

BUSINESS AND INTERNATIONAL EDUCATION (BIE)

CFDA NUMBER: 84.153A

IFLE REPORTING SYSTEM PROPOSED SCREENS

Paperwork Reduction Notice. According 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 1840-0759. Public reporting burden for this collection of information is estimated to average 10 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 (The Higher Education Act of 1965, as amended, Title VI, Parts A, B and C [authorizes AORC, BIE, CIBE, FLAS, IIPP, IRS, LRC, NRC, TICFIA, and UISFL].) 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 **Sara Starke at 202.453.7681 or at sara.starke@ed.gov** directly.

ATTACHMENT B: IFLE REPORTING SYSTEM PROPOSED SCREENS

Program: BIE	Grant Start Date:	Current Report Information
Institution:	Grant End Date:	Start Date:
Project:	Final Report Due Date:	End Date:
Award #:	Amount:	Due Date:
Project Director:		Submit Date:
World Area:		Amount:

[Home](#) | [Update Password](#) | [Contact Us](#) | [Help](#) | [User Guide](#) | [Logoff](#)

Administrative			Reports			
Project Info	Add User	Travel Requests	Select, View, Submit Reports	Narratives	Budget	Report Data

Project Information

Review and edit the project information and contact information for the project director. If you need to change the name or email of your project director, contact your program officer for instructions. Enter your abstract and select the languages, disciplines, countries, and subject areas relevant to your project.

*** Required fields**

Name:

Title:

Street: *

Street 2:

City: *

State: District of Columbia

Postal code: *

Phone: *

Fax:

Email:

Web site:

Partner Web site:

Home institution:

Institution Type: Select one

MSI Designation: * Eligible to receive assistance under sections 316 through 320 of part A of title III, under part B of title III, or under title V of the HEA.
 Not eligible to receive assistance under sections 316 through 320 of part A of title III, under part B of title III, or under Title V of the HEA.

Community College Designation: * Meets the definition in section 312(f) of the HEA (20 U.S.C. 1058(f)); or, an institution of higher education (as defined in section 101 of the HEA (20 U.S.C. 1001)) that awards degrees and certificates, more than 50 percent of which are not bachelor's degrees (or an equivalent), or master's, professional, or other advanced degrees.
 Does not meet the definition in section 312(f) of the HEA (20 U.S.C. 1058(f) or, is not an institution of higher education (as defined in section 101 of the HEA (20 U.S.C. 1001)) that awards degrees and certificates, more than 50 percent of which are not bachelor's degrees (or an equivalent), or master's, professional, or other advanced degrees.

Project title: *

Primary world area: * Asia

Additional world areas: Select all that apply
Africa
Asia
Canada
East Asia

Program officer:

List agreement partners
(limit 200 characters)

Characters and Spaces:

■ Abstract

Insert the abstract for the approved project into the box below.
(Limit 4,000 characters and spaces)

*

Characters and Spaces:

Select the languages, countries, disciplines, and subject areas that apply to the project from the dropdown list below. Any entries already selected are displayed first.

■ Languages

Please select no more than 40 languages most relevant to the project focus.
Hold down "ctrl" and click to make multiple selections.

Select all that apply
Abkhaz
Abron
Aceh
Achinese (Achenese)
Acholi (Lou, Lango)
Afar
Afrikaans
Aja-Gbe
Akan (Twi-Fante)

■ Countries *

Please select no more than 40 countries most relevant to the project.

Hold down "ctrl" and click to make multiple selections.

Select all that apply

United States of America

Afghanistan

Albania

Algeria

American Samoa

Andorra

Angola

Anguilla

Antigua and Barbuda

■ **Disciplines ***

Please select no more than 40 items.

Hold down "ctrl" and click to make multiple selections.

