
84.425E ((a)(1) Student Aid Portion program)	<input type="checkbox"/>	<input type="checkbox"/>
84.425F ((a)(1) Institutional Portion program)	<input type="checkbox"/>	<input type="checkbox"/>
84.425J ((a)(2) HBCU program)	<input type="checkbox"/>	<input type="checkbox"/>
84.425K ((a)(2) TCCU program)	<input type="checkbox"/>	<input type="checkbox"/>
84.425L ((a)(2) MSI program)	<input type="checkbox"/>	<input type="checkbox"/>
84.425M ((a)(2) SIP program)	<input type="checkbox"/>	<input type="checkbox"/>
84.425N ((a)(3) FIPSE program)	<input type="checkbox"/>	

<sup>1</sup> Please note that proprietary institutions are not eligible to apply for funding under the SAIHE program.

<b>SECTION 4. ABSOLUTE PRIORITIES</b>	
Instructions: There are seven absolute priorities in this program. An institution may only apply under one absolute priority. Please check the box that corresponds with the absolute priority for which the institution is applying.	
<b>Absolute Priority 1:</b> Minority Serving Institutions (MSI) and Strengthening Institutions Program (SIP) Institutions That Did Not Receive CRRSAA Section 314(a)(2) Award.	<input type="checkbox"/>
<b>Absolute Priority 2:</b> Institutions of Higher Education Eligible under Section 314(a)(1) of the CRRSAA That Did Not Receive CRRSAA Section 314(a)(1) Award.	<input type="checkbox"/>
<b>Absolute Priority 3:</b> Applicants for Assistance under Section 18004(a)(1) of the CARES Act That Did Not Receive CARES Act Section 18004(a)(1) Award.	<input type="checkbox"/>
<b>Absolute Priority 4:</b> Minority Serving Institution Branch Campuses That Did Not Receive CRRSAA Section 314(a)(2) Award.	<input type="checkbox"/>
<b>Absolute Priority 5:</b> Institutions of Higher Education That Merged After CRRSAA, or Whose PPA Effective Date Resulted in the Institution Being Underfunded Due to the Formula Methodology Used for Allocation Under CRRSAA Section 314(a)(1).	<input type="checkbox"/>
<b>Absolute Priority 6:</b> Institutions of Higher Education That Serve a High Percent of Students with Financial need and Have Experienced Declining Enrollment.	<input type="checkbox"/>
<b>Absolute Priority 7:</b> Institutions with a Large Graduate Student Population.	<input type="checkbox"/>

<b>SECTION 5: ADDITIONAL INFORMATION FOR ABSOLUTE PRIORITIES</b>	
Applicants may be required to submit additional information to complete their application. Please find the Absolute Priority below that corresponds with the one marked in Section 4 and review the instructions to determine if your institution must submit additional information.	
<b>Absolute Priority 1:</b> Please mark the SIP or MSI program/s for which the IHE meets the criteria. If the institution already received funding under any of the 314(a)(2) categories, then the applicant is not eligible funding under this priority.	
<b>HEERF (a)(2) Program</b>	<b>Check All That Apply</b>
Strengthening Institutions Program (SIP)	<input type="checkbox"/>
Alaska Native and Native Hawaiian-Serving Institutions (ANNH)	<input type="checkbox"/>
Predominantly Black Institutions (PBI)	<input type="checkbox"/>
Native American-Serving Nontribal Institutions (NASNTI)	<input type="checkbox"/>
Asian American and Native American Pacific Islander-Serving Institutions (AANAPISI)	<input type="checkbox"/>
Developing Hispanic-Serving Institutions (HSI)	<input type="checkbox"/>
Promoting Postbaccalaureate Opportunities for Hispanic Americans (PPOHA)	<input type="checkbox"/>
<b>Absolute Priority 2:</b> No additional information is needed if your institution reported in the 2019/2020 IPEDS data collection. If your institution did not report its 2019/20 data in IPEDS, please provide the following information.	
Percent of Pell recipients exclusively enrolled in distance education prior to March 13, 2020	

Percent of total enrollment exclusively enrolled in distance education prior to March 13, 2020	
<b>Absolute Priority 3:</b> Please provide the institution's OPEID and the amount listed in the <a href="#">CARES Act Allocation table</a> for the 18004 (a) (1) Institutional or Student award for which the institution is applying under this priority.	
<b>Allocation Type</b>	<b>OPEID and Amount</b>
Higher Education Emergency Relief Fund-Student Aid	
Higher Education Emergency Relief Fund-Institutional Portion	
<b>Absolute Priority 4:</b> Please mark the SIP or MSI program/s for which the IHE meets the criteria. If the branch campus or parent institution already received funding under any of the 314 (a)(2) categories, then the applicant is not eligible for funding under this priority.	
<b>HEERF (a)(2) Program</b>	<b>Check All That Apply</b>
Strengthening Institutions Program (SIP)	<input type="checkbox"/>
Alaska Native and Native Hawaiian-Serving Institutions (ANNH)	<input type="checkbox"/>
Predominantly Black Institutions (PBI)	<input type="checkbox"/>
Native American-Serving Nontribal Institutions (NASNTI)	<input type="checkbox"/>
Asian American and Native American Pacific	<input type="checkbox"/>
Islander-Serving Institutions (AANAPISI)	<input type="checkbox"/>
Developing Hispanic-Serving Institutions (HSI)	<input type="checkbox"/>
Promoting Postbaccalaureate Opportunities for Hispanic Americans (PPOHA)	<input type="checkbox"/>
<b>Absolute Priority 4:</b> Under this priority you must also provide the information below:	
Percent of Pell recipients exclusively enrolled in distance education prior to March 13, 2020	
Percent of total enrollment exclusively enrolled in distance education prior to March 13, 2020	
<b>Absolute Priority 5:</b> Please provide a description of the methodological issue that resulted in a CRRSAA section 314(a)(1) award that did not reflect the institution's enrollment due to (1) an institutional merger that was not captured in its CRRSAA section 314(a)(1) allocation or (2) a Title IV PPA effective date that did not allow for inclusion of the institution's Pell recipients in the formula.	
<b>Absolute Priority 6:</b> Please provide the following information:	
Percent Pell Grant Recipient Students (must be 40 percent or higher).	
Total Number of Pell Grant Recipient Students.	
Are you reporting a decline in Fall enrollment of 4.5 percent or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Include total Fall enrollment for 2019 and 2020.	Fall 2019: Fall 2020:

Include <a href="#">rural local setting or code</a>	
Is the applicant IHE a public community college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant a private nonprofit 2-year institution and not a graduate program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant a 4-year public IHE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant a 4-year private nonprofit IHE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Absolute Priority 7:</b> Please provide the following information:	
Total undergraduate enrollment	
Total graduate enrollment	

**SECTION 6: REPRESENTATIVE CERTIFICATION**

**By signing below, I certify** that I am authorized by my institution to complete this application for Federal funds, the information that I provided above is true and correct, and I have read and understand all assurances and certifications.

Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Grantee Representative Name (Print Name):	
Grantee Representative Title (Print Title):	
Signature:	Date:

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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 **1840-xxxx**. Public reporting burden for

this collection of information is estimated to average 3 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 required to obtain or retain benefit (Coronavirus Response and Relief Supplemental Appropriations Act, 2021). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application, or survey, please contact Karen Epps, 400 Maryland Avenue, SW. Washington, D.C. 20202 directly.