

CAMPUS BASED REALLOCATION FORM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0559. The time required to complete this information collection is estimated to average 5 to 20 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. 20202-4651. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Institutional Financial Management Division, U.S. Department of Education, 600 Independence Avenue S.W., Washington, D.C. 20202-4651.

Name of Institution : _____

Address of Institution : _____

City State Zip Code

Entity Number: 1-_____-_____-_____-_____- Serial Number: _____
 (2 digits) (3 digits) (4 digits) (2 digits) (4 digits)

SECTION - A: INSTITUTIONAL RELEASE OF 1996-97 AWARD YEAR UNEXPENDED ALLOCATIONS FOR THE FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, FEDERAL WORK-STUDY AND FEDERAL PERKINS LOAN PROGRAMS.

	Federal Supplemental Educational Opportunity Grant (FSEOG)	Federal Work - Study (FWS)	Federal Perkins Loan Federal Capital Contribution (FCC)
Unexpended 1996-97 Allocation Amount	(1) \$	(2) \$	(3) \$

SECTION - B: REQUEST FOR SUPPLEMENTAL FWS FUNDS FOR THE 1997-98 AWARD YEAR. (COMPLETE ONLY IF YOU WANT SUPPLEMENTAL FWS FUNDS)

(4) Did your institution expend at least 10 percent of its total 1996-97 FWS federal funds for community service jobs?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(5) Amount of supplemental 1997-98 FWS funds your institution needs for community service jobs.	\$ _____			

Signature and Title of Preparer

Telephone Number: () _____ Ext. _____

Typed Name: _____

Date Signed: _____

Return this form postmarked by July 11, 1997, to:
Mr. Milton Thomas, Jr.
Institutional Financial Management Division
U.S. Department of Education
P.O. Box 23781
Washington, D.C. 20026-0781

WARNING Any person who knowingly provides false or misleading information on this form will be subject to a fine of up to \$10,000 or to imprisonment of up to 5 years or both, under provisions of the United States Code, Title 18 Section 1001.