



SAMPLE Annual Operating Report for Loan Programs

Actual Form Must be Submitted On-line
(<https://grants.hrsa.gov/webexternal/login.asp>)

Use this form as a worksheet only.

Health Professions Student Loans

Loans for Disadvantaged Students

Nursing Student Loans

FINANCIAL DATA

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS #	4. Reporting Period End Date
Health Resources and Services Administration (HRSA)	Grant #: Submission Tracking #: OPSID:	3b. EIN	06/30/2011

PAGE 1A - STUDENT BORROWER DATA SECTION

Student/Graduate Data	Cumulative (Includes current year)	Current Year (7/1/2010-6/30/2011)
PPR-2-001. Number of Loans for the Dentistry discipline		(New Only)
PPR-2-002. Total Dollar Amount of Loans Awarded for the Dentistry discipline		
PPR-2-003. Total Full-time Enrollment for the Dentistry discipline for the academic year (both non-HPSL recipients and HPSL recipients)		
PPR-2-004. Total number of Defaulted Loans for the Dentistry discipline		
PPR-2-005. Total Original Defaulted Principal Loaned for the Dentistry discipline		
PPR-2-006. Total Number of Students who dropped out of the Dentistry discipline		
PPR-2-007. Of the number above, how many of them were HPSL student borrowers		
PPR-2-008. Total Number of HPSL Borrowers for the Dentistry discipline	(Everyone who ever borrowed from school)	(First time recipients)
PPR-2-009. Of the number of HPSL borrowers for the Dentistry discipline above, number of Active and Non Retired/Defaulted Borrowers		
PPR-2-010. Total Number of HPSL Students for the Dentistry discipline		(Age and Gender details)

PPR-2-011. Total Graduates (HPSL-Dentistry only)		
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Prior Years Graduate Special Data	Number of Graduates
PPR-2-015. Total Number of HPSL - Dentistry Loan Recipients who graduated in academic year 2009-2010	
PPR-2-012. Of the Total Graduates reported in question PPR-2-015, the Number of Full-Time HPSL - Dentistry Graduates in academic year 2009-2010 serving in Medically Underserved Communities	
PPR-2-013. Of the Total Graduates reported in question PPR-2-015, the Number of Full-Time HPSL - Dentistry Graduates in academic year 2009-2010 serving in Primary Care	
PPR-2-014. Of the Total Graduates reported in question PPR-2-015, the Number of Full-Time HPSL - Dentistry Graduates in academic year 2009-2010 who entered the field for which they received the degree	

SF PPR-2 OMB No.: 0970-0334
Expiration Date: 10/31/2012

FINANCIAL DATA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS Annual Operating Report Page 1b - Student Race/Ethnicity Data Section	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 - 06/30/2011

1. Hispanic or Latino Students				
Did your BHPf funded program have students of "Hispanic or Latino ethnicity" between 7/1/2010 and 6/30/2011?				
Hispanic or Latino Students by Race	Enrollment	New Recipients	Recipients	Total

	of Discipline (A)	Student Recipients (B)	Other Than New Who Did Not Graduate (C)	Other Than New Who Graduated (D)	Recipients (B+C+D)
A. American Indian or Alaska Native					
B. Asian - All (including underrepresented)					
B1. Asian - underrepresented, if Known					
C. Black or African American					
D. Native Hawaiian or Other Pacific Islander					
E. White					
F. More than one race (Race combinations)					
TOTAL (A + B + C + D + E + F)					
Hispanic or Latino Students All Races	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
G. All races					

2. Non-Hispanic or Non-Latino Students

Did your BHPf funded program have students of "Non-Hispanic or Non-Latino ethnicity" between 7/1/2010 and 6/30/2011?

Non-Hispanic or Non-Latino Students by Race	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
A. American Indian or Alaska Native					
B. Asian - All (including underrepresented)					

B1. Asian - underrepresented, if known					
C. Black or African American					
D. Native Hawaiian or Other Pacific Islander					
E. White					
F. More than one race (Race combinations)					
TOTAL (A + B + C + D + E + F)					
Non-Hispanic or Non-Latino Students All Races	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
G. All races					

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FINANCIAL DATA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS Annual Operating Report Page 2 - PROGRAMS ACCOUNT SECTION	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 - 06/30/2011

