

## LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP (LEAP) AND SPECIAL LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP (SLEAP) PROGRAMS PERFORMANCE REPORT



2000-2001 Award Year  
Report period ending June 30, 2001



READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

State: \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION

STUDENT FINANCIAL ASSISTANCE

### PART I: General Student Assistance Information

#### Instructions for Part I

Include all state expenditures (appropriated and non-appropriated funds) in 2000-2001 for grants and work-study jobs (need-based and non-need-based awards, both undergraduate and graduate) for students attending institutions of higher education, but do not include the LEAP and SLEAP Federal share received.

Item (a) This total must include the total state appropriated funds for need-based (undergraduate and graduate) awards.

Item (b) This total must include any non-appropriated funds for need-based (undergraduate and graduate) awards.

Item (c) This total must include all state funds (appropriated and non-appropriated) for non-need-based (undergraduate and graduate) awards.

Item (d) This total is the sum of Items (a), (b), and (c).

Total state (non-Federal) expenditures for grants and work-study jobs for students (415C(b)(6)&(10) and 415E(e)&(f), HEA) in the July 1, 2000 to June 30, 2001 reporting period:

(a) Total state-appropriated funds spent for need-based awards:	\$ _____
(b) Total of all other state funds spent for need-based awards:	\$ _____
(c) Total state funds spent for non-need based awards:	\$ _____
(d) <b>Total</b>	\$ _____

### PART II: LEAP Information

#### Instructions for Part II, Sections A - D

**Reporting by Dependency Status:** To the extent practicable, state LEAP Program funds shall represent the same proportionate distribution of the funds awarded to independent students in the LEAP Program as to the funds awarded to all students in the state program or programs of which the state's LEAP Program is part.

**Number of Dependent Recipients:** This total is the number of dependent LEAP recipients of both the Federal allotment and all state-appropriated funds used to match the Federal allotment under section 415C(b).

**Number of Independent Recipients:** This total is the number of independent LEAP recipients of both the Federal allotment and all state-appropriated funds used to match the Federal allotment under section 415C(b).

**Total Federal Funds:** Include only the expenditures of your Federal LEAP allotment. When exact expenditures are available, you should use them. However, if your state accounts for Federal program expenditures at the program level, not the student level, complete this section as though Federal LEAP funds were distributed equally to each recipient of your state's LEAP Program.

**Total State Funds:** Include only the expenditures of all state-appropriated funds in your LEAP program. These funds are used to match or overmatch your Federal allotment. These funds are awarded to students under the LEAP Program regulations and statute. When exact expenditures are available, you should use them. However, if your state accounts for Federal program expenditures at the program level, not the student level, complete this section as though state-appropriated LEAP funds were distributed equally to each recipient of your state's LEAP Program.

**Section D: LEAP Recipient Information**

1. Did your state award LEAP funds to graduate students during the report period?  YES  NO

2. Check each student enrollment status box in which a student may be eligible to receive LEAP Program funds.  
 Full Time  3/4 Time  1/2 Time  Less than 1/2 Time

3. The following grid is used to determine whether a state made a reasonable proportion of LEAP funds available to less-than-full-time students if your state's allocation was based in part on the financial need demonstrated by less-than-full-time students. If only full-time students were eligible to receive LEAP funds in your state, you do not need to complete the grid.

<i>Dependent Student Recipients</i>				<i>Independent Student Recipients</i>		
Enrollment Status of Recipient	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Full-Time						
3/4 Time						
1/2 Time						
Less Than 1/2 Time						

**PART III: SLEAP Information**

Instructions for Part III, Section A

Item 1

This total includes all non-Federal funds that a state spent for any need-based activity or program that meets the definition of any of the eight SLEAP authorized activities for the 2000-2001 award year. This would include those non-Federal funds that were used to match a Federal need-based program. Because this total is for the SLEAP MOE, be sure to include the non-Federal funds spent for those need-based activities that were not part of the SLEAP Program.

Item 2

This total includes only the non-Federal funds that a state spent for the 2000-2001 award year for any need-based--

- transition programs for students enrolled in secondary school;
- early intervention, mentoring, or career education programs for students enrolled in preschool, elementary school, or secondary school; and
- community service work-study jobs for postsecondary school students, except you must not include community service work-study jobs that were supplementing LEAP as part of the SLEAP Program.

Because this total is for the SLEAP MOE, be sure to include the non-Federal funds spent for those need-based activities that were not part of the SLEAP Program. Any funds reported here are also included in Item 1. This total will enable us to adjust the amount reported in Item 1 for purposes of the SLEAP MOE for the next year due to statutory changes to the SLEAP authorized activities.

