

U.S. DEPARTMENT OF EDUCATION
Office of Postsecondary Education
Washington, DC 20202



FY 202X Program-Specific Application Forms
for Grants Under The
Strengthening Historically Black Graduate Institutions (HBGI) Program

ALN 84.031K

OMB No. 1840-0836
EXPIRATION DATE: XX/XX/202X

CONTACT INFORMATION

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HBGI PHASE I FORMULA DATA WORKSHEET INSTRUCTIONS

HBGI PHASE I FORMULA DATA

HISTORICALLY BLACK GRADUATE INSTITUTIONS PROGRAM FY 202X FORMULA GRANT WORKSHEET

Section 326 (f) of the Higher Education Act of 1965, as amended (HEA), requires that HBGI annual appropriations in excess of \$62,900,000 be allocated according to a formula comprised of five elements. The five elements of the formula, as stated in the law, with instructions for completing the data form, are identified below.

Formula Element A. “The ability of the institution to match Federal funds with non-Federal funds.”

Formula Element B. “The number of students enrolled in the programs for which the eligible institution received funding under the HBGI program (Section 326 of the HEA) in the previous year.”

Provide the number of students enrolled (fall full-time equivalent enrollment) in the qualified graduate program (QGP) at your eligible HBGI which received funding under Section 326 of the HEA in the previous year. Also provide the name of the QGP in which the students were enrolled for the previous year.

Formula Element C. “The average cost of education per student, for all full-time graduate or professional students (or the equivalent) enrolled in the eligible professional or graduate school, or for doctoral students enrolled in the qualified graduate programs.”

Provide the average cost of education per student, for all full-time graduate or professional students (or equivalent) enrolled in the eligible professional or graduate school, or for doctoral students enrolled in the qualified graduate programs.

NOTE: The average cost of education for each qualified graduate program should include the following elements: instruction, research, public service, academic support (including library expenditures), student services, institutional support, scholarships and fellowships, operation and maintenance of physical plant, and any mandatory transfers that the institution is required to pay by law that are related to the institution’s qualified graduate programs. Please explain the methodology used for arriving at the average cost of education for your institution’s qualified graduate programs. For this Formula Element, you should submit only one number. For example, if you have five QGPs, this average cost per student should include the costs of all five programs.

Formula Element D. “The number of students in the previous year who received their first professional or doctoral degree from the programs for which the eligible institution received funding under the HBGI Program (Section 326 of the HEA) in the previous year.”

Provide the number of students in the **previous academic year (202X-202X) that received their first professional or doctoral degree from the programs for which the eligible institution received funding under Section 326 of the HEA in the previous year.** For example, your institution should provide the number of students who received their first professional or doctoral degrees from your institution’s QGP in academic year 202X-202X for the grant being awarded for fiscal year 202X.

Formula Element E. “The contribution, on a percent basis, of the programs for which the institution is eligible to receive funds under the HBGI Program (Section 326 of the HEA) to the total number of African Americans receiving graduate or professional degrees in the professions or disciplines related to the programs for the previous year.”

List each QGP for which your institution awarded graduate or professional degrees in the previous year. For each of these QGPs, provide the total number of African American graduates of these programs by degree level (master's, first professional, or doctorate).

**SECTION I
PHASE I FORMULA DATA COLLECTION FORM
(FISCAL YEAR 202X)**

**HISTORICALLY BLACK GRADUATE INSTITUTIONS (HBGI) PROGRAM
DATA COLLECTION FOR FORMULA TO ALLOCATE EXCESS HBGI GRANT
AWARD FUNDS UNDER SECTION 326 (f)(3)(A-E) "FUNDING RULE"**

NOTE: This data must be submitted as part of your initial application as well as annually during your approved grant cycle. Be sure to use this form and this form only when submitting your Phase I data. **The U.S. Department of Education will not accept any other versions of this form.** The data will be used to formulate the annual fiscal year (FY) award allocations. **The deadline date for submitting the FY 202X data is TBD.**

NAME OF INSTITUTION: _____

CITY: _____ **STATE:** _____

1. **Formula Element A – ABILITY TO MATCH** -The ability of the institution to match Federal funds with non-Federal funds.

Does the institution have the ability to match Federal with non-Federal funds?

Choose one: Yes **or No**

If **YES**, please provide the name of the non-Federal source and the amount of the institution's matching contribution for the match.

