Quarterly Budget and Expenditure Reporting ford-thEERF I, II, and III P () w š.

Institution Name:	Date of Report:	Covering Quarter Ending: W Z
AwardNumber(s): P425E z z z z z z z z z z z z z z z z z	z ₽425,±zzzzzzzzz zzzzzzzzz	z ₽425 k≰z z z z z z z z z z z z Wðîñ > z z z z z z z
W425M z z z z z z z z z z z z z z z z z z z	z z z z z z z P425Q z z z z P4258 zz	z z z z z z z z z z z z z z z z z z z z
Final Report? • (Only if you have exhausted ALL HEERF Grants)		
Total Amount of InstitutionaFunds Awarded: Section (a)(1): Total Amount of Student Funds Awarded: Section (a)(1):	^ š]}v ~ • ~ î • W Section (a)(4):	Section (a)(3):
1) Please povide a link to your annual report located on the BFtranspa	arenc h/E.6.1R4617ao tth /S6 g Bov/e 0.t4 (i)-1.06	6368 0 T8d4oetails of you

s used to award HEELINGS to students, academic success of HEERF recipients, and other details:

î∙	What percentage of students	received emergency ar	ants and how much	did students receive b	y student type and fund type?

- How much of your HEERF student funds remain left to be disbursed at the end of the reporting period?
- Complete the following table.

EmergencyFinancialAid GrantsAwardedto Students this quarter report only disbursements related to Emergency Financial Aid Grants including using those grants to satisfy outstanding accounts. Any disbursements unrelated to Emergency Financial Aid Grants should not be included in the reported ependitures

	Total	Undergraduates	Graduates
	students		

Number of HEERF Student Recipients – Emergency Grants to Students What was the amount of Emergency Financial Aid

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 b ic 0.003 3.44 re f EMC BT /P <rpmolu cy Financial Aid

OMBControlNumber 1840-849

c) Estimate

Leaserevenue		
Royalties		
Otheroperatingrevenue	I	I

10

FormInstructions

<u>Completing the Forn</u>On each form, fill out the institution of higher education (IHE or institution) name, the date of the report, the appropriate quarter the report covers \$/31/22, 6/30/22, 9/30/22, 12/31/22), the 14digit PR/Award Number (number is found in Box 2 of your Grant Award Notific(£iteN)) for each HEER Frantfundingstream asapplicable, the total amount of funds awarded by the Department (including reserve funds if awarded), and check the box if the report is a "final report." Institutions that expended HEERF grant funds during the calendar quarter from Jan Manych 30, 2021 are required post the quarterly report that involved the expenditure of HEERF II CRRSAA and HEERF I CARES Act funds. The Department **didy adfirprative** lyindicate this reporting requirement was in place for HEERF II CRRSAA Asnsuch, institutions may have until the end of the second calendar quarter, Ju202300 post these retroactive reports if they have not already done so.

OMBControl Number 1840-0849 Expires 3/31/2024 Tj -0.089ecdedir (Th) (Th) Tj -0.089ecdedir (Th) (Th) Tj -0.089ecdedir (Th) (Th) Tj -0.089ecdedir (Th) (Tj -0.089