Select all that apply

Accounting

Agriculture

Anthropology

Archaeology

Architecture/urban and regional planning

Area studies

Art/art history

Biological/life sciences

Business administration and management

[Home](#) | [Update Password](#) | [Contact Us](#) | [Help](#) | [User Guide](#) | [Logoff](#)

International and Foreign Language Education
U.S. Department of Education
Office of Postsecondary Education
1990 K Street, N.W., Washington, DC 20006-8521
Phone: (202) 502-7700

Program: BIE Institution: Project: Award #: Project Director: World Area:	Grant Start Date: Grant End Date: Final Report Due Date: Amount:	Current Report Information Start Date: End Date: Due Date: Submit Date: Amount:
Home Update Password Contact Us Help User Guide Logoff		

Administrative			Reports			
Project Info	Add User	Travel Requests	Select, View, Submit Reports	Narratives	Budget	Report Data

International Travel Approval Request

Create an international Travel Approval Request (TAR) for each individual. (A TAR is required if grant funds are supporting any cost associated with the travel, e.g., per diem, air fare, ground transportation.)

- Click the "Add a Travel Approval Request" button to create a TAR.
- IRIS will notify your program officer by email when the TAR is submitted.
- Once the TAR is approved or disapproved, IRIS will send you an email with additional information from your program officer.
- Approved TARs can be updated and resubmitted to US/ED for review.

The TAR must be submitted to US/ED at least 30 days prior to the traveler's departure.

Action	Name(s)	Status	Submitted Date	Approval Date	FY Funds	Travel Dates	Country	Purpose
--------	---------	--------	----------------	---------------	----------	--------------	---------	---------

Program: BIE Institution: Project: Award #: Project Director: World Area:	Grant Start Date: Grant End Date: Final Report Due Date: Amount:	Current Report Information Start Date: End Date: Due Date: Submit Date: Amount:
Home Update Password Contact Us Help User Guide Logoff		

Administrative			Reports			
Project Info	Add User	Travel Requests	Select, View, Submit Reports	Narratives	Budget	Report Data

International Travel Approval Request

(Submit 30 days in advance of travel)

Complete all required fields for each international traveler participating in project related activities.

*** Required fields**

Group or individual: * Group Individual
 (If there is more than one participant, elaborate in the "Purpose of travel explanation.")

Number of participant(s) *

Participant name(s): *
 (limit 500 characters)

Travel to or from U.S.: * To From U.S.

BIE funds requested for travel: * In-Country International

Type of participant: * Select one

Purpose of travel: * Select one

Justification: * (limit 2000 characters)

Characters and Spaces:

Discipline / Field(s):
 Accounting
 Agriculture
 Anthropology
 Archaeology
 Architecture/urban and regional planning
 Area studies

Country(ies): *

Select one

Select one

BIE funds requested: * \$

Fiscal year funds to be used: * 2010

(limit 2000 characters)

Detailed itemization of Title VI BIE funds e.g., travel, lodging, and meals and incidental expenses. Please refer to [GSA for domestic per diem rates](#) and [US Dept. of State for international rates](#).

Characters and Spaces:

Departure date: * (mm/dd/yyyy)

Return date: * (mm/dd/yyyy)

Comments: (limit 1000 characters)

Characters and Spaces:

Participant's Departure Itinerary

Please include connecting flights.

Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline and Flight Number
-----------------------------	-----------	-----------------------	---------------------------	---------	---------------------	---------------------------

Participant's Return Itinerary

Please include connecting flights.

Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline and Flight Number
-----------------------------	-----------	-----------------------	---------------------------	---------	---------------------	---------------------------

* Please select from one of the following:

I certify that this travel request complies with the Fly America Act and/or [Open Skies agreement](#).

Grant funds are being used for overseas costs, excluding international travel.

[Home](#) | [Update Password](#) | [Contact Us](#) | [Help](#) | [User Guide](#) | [Logoff](#)

International and Foreign Language Education
U.S. Department of Education
Office of Postsecondary Education
1990 K Street, N.W., Washington, DC 20006-8521
Phone: (202) 502-7700