# S-SARA State Renewal Application Coversheet

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| 1. State/Territory/District
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| 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?
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| 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 / NoIn 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)* |