Item 3

You must indicate all the authorized activities you used for purposes of the SLEAP Program during the 2000-2001 award year. A state may select one or more of these authorized activities to be part of the SLEAP Program.

**Section A: SLEAP Maintenance-of-Effort (MOE) and Authorized Activities**

1. Total state expenditures for postsecondary and non-postsecondary activities that meet the definition of the eight SLEAP authorized activities for the 2000-2001 award year:

\$ \_\_\_\_\_

**Section A: SLEAP Maintenance-of-Effort (MOE) and Authorized Activities *Continued***

2. Total state expenditures for the 2000-2001 award year for activities that meet the definition of the non-postsecondary SLEAP authorized activities and all postsecondary non-SLEAP community service work-study jobs: \$ \_\_\_\_\_

3. Indicate each need-based authorized activity your state selected to be part of its SLEAP Program (Federal and non-Federal funds) for the 2000-2001 award year:

- (a) LEAP Grant Awards Supplement
- (b) Community Service Work-Study Awards
- (c) Merit, Academic Achievement, or Critical Careers Scholarships
- (d) Early Intervention, Mentoring, Career Education or Transition programs

If your state funded any of the non-postsecondary activities listed in item (d), complete the following items for only those non-postsecondary recipients served under those activities.

(d)1	(d)2	(d)3
Number of SLEAP Non-Postsecondary Recipients _____	Total Federal SLEAP Funds Spent for Non-Postsecondary Recipients \$ _____	Total State SLEAP Funds Spent for Non-Postsecondary Recipients \$ _____

*Note: Information on non-postsecondary activities and recipients should be included only in Part III, Section A.*

**Instructions for Part III, Sections B - E:**

**Reporting by Dependency Status:** To the extent practicable, state SLEAP Program funds shall represent the same proportionate distribution of the funds awarded to independent students in the SLEAP Program as to the funds awarded to all students in the state program or programs of which the state's SLEAP Program is part.

**Number of Dependent Recipients:** This total is the number of dependent SLEAP recipients of both the Federal allotment and all state funds used to match the Federal allotment under section 415C(b).

**Number of Independent Recipients:** This total is the number of independent SLEAP recipients of both the Federal allotment and all state funds used to match the Federal allotment under section 415C(b).

**Total Federal Funds:** Include only the expenditures of your LEAP Federal allotment. When exact expenditures are available, you should use them. However, if your state accounts for Federal program expenditures at the program level, not the student level, complete this section as though Federal SLEAP funds were distributed equally to each recipient of your state's SLEAP Program.

**Total State Funds:** Include only the expenditures derived from non-federal sources in your SLEAP Program. These funds are used to match, on a 2-to-1 basis, or overmatch your Federal allotment. These funds are awarded to students under the SLEAP Program regulations and statute. When exact expenditures are available, you should use them. However, if your state accounts for Federal program expenditures at the program level, not the student level, complete this section as though state SLEAP funds were distributed equally to each recipient of your state's SLEAP Program.

**Section B: SLEAP Grant Expenditures by Type of Institution**

		<i>Dependent Student Recipients</i>		<i>Independent Student Recipients</i>		
Type of Institution	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
<b>Public:</b>	2-year					
	4-year					
<b>Private Nonprofit:</b>	2-year					
	4-year					
<b>Other Nonprofit:</b> (Public or Private)						
<b>Proprietary:</b> (For-Profit)						

**Section C: SLEAP Community Service Work-Study Expenditures by Type of Institution**

		<i>Dependent Student Recipients</i>			<i>Independent Student Recipients</i>		
Type of Institution		Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
<b>Public:</b>	2-year						
	4-year						
<b>Private Nonprofit:</b>	2-year						
	4-year						
<b>Other Nonprofit:</b> (Public or Private)							
<b>Proprietary:</b> (For-Profit)							

**Section D: SLEAP Expenditures By Income Level - All Student Recipients**

SLEAP expenditures (both Federal and state) for grants and community service work-study jobs by income level of recipients ("Income level of recipient" means family income of dependent or independent students, as used to compute the student's financial need).

		<i>Dependent Student Recipients</i>			<i>Independent Student Recipients</i>		
Income Level of Recipient		Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
\$ 0 to \$ 19,999							
\$ 20,000 to \$ 39,999							
\$ 40,000 and Over							

**Section E: SLEAP Recipient Information**

1. Did your state award SLEAP funds to graduate students during the report period?  YES  NO

2. Check each student enrollment status box in which a student may be eligible to receive SLEAP Program funds.

Full Time  3/4 Time  1/2 Time  Less than 1/2 Time

3. The following grid is used to determine whether a state made a reasonable proportion of SLEAP funds available to less-than full-time students if your state's allocation was based in part on the financial need demonstrated by less-than-full-time students. If only full-time students were eligible to receive SLEAP funds in your state, you do not need to complete the grid.

