

**Comprehensive Transition and Postsecondary (CTP) Programs:  
2023-24 Financial Assistance for Students with Intellectual Disabilities Expenditure Report  
Award Year July 1, 2023 through June 30, 2024**

***The deadline for submitting this expenditure report electronically and providing a signature to the U.S. Department of Education is October 1, 2024.***

***Electronic Submission:*** The deadline for electronic submission of the expenditure report is 11:59 P.M. (ET) on October 1, 2024. Transmissions must be completed and accepted by 12:00 midnight.

***Signature:*** This form must include a wet signature; see instructions.

***Mailing Instructions:*** The printed and signed signature page (page 2 of the expenditure report) must be postmarked by October 1, 2024 and mailed to:

U.S. Department of Education  
P.O. Box 1130  
Fairfax, VA 22038

For overnight delivery, mail to:

U.S. Department of Education  
4050 Legato Road, #1100  
Fairfax, VA 22033

***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 1845-0113. Public reporting burden for this collection of information is estimated to average 2 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 mandatory in accordance with the 1998 Amendments to the Higher Education Act of 1965 (Pub. L. 105-244 Sec. 424) and the Higher Education Opportunity Act of 2008 (Pub. L. 110-315). If you have comments or concerns regarding the status of your individual submission of this form, please contact the FSA Partner and School Relations Center directly at 1-800-848-0978 or email at CODSupport@ed.gov.*

Name of Institution: [prefilled by CB-COD]

OPEID: [prefilled by CB-COD]

State: [prefilled by CB-COD]

**Federal Pell Grant (Pell) Program**

1. Number of students with intellectual disabilities who received Pell funds \_\_\_\_\_
2. Total Pell funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_

**Federal Supplemental Educational Opportunity Grant (FSEOG) Program**

3. Number of students with intellectual disabilities who received FSEOG funds \_\_\_\_\_
4. Total FSEOG funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_
5. Federal share of the FSEOG funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_

**Federal Work-Study (FWS)**

6. Number of students with intellectual disabilities who earned FWS funds \_\_\_\_\_
7. Total FWS funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_
8. Federal share of FWS funds disbursed to students with intellectual disabilities \$ \_\_\_\_\_

**Unduplicated Student Count**

9. Total unduplicated number of students with intellectual disabilities who received Pell, FSEOG, or FWS program funds for the 2023-24 award year \_\_\_\_\_

**NOTE:** This field includes all students reported in fields 1, 3, and 6 above. "Unduplicated" means each student is counted/reported in this total only **ONCE**, *regardless* of whether the student received more than one type of aid. See instructions for clarification and example.

**Certification**

I understand that by signing my name below I am certifying that the information above is true and accurate and that it is subject to review by the U.S. Department of Education.

10. Chief Executive Officer

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: [prefilled by CB-COD] Typed Name: [prefilled by CB-COD]

Telephone No.: [prefilled by CB-COD]

Email Address: [prefilled by CB-COD]