

- 0.1 Educational Institution
- (a) Name
 - (b) Street Address
 - (c) City, State and ZIP Code
 - (d) Division or Campus of
(if applicable)

0.2 Reporting Unit is: (Mark one.)

- A. Independently Administered Public Institution
- B. Independently Administered Nonprofit Institution
- C. Administered as Part of a Public System
- D. Administered as Part of a Nonprofit System
- E. Other (Specify) _____

0.3 Official to Contact Concerning this Statement:

- (a) Name and Title
- (b) Phone Number (include area code and extension)

0.4 Statement Type and Effective Date:

- A. (Mark type of submission. If a revision, enter number)
 - (a) Original Statement
 - (b) Amended Statement; Revision No. _____
- B. Effective Date of this Statement: (Specify) _____

0.5 Statement Submitted To (Provide office name, location and telephone number, include area code and extension):

- A. Cognizant Federal Agency: _____

- B. Cognizant Federal Auditor: _____