Program Accounts	Cumulative	Current
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		(includes current year)	Year
A.	FEDERAL FUNDS AWARDED		
B.	CASH BALANCE - START OF REPORT PERIOD		
C.	CASH RECEIPTS		
	1. Federal Funds Received/Receivable		
	2. Institutional Contributions Deposited		
	3. Transferred from Scholarship Fund		
	4. Loan Principal Collected		
	5. Interest Income Collected on Loans		
	6. Penalty Charges Collected on Loans		
	7. Investment Income		
	8. Institutional Repayments of Bad Debts, Principal		
	9. Institutional Repayments of Bad Debts, Interest		
	10. Institutional Repayments of Bad Debts, Penalty Charges		
	11. Cash Receipts Total (sum of C.1 through C.10)		
D.	CASH DISBURSEMENTS		
	1. Loaned to Students		
	2. Transferred to Scholarship Fund		
	3. Repayments to Federal Government, Principal		
	4. Repayments to Federal Government, Interest		
	5. Repayments to Federal Government, Other Income		
	6. Repayments to Institution, Principal		
	7. Repayments to Institution, Interest		
	8. Repayments to Institution, Other Income		
	9. Collection Agent Costs, Principal		
	10. Collection Agent Costs, Interest		

	11.	Litigation Costs, Principal		
	12.	Litigation Costs, Interest		
	13.	Credit Bureau Fees		
	14.	Other Costs		
	15.	Cash Disbursements Total (sum of D.1 through D.14)		
E.	CASH BALANCE - END OF REPORT PERIOD (CASH BALANCE START OF REPORT PERIOD + CASH RECEIPTS - CASH DISBURSEMENTS)			

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FINANCIAL DATA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS Annual Operating Report Page 3 - PROGRAMS ACCOUNT SECTION (Continued)	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 - 06/30/2011

Program Accounts (Continued)		Cumulative (includes current year)			Current Year		
		Number of Borrowers	Principal	Interest	Number of Borrowers	Principal	Interest
F.	LOAN CANCELLATIONS TO BORROWERS						
	1.	Professional Practice					
	a.	HP Practice-					

		Shortage (10%)						
		b. HP Practice-Rural Shortage (15%)						
		c. Total (Sum of 1.a and 1.b)						
	2.	Nursing Employment						
		a. Nursing Employment (10%)						
		b. Nursing Employment (15%)						
		c. Nursing Employment (20%)						
		d. Nursing Employment (15%) on or after 03/23/2010						
		e. Nursing Employment (20%) on or after 03/23/2010						
		f. Nursing Employment (Other) on or after 03/23/2010						
		g. Total (sum of 2.a through 2.f)						
	3.	Death						
		a. On HPSL Loans made on or after 10/22/85						
		b. On Loans except those reported in						

		F.3.a							
		c. Total (Sum of 3.a and 3.b)							
	4.	Permanent & Total Disability Approved by HHS							
		On HPSL Loans a. made on or after 10/22/85							
		On Loans except b. those reported in F.4.a							
		c. Total (Sum of 4.a and 4.b)							

PROGRAM ACCOUNTS (Continued)		Cumulative (includes current year)				Current Year			
		Number of Borrowers	Principal	Interest	Penalty Charges	Number of Borrowers	Principal	Interest	Penalty Charges
G.	BAD DEBTS APPROVED FOR WRITE-OFF BY HHS								
	Total Approved								

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FINANCIAL DATA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 -

Annual Operating Report					06/30/2011
Page 4 - EXCESS CASH WORKSHEET					
A.	General Ledger Cash Balance as of 6/30/2010				
B.	Actual Collections for 7/1/2010 - 6/30/2011				
	1.	Principal			
	2.	Interest			
	3.	Investment Income and Penalty Charges			
	4.	Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges)			
C.	Federal Funds Received/Receivable 7/1/2010 - 6/30/2011				
D.	Institutional Contribution for 7/1/2010 - 6/30/2011				
E.	Projected Collections for 7/1/2011 - 6/30/2012				
	1.	Principal			
	2.	Interest			
	3.	Investment Income and Penalty Charges			
F.	Projected Funds Available as of 6/30/2012 (A + B + C + D + E)				
G.	Actual Expenditures for 7/1/2010 - 6/30/2011				
	1.	Loans to Students			
	2.	Costs(Collection, Litigation, Credit Bureau and Other)			
	3.	Repayments to Federal Government and Institution (Principal, Interest and Other Income)			
H.	Projected Expenditures for 7/1/2011 - 6/30/2012				
	1.	Loans to Students			
	2.	Costs(Collection, Litigation and Credit Bureau)			
I.	Projected Expenditures as of 6/30/2012 (G + H)				
J.	Projected Cash Balance as of 6/30/2012 (F - I)				
K.	Less Projected Expenditures for 7/1/2012 - 6/30/2014				

L.	Excess Cash (J - K)	
M.	General Ledger Ending Cash Balance as of 6/30/2011	

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FINANCIAL DATA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS Annual Operating Report Page 5 - PROGRAMS ACCOUNT SECTION (Continued)	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 - 06/30/2011

Program Accounts (Continued)

H.	FROM WORKSHEET CALCULATIONS	
1.	Default Rate	
	FOR ACTIVE SCHOOLS	
2.	Excess Cash from report page 4 that was or will be returned to PMS	
3.	Excess Cash from report page 4 that was or will be returned to the Division of Financial Operations	
	FOR CLOSING SCHOOLS	
4.	Amount of cash determined to be due the Federal Government and remitted separately to the Division of Financial Operations	
I.	CHECK LIST/QUESTIONS	
1.	What is the total amount of interest that is past due?	

