



**SUPPLEMENTAL SUPPORT UNDER THE
AMERICAN RESCUE PLAN (SSARP)
PROGRAM PROFILE INFORMATION FORM**

American Rescue Plan 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) SSARP Certification and Agreement, and (3) SF-424 (collectively, the SSARP application) must be received no later than 11:59:59 pm Eastern Time on **DATE** as described in the SSARP Notice Inviting Applications (NIA). An institution of higher education (IHE) may apply under more than one Absolute Priority.

SECTION 2: APPLICANT IDENTIFICATION

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

SECTION 3: INSTITUTION IDENTIFICATION

Type of IHE (please check all appropriate boxes)¹:

2-Year
 4-Year
 Public
 Private Nonprofit

SECTION 4: ABSOLUTE PRIORITIES

Instructions: There are five absolute priorities in this program. An institution may apply to more than one absolute priority. Please check the box that corresponds with the absolute priority or priorities for which the institution is applying.

Absolute Priority 1: Underfunded (a)(1) Grantees due to Technical Errors, Application Issues, or not Reporting in IPEDS

Absolute Priority 2: MSI or SIP Grantees that were Underfunded due to Technical Errors or Application Issues, are Newly Eligible, or are a Branch Campus

Absolute Priority 3: Underfunded ARP (a)(1) Grantees due to an Institutional Merger or change in PPA

Absolute Priority 4: Community Colleges and Rural IHEs Serving a High Percentage of Low-Income students and Experiencing Enrollment Declines

Absolute Priority 5: Institutions Serving High Percentages of Graduate Students

¹ Please note that proprietary institutions are not eligible to apply for funding under the SSARP program.

SECTION 5: ADDITIONAL INFORMATION FOR ABSOLUTE PRIORITIES

Instructions: 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.

| Absolute Priority 1: Please complete the below. | | | | | |
|--|--------------------------------------|--|---|--|---|
| 1(a): Institution was on CRRSAA (a)(1) allocation table but did not successfully apply. | | | | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| 1(b): Institution did not receive an allocation under ARP (a)(1) because it did not report 2018/19 data in IPEDS. No additional information is needed if your institution reported 2019/2020 in IPEDS. The Department will use 2019/20 IPEDS and FSA Pell Volume data to calculate awards. | | | | | |
| Institutions do not need to fill out the table below unless they believe the IPEDS data would not capture their need (e.g., the institution did not report data for 2019/20 IPEDS). Institutions that do fill out the table below should provide a short description explaining any discrepancy between these data and that of IPEDS and FSA Pell volume data. | | | | | |
| Full-time Equivalent (FTE) Enrollment (2019-2020): | Total Enrollment (2019-2020): | Full-time Equivalent (FTE) Pell Recipient Enrollment (2019-2020): | Total Pell Recipient Enrollment (2019-2020): | Percent of total enrollment exclusively enrolled in distance education as of Fall 2019: | Percent of Pell recipients exclusively enrolled in distance education as of Fall 2019: |
| | | | | | |
| Explanation of Alternative Data: | | | | | |

| Absolute Priority 2: Please mark the program(s) for which the IHE meets the criteria. | |
|--|--|
| 2(a): Applicant gained additional eligibility: | |
| HEERF ARP (a)(2) Program | Check All That Apply |
| 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"/> |
| 2(b): Applicant was on CRRSAA (a)(2) allocation table but did not successfully apply by deadline or failed to submit a complete application under the correct funding opportunity number: | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

2(c): If the applicant is a branch campus designated as eligible under titles III and V of the HEA (according to the FY 2021 Eligibility Matrix), please provide the following:

| Full-time Equivalent (FTE) Enrollment (2019-2020): | Total Enrollment (2019-2020): | Full-time Equivalent (FTE) Pell Recipient Enrollment (2019-2020): | Total Pell Recipient Enrollment (2019-2020): | Percent of total enrollment exclusively enrolled in distance education as of Fall 2019: | Percent of Pell recipients exclusively enrolled in distance education as of Fall 2019: |
|---|--------------------------------------|--|---|--|---|
| | | | | | |

Absolute Priority 3: Please provide a description of the methodological issue that resulted in the ARP (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.

Description of the Methodological Issue:

The Department will use 2019/20 IPEDS and FSA Pell Volume data to calculate awards.

Institutions do not need to fill out the table below unless they believe the IPEDS data would not capture their need. Institutions that do fill out the table below should provide a short description explaining any discrepancy between these data and that of IPEDS and FSA Pell volume data.

| Full-time Equivalent (FTE) Enrollment (2019-2020): | Total Enrollment (2019-2020): | Full-time Equivalent (FTE) Pell Recipient Enrollment (2019-2020): | Total Pell Recipient Enrollment (2019-2020): | Percent of total enrollment exclusively enrolled in distance education as of Fall 2019: | Percent of Pell recipients exclusively enrolled in distance education as of Fall 2019: |
|---|--------------------------------------|--|---|--|---|
| | | | | | |

Explanation of Alternative Data:

| | |
|---|--|
| Absolute Priority 4: Please provide the following information: | |
| Number of Pell Grant recipients based on Fall 2019 enrollment, consistent with IPEDS reporting on the 2019-20 Student Financial survey. | |
| Number of degree and certificate seeking Fall 2019 undergraduate students, consistent with IPEDS reported data. | |
| Include single rural local setting or code | |
| Absolute Priority 5: The Department will use Fall 2020 IPEDS enrollment data to determine eligibility under this priority. | |

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: |

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 1840-0853. 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 (Section 314(a)(3) of the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (div M. of Pub. L. 116-260)). 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.