OMB Number: XXXX-XXXX Expiration Date:



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

SECTION 2: APPLICANT IDENTIFICATION

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.

Institution Name								
Contact	Name and Title							
Telephone Number			Extension:					
Email								
DUNS 1	Number							
OPEID								
			1=					
		TION IDENTIFICA						
<u> </u>	<u>_</u>	k all appropriate box			_			
□ 2-Ye	ear	☐ 4-Year	☐ Public	☐ Private Nonprofit				
		BSOLUTE PRIOR						
	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 <u>not</u> 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 Yes: □ No: □							
not successfull	y appiy.						
1 1 1			nder ARP (a)(1)			-	
			ion is needed if y				
	_	artment will use	2019/20 IPEDS	and F	SA Pell V	olume data to	
calculate award	ls.						
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							
			short description		laining any	discrepancy	
between these	data and that of l	IPEDS and FSA	Pell volume data	a.			
Full-time	Total	Full-time	Total Pell		ent of total	Percent of Pell	
Equivalent (FTE)	Enrollment (2019-2020):	Equivalent (FTE) Pell	Recipient Enrollment		llment isively	recipients exclusively	
Enrollment							
(2019-2020):		Enrollment		dista		distance	
		(2019-2020):		Fall 2	ation as of 2019:	education as of Fall 2019:	
				T dir.	2015.	1 till 2015.	
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)					
Alaska Native and Native Hawaiian-Serving Institutions (ANNH)					
Predominantly Black Institutions (PBI)					
Native American-Serving Nontribal Institutions (NASNTI)					
Asian American and Native American Pacific Islander-Serving					
Institutions (AANAPISI)					
Developing Hispanic-Serving Institutions (HSI)					
Promoting Postbaccalaureate Opportunities for Hispanic					
Americans (PPOHA)					
2(b): Applicant was on CRRSAA (a)(2) allocation table but did not	Yes: □ No: □				
successfully apply by deadline or failed to submit a complete					
application under the correct funding opportunity number:					

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	Full-time Total Full-time Total Pell Percent of total Percent		Percent of Pell			
Equivalent	Enrollment	Equivalent	Recipient	enrollment	recipients	
(FTE)	(2019-2020):	(FTE) Pell	Enrollment	exclusively	exclusively	
Enrollment		Recipient	(2019-2020):	enrolled in	enrolled in	
(2019-2020):		Enrollment		distance	distance	
		(2019-2020):		education as of	education as of	
				Fall 2019:	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	Total	Full-time	Total Pell	Percent of total	Percent of Pell
Equivalent	Enrollment	Equivalent	Recipient	enrollment	recipients
(FTE)	(2019-2020):	(FTE) Pell	Enrollment	exclusively	exclusively
Enrollment		Recipient	(2019-2020):	enrolled in	enrolled in
(2019-2020):		Enrollment		distance	distance
		(2019-2020):		education as of	education as of
				Fall 2019:	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 <u>rural local setting or code</u>					
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.