		<i>Dependent Student Recipients</i>			<i>Independent Student Recipients</i>		
Enrollment Status of Recipient		Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Full-Time							
3/4 Time							
1/2 Time							
Less Than 1/2 Time							

## LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP (LEAP) AND SPECIAL LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP (SLEAP) PROGRAMS PERFORMANCE REPORT

### 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 1845-0028. The time required to complete this information collection is estimated to average two hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4851. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Financial Partners Channel, Student Financial Assistance, U.S. Department of Education, 7th and D Streets, S.W., ROB-3, Room 4616, Washington, D.C. 20202-5138.

### FREQUENCY OF REPORT

The Leveraging Educational Assistance Partnership and Special Leveraging Educational Assistance Partnership Programs Performance Report is submitted once a year. This report covers your FY 2000 allotment(s) used for student awards between July 1, 2000 and June 30, 2001.

### SUBMISSION OF REPORT

The signed original of this report should be mailed to:

U.S. Department of Education  
Student Financial Assistance  
Greg Gerrans, LEAP Program Manager  
7th and D Street, S.W.  
ROB-3, Room 4616  
Washington, DC 20202-5138

NOTE: Further monies or other benefits may be withheld unless this report is completed and filed as required by existing law (20 U.S.C. 1070c-2)

### PART IV: Certification by Authorized Official of Agency *Print, sign, and date*

I CERTIFY that the information provided in this Performance Report is based upon information reflected in the official accounting and program records of this agency. Upon request, such records will be made available to the Secretary or his delegate for review. I hereby release to the U.S. Department of Education for deobligation the difference between the total expenditure of LEAP Federal funds reported in Part II, Section C above and the LEAP amount awarded to this state for expenditure in this reporting period. In addition, I hereby release to the U.S. Department of Education for deobligation the difference between the total expenditure of SLEAP Federal funds reported in Part III, Section D above and the SLEAP amount awarded to this state for expenditure in this reporting period.

\_\_\_\_\_  
Name of authorized official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LEVERAGING EDUCATIONAL ASSISTANCE  
PARTNERSHIP (LEAP) PROGRAM  
PERFORMANCE REPORT**

O.M.B No. 1845 -0044  
EXPIRATION DATE: 11/30/2003

1999-2000 Award Year

Report period ending June 30, 2000

State: \_\_\_\_\_

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Section I: General Student Assistance Information**

1. Total State (non-Federal) expenditures for grants and work-study jobs for students (415C(b)(6), HEA) in the July 1, 1999 to June 30, 2000 reporting period: \$	<b>Total</b>
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**Section II: LEAP Expenditures by Type of Institution and Student Dependency Status**

**2.a. Distribution of LEAP Grant Expenditures**

		Dependent Student Recipients		Independent Student Recipients			
Type of Institution		Number of Dependent Student Recipients	Total Federal Funds	Total State Funds	Number of Independent Student Recipients	Total Federal Funds	Total State Funds
<b>Public:</b>	2-year						
	4-year						
<b>Private Nonprofit:</b>	2-year						
	4-year						
<b>Other Nonprofit: (Public or Private)</b>							
<b>Proprietary: (For-Profit)</b>							
<b>2.a. Totals</b>		0	\$0.00	\$0.00	0	\$0.00	\$0.00

**2.b. Distribution of LEAP Work-Study Expenditures**

		Dependent Student Recipients		Independent Student Recipients			
Type of Institution		Number of Dependent Student Recipients	Total Federal Funds	Total State Funds	Number of Independent Student Recipients	Total Federal Funds	Total State Funds
<b>Public:</b>	2-year						
	4-year						
<b>Private Nonprofit:</b>	2-year						
	4-year						
<b>Other Nonprofit: (Public or Private)</b>							
<b>Proprietary: (For-Profit)</b>							
<b>2.b. Totals</b>		0	\$0.00	\$0.00	0	\$0.00	\$0.00

**Section III: LEAP Expenditures By Income Level - All Student Recipients**

3. LEAP expenditures (both Federal and State) for grants and work-study jobs by income level of recipients ("Income level of recipient" means family income of dependent or independent students, as used to compute the student's financial need).

<i>Dependent Student Recipients</i>				<i>Independent Student Recipients</i>		
Income Level of Recipient	Number of Dependent Student Recipients	Total Federal Funds	Total State Funds	Number of Independent Student Recipients	Total Federal Funds	Total State Funds
\$ 0 to \$ 19,999						
\$ 20,000 to \$ 39,999						
\$ 40,000 and Over						
<b>3. Totals</b>	0	\$0.00	\$0.00	0	\$0.00	\$0.00

**Section IV: LEAP Recipient Information**

4.a. Did your State award LEAP funds to graduate students during the report period?  YES  NO

4.b. Check each student enrollment status box in which a student may be eligible to receive LEAP Program funds?

