

**Report to OPM on
Agency Results of Tuition Assistance Program for
Lower Income Federal Employees**

Please Type or Print Clearly

Agency _____

Official Preparing Report _____

Title _____

Address _____

Telephone _____ Fax _____

1. Results of funds disbursement:

a. Total amount of funds disbursed from March 14-August 1, 2000 \$ _____

b. Projected amount of funds that will be disbursed from August 2-September 30, 2000
\$ _____

c. Number of your employees who received tuition assistance _____
(If both parents work for your agency, count both parents.)

d. Number of children who benefited _____

e. On the Attachment, list the amount each employee received each week; the total amount of funding received by each employee; the total family income; and the employee's grade level.

2. Types of child care used:

Child care centers. Total number of centers where children were enrolled _____

Family child care homes. Total number of family child care homes where
children were enrolled _____

3. Application:

a. What was the total number of applicants? _____

b. How many employees made application but were not eligible? _____

c. How many applicants were denied assistance due to lack of funds? _____

d. How many applications are in process? _____

OPM Form 1645
March 2000

4. Did you use any of the models or a variation of a model from OPM's guide?

Yes _____ No _____ If yes, which model(s) did you use?

_____ Model A

_____ Model B

_____ Model C

_____ Model D

_____ Model E

5. What was your agency's definition of "lower income employees"? _____

6. Did your agency place any restrictions on the funds? _____ If so, indicate how they were restricted (e.g. restricted for only Federally sponsored centers or restricted for full-time employees only). _____

7. Program Administration:

a. Did your agency administer the program? Yes _____ No _____

b. Did your agency contract with another organization to administer the funds?

Yes _____ No _____

If so, which organization(s) were they? _____

8. Did your agency bargain with the unions? Yes _____ No _____ If yes, which unions? _____

9. How helpful were the OPM materials contained in their Guide for Implementing Child Care Legislation?

- ☐ Not relevant
☐ Not at all
☐ Somewhat helpful
☐ Helpful
☐ Very helpful

10. How helpful were OPM staff in assisting you or answering your questions about this program?

- ☐ Not relevant
☐ Not at all
☐ Somewhat helpful
☐ Helpful
☐ Very helpful

Comments:

Signature of Official completing this form:_____

Date:_____

Mail or fax completed form to:

**U.S. Office of Personnel Management
Family-Friendly Workplace Advocacy Office
1900 E St. NW Room 7315
Washington, DC 20415
Fax: (202) 606-2091**

THIS FORM MUST BE RECEIVED BY OPM NO LATER THAN AUGUST 1, 2000.

**Attachment to Report to OPM on Agency Results of Tuition Assistance Program for Lower
Income Federal Employees**

Agency_____

For each Federal employee, list the following:

Note: Do not identify employees by name.

Weekly Tuition	Total Amount Awarded	Total Family	Employee's
-----------------------	-----------------------------	---------------------	-------------------

	Assistance Awarded	Through August 1, 2000	Income	Grade Level
Case 1	_____	_____	_____	_____
Case 2	_____	_____	_____	_____
Case 3	_____	_____	_____	_____
Case 4	_____	_____	_____	_____
Case 5	_____	_____	_____	_____
Case 6	_____	_____	_____	_____
Case 7	_____	_____	_____	_____
Case 8	_____	_____	_____	_____
Case 9	_____	_____	_____	_____
Case 10	_____	_____	_____	_____
Case 11	_____	_____	_____	_____
Case 12	_____	_____	_____	_____
Case 13	_____	_____	_____	_____
Case 14	_____	_____	_____	_____
Case 15	_____	_____	_____	_____
Case 16	_____	_____	_____	_____
Case 17	_____	_____	_____	_____
Case 18	_____	_____	_____	_____
Case 19	_____	_____	_____	_____
Case 20	_____	_____	_____	_____