AUDITS		
2.	Does your institution provide for a biennial audit of the loan and/or scholarship funds by a qualified independent auditor?	
	a. Period of last audit	
	b. Date audit submitted to Regional Audit Agency	

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FINANCIAL DATA

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS Annual Operating Report Page 6a - BORROWER ACCOUNTS WORKSHEET	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 - 06/30/2011

Borrower Accounts		Number of Borrowers (1)	Principal Loaned (2)	Principal Repaid (3)
1.	FULLY RETIRED			
A.	Repayment/Prof Pract/Cancel			
B.	Cancellation/Death			
C.	Cancellation/Disability			
D.	Discharged in Bankruptcy			
E.	HHS Approved Write-off			
F.	Uncollectible per P.L. 100-607			
G.	Total (sum of 1.A through 1.F)			

2.	CURRENT			
A.	Student Status			
B.	Grace Period			
C.	Deferment Status			
D.	Postponement/Cancellation			
E.	Repayment - Not Past Due			
F.	Past Due 1-119 Days			
G.	Total (sum of 2.A through 2.F)			
3.	IN BANKRUPTCY			
A.	Pending Discharge/Wage Earners Agreement			
4.	IN DEFAULT			
A.	120 Days and Over			
5.	FORBEARANCE			
A.	Forbearance			
TOTAL				

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**Page 6b - BORROWER
ACCOUNTS WORKSHEET**

Borrower Accounts		PRINCIPAL CANCELED		
		Employment/ Prof Pract (4)	Death/ Disability (5)	Principal Delinquent (6)
1. FULLY RETIRED				
A.	Repayment/Prof Pract/Cancel			
B.	Cancellation/Death			
C.	Cancellation/Disability			
D.	Discharged in Bankruptcy			
E.	HHS Approved Write-off			
F.	Uncollectible per P.L. 100-607			
G.	Total (sum of 1.A through 1.F)			
2. CURRENT				
A.	Student Status			
B.	Grace Period			
C.	Deferment Status			
D.	Postponement/Cancellation			
E.	Repayment - Not Past Due			
F.	Past Due 1-119 Days			
G.	Total (sum of 2.A through 2.F)			
3. IN BANKRUPTCY				
A.	Pending Discharge/Wage Earners Agreement			
4. IN DEFAULT				
A.	120 Days and Over			
5. FORBEARANCE				
A.	Forbearance			
TOTAL				

FINANCIAL DATA

<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p>BUREAU OF HEALTH PROFESSIONS</p> <p>Annual Operating Report</p> <p>Page 6c - BORROWER ACCOUNTS WORKSHEET</p>	FOR HRSA USE ONLY			
	Institution			Program
				HPSL - Dentistry
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				07/01/2010 - 06/30/2011

Borrower Accounts		Principal Uncollectible Not Past Due (7)	Principal Outstanding but Not Due (8)	Principal Written Off (9)	Capitalized Interest (10)
1. FULLY RETIRED					
A.	Repayment/Prof Pract/Cancel				
B.	Cancellation/Death				
C.	Cancellation/Disability				
D.	Discharged in Bankruptcy				
E.	HHS Approved Write-off				
F.	Uncollectible per P.L. 100-607				
G.	Total (sum of 1.A through 1.F)				
2. CURRENT					
A.	Student Status				
B.	Grace Period				
C.	Deferment Status				

	D.	Postponement/Cancellation				
	E.	Repayment - Not Past Due				
	F.	Past Due 1-119 Days				
	G.	Total (sum of 2.A through 2.F)				
3. IN BANKRUPTCY						
	A.	Pending Discharge/Wage Earners Agreement				
4. IN DEFAULT						
	A.	120 Days and Over				
5. Forbearance						
	A.	Forbearance				
TOTAL						

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COMMENTS AND CERTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUREAU OF HEALTH PROFESSIONS	FOR HRSA USE ONLY		
	Institution		Program
			HPSL - Dentistry
	Submission Tracking Number	Grant Number	Reporting Period
			07/01/2010 - 06/30/2011

1. Facility (Name and complete address, including ZIP code)	
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2. Contact Information	Primary Point Of Contact	
	Alternate Point Of Contact	

Certification: I certify to the best of my knowledge and belief that this Annual Operating report

is true and correct.

Typed or Printed Name and Title

Telephone (Area code, number and extension)

Signature of Authorized Certifying Official

Date Report Submitted

Comments

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Sample