OMB Control No. 1076-0018 Expires: XX/XX/XXXX

TRIBAL COLLEGES & UNIVERSITIES GRANT APPLICATION FORM

25CFR 41.8, Public Law 95-471 (as amended)

Information and General Instructions: **The application is due annually on or before June 1**st. This information is collected to meet the reporting requirements. Response to this request is required by Public Law 95-471, as amended. The information collected is subject to the Paperwork Reduction Act. An agency may not request nor sponsor, and a person need not answer, a request for information that does not contain a valid OMB control number. A response to this request is required to obtain or retain a benefit and no action may be taken against the institution's refusal to supply the information if there is no valid OMB Control Number. The public reporting burden for this form is estimated to average six hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing this form. Send comments regarding the burden estimate or any other aspect of this form to the Bureau ICCO, 625 Herndon Parkway, Herndon, VA 20170.

Name of College or University	
	IRS No.
Mailing Address	
Accreditation By	
	Accreditation Type
	Approving Organization
	Organization
	the institution does not deny admission to any Indian student based upon the 5 CFR 41.11; nor do we waive the requirements of 25 CFR41.
We, the Board of Directors, declare	the institution does not deny admission to any Indian student based upon the 5 CFR 41.11; nor do we waive the requirements of 25 CFR41.
We, the Board of Directors, declare criteria and definitions set forth in 2	the institution does not deny admission to any Indian student based upon the 5 CFR 41.11; nor do we waive the requirements of 25 CFR41. Member

Number of College go	overning board:	Indian	No	on-Indian:
Indian Student Count	(ISC) for the prev	ious academic term:		
Summer ISC:	Fall ISC:	Winter ISC:	Spring ISC:	
BIA Form 62107				
			Control No. Expires: XX	OMB 1076-0018 X/XX/XXXX
			2	
ENROLLMENT INFO	ORMATION: Deg	grees Granted		
Master Arts/Master So	cience		A	u C:
Bachelor Arts/Science		<u> </u>	Average C	No. of
Associate Arts/Science	P		Instructors	FTE
		<u> </u>	Instructors	
Two Year Certificate		<u> </u>	Instructors	PTE
I hereby certify the inf	formation containe	ed within this application	is complete and accurate.	
Chairman of the Board	d			Data
				Date
				Date
I hereby certify that				

			has met
	all of the	eligibility	
Name of Institution		g v	
requirements for continued funding authorized by Public Law 95-47	71, as amended		
Director, Office of Indian Education Programs			
		ъ.	
		Date	
Chief, Division of Contracts & Grants Administration			
Cilei, Division of Contracts & Grants Administration			Date

REQUIRED ATTACHMENTS:

- 1. A proposed budget showing total expected operating expenses in the following education categories: (a) Personnel, (b) Instruction, (c) Administration, (d) Other, and (e) Total. The total expected revenues from all sources for the academic year.
- 2. A copy of the institution's policy statement, Charter, By-Laws, and catalog which includes a copy of the institution's current curriculum, or other document wherein is found the goals, philosophy or plan of operation to meet the needs of Indian students.
- 3. A description of the accounting procedures used for grants received under Pub. L. 95-471.