# S-SARA State Renewal Application Coversheet

|  |  |
| --- | --- |
| 1. State/Territory/District
 |  |
| 1. Membership Type
 | SREB State/Affiliate *(circle one)*Affiliation renewal date:  |
| 1. SPE Agency 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 Eligible Institutions in State
 |  |
| 1. Number of SARA Institutions
 |  |
| 1. Institutions denied for initial or renewal applications and number that elected not to renew
 | Yes / No Number initial denials \_\_\_\_\_\_\_\_\_\_Number renewal denials \_\_\_\_\_\_\_\_\_\_ Number elective non-renewals \_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Renewal Percentage
 |  |
| 1. Student Complaints
 | # of complaints reported: Institution (s): Resolved: Yes / NoIn student’s favor: |
| 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 *(attach separate list if necessary)*
 | # of institutions: \_\_\_List Institution(s) and expiration date of provisional status |
| 1. Institutions on Heightened Cash Monitoring Status
 | # of institutions: \_\_\_\_\_\_\_Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Institutions Requesting One-time Exceptions for Late Renewal

*(attach separate list if necessary)* | # of institutions: \_\_\_\_\_\_\_\_Institution: Institution: Institution:  |
| 1. SPE Fee Schedule
 |  |
| 1. SPE Fee Anticipated Changes
 | Yes / No $ change \_\_\_\_\_(+/-) |
| 1. Challenges or Concerns with Institution Renewal Process
 |  |
| 1. Current SPE Staff Anticipated staff changes?
 | How many FTE personnel: \_\_\_\_\_\_\_\_\_\_\_\_Yes / No |
| 1. New legislation or changes in state legislation that affect SARA
 | *(attach legislation if any)* |
| 1. State Appeals Process approved and documented (deadline 1/1/21)
 | Yes / No(attach if available) |