# S-SARA State Renewal Application Coversheet

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| 1. State/Territory/District |  |
| 1. Membership Type | SREB State/Affiliate *(circle one)*  If Affiliate, enter renewal date: \_\_\_\_\_\_\_\_\_\_\_ |
| 1. SPE Information | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Primary SARA Contact | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Secondary SARA Contact | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. SARA Signatory for SPE | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Number of SARA-participating institutions as of renewal date? |  |
| 1. Number of SARA-participating institutions renewed as of renewal date? |  |
| 1. Institutions denied for initial membership?   Renewal applications denied?  Number that elected not to renew? | Number initial denials \_\_\_\_\_\_\_\_\_\_  Number renewal denials \_\_\_\_\_\_\_\_\_\_  Number elective non-renewals \_\_\_\_\_\_\_\_ |
| 1. Renewal Percentage (*item 8 divided by item 7*): |  |
| 1. Student Complaints: | # of complaints reported: \_\_\_\_\_\_\_\_\_\_\_\_  (*please repeat section below as needed for the number of complaints recorded above*)  Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Resolved: Yes / No  In student’s favor: Yes / No |
| 1. Data: Part A – Enrollments   *(attach on separate sheet if necessary)* | # of institutions reporting: \_\_\_\_  total # institutions: \_\_\_\_  Percentage: \_\_\_\_\_  Issues/concerns for those not reporting data:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Data: Part B – Out-of-State Learning Placements *(attach on separate sheet if necessary)* | # of institutions reporting: \_\_\_\_  total # institutions: \_\_\_\_  Percentage: \_\_\_\_\_  Issues/concerns for those not reporting data:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Institutions on Provisional Status: | # of institutions: \_\_\_\_\_  List Institution(s) and expiration date of provisional status  *(attach separate list if necessary)* |
| 1. Institutions on HCM Status:   (*Heightened Cash Monitoring*) | # of institutions: \_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Institutions Requesting One-time Exceptions for Late Renewal   *(attach separate list if necessary)* | # of institutions: \_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. SPE Fee Schedule |  |
| 1. SPE Fee Anticipated Changes | Yes / No $ change \_\_\_\_ (+/-) |
| 1. Challenges or Concerns with Institution Renewal Process? |  |
| 1. Current SPE Staff | How many FTE personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes / No |
| 1. New legislation or changes in state legislation that affect SARA | *(attach legislation if any)* |