Full Time  3/4 Time  1/2 Time  Less than 1/2 Time

4.c. Each State must fill in the data on the chart below in order to determine whether a state made a reasonable proportion of LEAP funds available to less-than-full-time students if the state's allocation was based in part on the financial need demonstrated by less-than-full-time students. If only full-time students were eligible in your state, you may skip this question.

<i>Dependent Student Recipients</i>				<i>Independent Student Recipients</i>		
Enrollment Status of Recipient	Number of Dependent Student Recipients	Total Federal Funds	Total State Funds	Number of Independent Student Recipients	Total Federal Funds	Total State Funds
Full-Time						
3/4 Time						
1/2 Time						
Less Than 1/2 Time						
<b>4.c. Totals</b>	0	\$0.00	\$0.00	0	\$0.00	\$0.00

**Section V: Certification by Authorized Official of Agency**

I CERTIFY that the information provided in this Performance Report is based upon information reflected in the official accounting and program records of this agency. Upon request, such records will be made available to the Secretary or his delegate for review. In addition, I hereby release to the U.S. Department of Education for deobligation the difference between the total expenditure of Federal funds reported in Item 3 above and the amount awarded to this State for expenditure in this reporting period.

5.a. Name of authorized official 5.b. Signature 5.c. Date  
 5.d. Telephone Number (Including Area Code) 5.e. FAX Number



## INSTRUCTIONS FOR COMPLETING THE LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP PROGRAM PERFORMANCE REPORT

FORM APPROVED  
O.M.B. No. 1845-0044  
EXPIRATION DATE:  
11/30/2003

Public reporting for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, the U.S. Department of Education, Information Management and Compliance Division, Washington, DC 20202-4651; and to the Office of Management and Budget, Paperwork Reduction Project 1845-0044, Washington, DC 20503.

### A. FREQUENCY OF REPORT

The Leveraging Educational Assistance Partnership Performance Report is submitted once a year. This report covers your FY 1999 allotment(s) used for student awards between July 1, 1999 and June 30, 2000.

### B. SUBMISSION OF REPORT

The signed original of the Leveraging Educational Assistance Partnership Performance Report should be sent to:

*Greg Gerrans  
LEAP Program  
Room 4616, ROB - 3  
Office of Student Financial Assistance Programs  
U.S. Department of Education  
7<sup>th</sup> and D Streets, S.W.  
Washington, DC 20202-5138*

### C. PREPARATION OF REPORT

**SECTION I:** Include all State expenditures in 1999-2000 for grants and work-study jobs for students attending institutions of higher education (need-based and nonneed-based awards, both to undergraduate and graduates), but do not include the LEAP Federal share you received.

#### SECTIONS II, III, IV:

**Reporting by Dependency Status:** To the extent practicable, State LEAP Program funds shall represent the same proportionate distribution of the funds awarded to independent students in the LEAP Program as to the funds awarded to all students in the State program or programs of which the State's LEAP Program is part.

**Number of Dependent Recipients:** Include all dependent recipients of awards under your program(s) through which Federal LEAP funds were expended. This total must include dependent recipients of both the Federal allotment and all State-appropriated funds used to match the Federal allotment under section 415C(b).

**Number of Independent Recipients:** Include all independent recipients of awards under your program(s) through which Federal LEAP funds were expended. This total must include independent recipients of both the Federal allotment and all State-appropriated funds used to match the Federal allotment under section 415C(b).

**Total Federal Funds:** Include only the expenditures of your Federal allotment. When exact expenditures are available, you should use them. However, if your State accounts for Federal program expenditures at the program level, not the student level, complete this section as though Federal LEAP funds were distributed equally to each recipient of your State's LEAP program.

**Total State Funds:** Include only the expenditures of all State-appropriated funds in your LEAP program. These funds are used to match or overmatch your Federal allotment. These funds are awarded to students under the LEAP program regulations and statute. When exact expenditures are available, you should use them. However, if your State accounts for Federal program expenditures at the program level, not the student level, complete this section as though State-appropriated LEAP funds were distributed equally to each recipient of your State's program.

**Item 4.b.:** Check all the enrollment statuses for which students are eligible to receive LEAP Program awards.

**Item 4.c.:** Provide the data requested on the chart for all the enrollment statuses for which students received LEAP program awards. You need not complete this chart if only full-time students are eligible in your state.

**NOTE:** Further monies or other benefits may be withheld unless this report is completed and filed as required by existing law (20 U.S.C. 1070c-2)