Name of Source: _____

Amount: \$ _____ Year: _____

If **NO**, has your institution matched Federal grant funds under some other Federal program in the past five years? Choose one: Yes or No

Name of Program: _____

2. **Formula Element B – STUDENT ENROLLMENT** – The number of students enrolled in the programs for which the eligible institution received funding under this section in the previous year.

What is the number of students enrolled in the programs for which the eligible institution received funding under this section in the **previous year, 202X- 202X?**

No.	Qualified Graduate Program	Degree	Students Enrolled
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	Total Students Enrolled		

3. **Formula Element C – AVERAGE COST OF EDUCATION** – The average cost of education per student, for all full-time graduate or professional students (or the equivalent) enrolled in the eligible professional or graduate school, or for doctoral students enrolled in the qualified graduate programs.

What is the Average Cost of Education per Student for all full-time graduate or professional students (or the equivalent) enrolled in the eligible professional or graduate school, or for doctoral students enrolled in the qualified graduate programs?

\$ _____

Explain methodology: _____

4. **Formula Element D – GRADUATES OF PROFESSIONAL OR DOCTORATE PROGRAMS-** The number of students in the previous year who received their first professional or doctoral degree from the programs for which the eligible institution received funding under this section in the previous year.

What is the number of students in the previous year who received their first professional or doctoral degree from the programs for which the eligible institution received funding under this section in the previous year?

No.	Qualified Graduate Program	Degree	Number of Graduates From Previous Year
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	Total Number of Graduates		

5. **Formula Element E – GRADUATES – African Americans**

The contribution, on a percent basis, of the programs for which the institution is eligible to receive funds under this section to the total number of African Americans receiving graduate or professional degrees in the professions or disciplines related to the programs for the previous year.

What is the total number of African Americans receiving graduate or professional degrees in the professions or disciplines related to the programs in the previous year?

No.	Qualified Graduate Program	Degree	Number of Graduates Previous Year	Number of African-American Graduates Previous Year
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
	Total Number of Graduates			

By signing this form—

- **I certify that: 1) I have read and understand the information provided on this form for my institution, and 2) the information provided on this form is true and correct.**
- **I understand that any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to the requirements of 20 U.S.C. 1063(c) and penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code.**

President's Name (typed): _____

President's Signature: _____ **Date:** _____

**HISTORICALLY BLACK GRADUATE INSTITUTIONS (HBGI) PROGRAM
NON-FEDERAL SOURCE MATCHING ASSURANCE FORM
(FISCAL YEAR 202X)**

NOTE: This assurance form must be signed, dated and submitted as part of your initial application. Under legislative guidelines, at 20 U.S.C. Section 1063b(a)(2), no award can be made more than \$1,000,000 unless the institution provides a matching assurance agreement described below.

§1063b Professional or graduate institutions

(A) **GENERAL AUTHORIZATION**

(2) No grant in excess of \$1,000,000 may be made under this section unless the postgraduate institution provides assurances that 50 percent of the cost of the purposes for which the grant is made will be paid from non-Federal sources, except that no institution shall be required to match any portion of the first \$1,000,000 of the institution's award from the Secretary. After funds are made available to each eligible institution under the funding rules described in subsection (f), the Secretary shall distribute, on a pro rata basis, any amounts which were not so made available (by reason of the failure of an institution to comply with the matching requirements of this paragraph) among the institutions that have complied with such matching requirement.

NAME OF INSTITUTION: _____

CITY: _____ **STATE:** _____

AUTHORIZING OFFICIAL SIGNATURE:

I certify that I have read and understand the information in the above assurance statement from 20 U.S.C.1063b(a)(2) and that my institution can provide, from non-Federal sources, at least 50 percent of the cost of the purposes for which the HBGI program grant is made if the grant funds are more than \$1,000,000.

I understand that any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to the requirements of 20 U.S.C. 1063(c) and penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code.

Print Name

Signature

Date

PAPERWORK REDUCTION ACT

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 1840-0836. Public reporting burden for this collection of information is estimated to average 34.7 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 (under 34 CFR §609) to obtain or retain a benefit (under Section §322(2) of the Higher Education Act of 1965, as amended (HEA)). If you have comments or concerns regarding the status of your individual submission of this application, please contact Institutional Service, Office of Postsecondary Education, U.S. Department of Education, 400 Maryland Ave SW, Washington, D.C. 20202 directly. [Note: Please do not return the completed application to this address.]