

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0030. The time required to complete this information collection is estimated to average 8.04 hours 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. 20202-4536. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Grants & Campus-Based Division, U.S. Department of Education, 400 Maryland Avenue, S.W., UCP, 62E3, Washington, D.C. 20202-5453.

Fiscal Operations Report and Application to Participate (FISAP)

Report: Award Year July 1, 2008 through June 30, 2009; Application: Award Year July 1, 2010 through June 30, 2011

Part I. Identifying Information, Certification and Warning

Section A. Identifying Information

1(a) Name and address of school

Western New Mexico University
1000 W. College Avenue
Silver City NM 88061-5417

1(b) Mailing address (if different from 1(a))

2. OPEID Number 00266400

3. Type of school (select one)

- 3.1 public
 3.2 private/non-profit
 3.3 proprietary

(Select one if proprietary)

- (a) art
 (b) business
 (c) cosmetology
 (d) trade and technical
 (e) other

4. Length/type of longest program (select one)

- 4.1 less than 1 year
 4.2 1 year but less than 2 years
 4.3 2 years but less than 3 years
 4.4 3 years but less than 4 years
 4.5 4 years (no higher than a baccalaureate degree)
 4.6 5 years or more
 4.7 post-baccalaureate only

5. Additional locations

Schools with separately eligible additional locations that will be funded under this application must list these locations and their addresses and OPEID Numbers on the screen. You may not file a separate application for any separately eligible school listed herein.

We have entered a list of separately eligible additional locations included in this application. yes no

6. Financial Aid Administrator

Name Onorina Franco
E-mail address francoo@wnmu.edu

Telephone No. (575) 538-6173
Fax No. (575) 538-6189

7. Name and address of private financial aid consultant firm, if any

Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____

Section B. Certification and Warning

Name of school Western New Mexico University
OPEID Number 00266400 State NM

Applicants must review the requirements for certification regarding lobbying included in the regulations cited below before completing this form. Applicants must sign this form to comply with the certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying." This certification is a material representation of fact upon which the Department of Education relies when it makes a grant or enters into a cooperative agreement.

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a Federal contract, grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

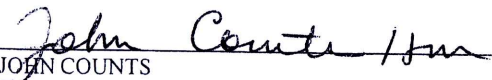
(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions (Available at the following link: <http://www.ed.gov/fund/grant/apply/appforms/sfill.doc>); and

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants and contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certification. I further certify that the information contained in this electronic FISAP is in compliance with governing legislation and regulations and is true and accurate. I understand that all information associated with this FISAP is subject to audit and program review by representatives of the Secretary of Education.

WARNING: If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

8. Chief Executive Officer (includes President, Chancellor, and Director)

Signature 
Name DR JOHN COUNTS
Title President
E-mail address COUNTSJ@WNMU.EDU

Date signed 9/25/2009
Telephone No. (575) 538-6238
Fax No. (575) 538-6155

Mail signed form to:

**FISAP Administrator
3110 Fairview Park Drive
Suite 950
Falls Church, VA 22042**

