## QuarterlyBudget andExpenditureReportingfor dHEERF, II, and III P Œ v š ( $\mu$ v •

| nstitution Name:  |                        |                    |                  | Date of                    | Report: |           | Covering | Quarter End | ing:          |  |
|---|------------------------|--------------------|------------------|----------------------------|---------|-----------|----------|-------------|---------------|--|
| PR/AwardNumber(s):P425E   | <b>!2\$</b> F          | P245J              | _P42 <u>5K</u> _ | P425L                      | _P425M  | P425N     | _ P425Q  | P425S       | <u>P</u> 425T |  |
| Final Report? (Onlyif youhave ex                                    | hauste <b>&amp;</b> LL | IEER <b>G</b> rant | s)               |                            |         |           |          |             |               |  |
| FotalAmountof InstitutionalFundsA<br>FotalAmountof Student FundsAwa |                        | ( ) ( )            | S                | ^ š]}v~<br>Section (a)(4): |         | Section(a | a)(3):   |             |               |  |

1) Please provide a link to your annual report located on the ESF transparency portal so the public can review the foff ytestalHEERF grantsage over the last calendar year, including methodologies used to award HEERF funds to students, academic success of HEERF description to the last calendar year, including methodologies used to award HEERF funds to students, academic success of HEERF description.

|                       |                                   |  | OIVID | CONTROLINGINGE 1040 | 1-0849 Expires 5/3 1/2 |
|-----------------------|-----------------------------------|--|-------|---------------------|------------------------|
|                       | What was the amount of            |  |       |                     |                        |
|                       | Emergency Financial Aid           |  |       |                     |                        |
|                       | Grants applied to satisfy         |  |       |                     |                        |
|                       | student's outstanding             |  |       |                     |                        |
|                       | account balance upon              |  |       |                     |                        |
|                       | receiving affirmative             |  |       |                     |                        |
|                       | written consent from              |  |       |                     |                        |
|                       | students to do so? If funds       |  |       |                     |                        |
|                       | were not used for this            |  |       |                     |                        |
|                       | purpose, report \$0.              |  |       |                     |                        |
|                       | Include only amounts that         |  |       |                     |                        |
|                       | benefited students who            |  |       |                     |                        |
|                       | did directly receive              |  |       |                     |                        |
|                       | Emergency Financial Aid           |  |       |                     |                        |
|                       | Grants.                           |  |       |                     |                        |
| HEERF (a)(1)          | What was the amount disbursed     |  |       |                     |                        |
| Institutional Portion | to students as                    |  |       |                     |                        |
| Amount Disbursed      | Emergency Financial Aid Grants?   |  |       |                     |                        |
|                       |                                   |  |       |                     |                        |
|                       | What was the amount of            |  |       |                     |                        |
|                       | Emergency Financial Aid Grants    |  |       |                     |                        |
|                       | applied to satisfy student's      |  |       |                     |                        |
|                       | outstanding account balances?     |  |       |                     |                        |
|                       | If funds were not used for this   |  |       |                     |                        |
|                       | purpose, report \$0. Include only |  |       |                     |                        |
|                       | amounts that benefited            |  |       |                     |                        |
|                       | students who did directly         |  |       |                     |                        |
|                       | receive Emergency Financial Aid   |  |       |                     |                        |
|                       | Grants.                           |  |       |                     |                        |
| HEERF (a)(2) Amount   | What was the amount disbursed     |  |       |                     |                        |
| Disbursed (HBCUs,     | to students as                    |  |       |                     |                        |
| TCCUs, MSIs, and      | Emergency Financial Aid Grants?   |  |       |                     |                        |
| SIP)                  | If funds were not used for this   |  |       |                     |                        |
|                       | purpose, report \$0.              |  |       |                     |                        |

OMB Control Number 1840-0849 Expires 5/31/2024

|                        | Т | OMB Control Number 1840-0849 Expires 5/31/2 |
|------------------------|---|---|
| What was the amount of |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        |   |   |
|                        | l |   |

OMB

|  | OIVIB |  |
|--|-------|--|
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |

| rm Instructions  |
|--|
| On each form, fill out the institution of higher education (IHE or institution) name, the date of the report, the appropriate quarter the port covers (3/31/22, 6/30//9 (/i)-8 (o)4 ce TjEMC /H < (e)-3 ()-2.8 ( ,11e( ))68313 ( ()]TJ0.004 Tc</th |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

OMB Control Number 1840-0849 Expires 3/31/2024

needed, and completing and reviewing the collection of information. Under the PRA, participants are required to respond to this collection to obtain or retain benefit. If you have any comments concerning the accuracy of the time estimate or 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 HEERFreporting@ed.gov, U.S. Department of Education, 400 Maryland A