**LPP Interim Cover Page**

**Reporting Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Current Year Project Number** | **Contract Number** | **IHE Code and Name** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Number of Students Contracted** | **Award Amount** | **Number of Students Actually Served** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Information** | | | | |
| **Role** | **First Name** | **Last Name** | **Email** | **Telephone** |
| Institution President |  |  |  |  |
| LPP Project Director |  |  |  |  |
| LPP Data Manager |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staffing Summary** | | | | | |
| **Number of Professional Staff** | | **Number of Graduate Assistants** | | **Number of Undergraduate Assistants** | |
| **FT** | **PT** | **FT** | **PT** | **FT** | **PT** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of Professional Staff Who Hold a Teaching Certificate** | | **Number of Professional Staff Who Hold a School Counselor Certification** | | **Number of Professional Staff Who Hold a Social Worker Certification** | |
| **FT** | **PT** | **FT** | **PT** | **FT** | **PT** |
|  |  |  |  |  |  |

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| By signing below, I certify that the information contained in this interim report is true, correct and complete and that the institution has verified that each Liberty Partnerships Program participant has met the minimum requirements needed to participate in the Liberty Partnerships Program as described in the RFP and any applicable statutes. I further understand that information contained in these reports may be shared at the individual student level or aggregate level with internal stakeholders and at the aggregate level only with external stakeholders. | | | |
|  | |  | |
| **LPP Director / Print** | | **Chief Executive Officer / Print** | |
|  |  |  |  |
| **LPP Director Signature** | **Date** | **Chief Executive Officer Signature** | **Date** |