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 Tallahassee, Florida 32399-0400



Phone: (850) 245-3200
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Postsecondary Reciprocal Distance Education Coordinating Council

FL-SARA Fee Transmittal Form

INSTITUTION DATA	
Name:	
Submitted By (Name & Title):	Date:

6N-1.005 Annual Fees for In-State Institutions to Participate in Florida’s reciprocity agreement.

(1) An in-State institution shall pay annually the application and renewal fees set forth in this rule including fees to the Council and fees to NC-SARA. (2) Fees to the Council.
 (a) For institutions with fewer than 2,500 full-time equivalent enrollment, the annual, nonrefundable fee due to the Council is \$1,250.
 (b) For institutions with between 2,500 and 9,999 full-time equivalent enrollment, the annual, nonrefundable fee due to the Council is \$2,750.
 (c) For institutions with 10,000 or more full-time equivalent enrollment, the annual, nonrefundable fee due to the Council is \$4,250.
 (3) Fees to NC-SARA. Fees due annually to NC-SARA to participate in SARA are prescribed by the National Reciprocity Agreement. Fees paid by institutions to NC-SARA are independent of and in addition to those due to the Council under paragraph (2). Failure to pay fees to the NC-SARA shall render the institution’s approval in Florida null and void.

1. FL-SARA Fees	
<ul style="list-style-type: none"> FTE Enrollment fewer than 2,500 students= \$1,250 FTE Enrollment between 2,500-9,999 students= \$2,750 FTE Enrollment over 10,000 students= \$4,250 *FTE based on number reported to IPEDS	\$
TOTAL FEES REMITTED:	\$

INSTRUCTIONS:

- Submit the following to the Office of the Comptroller (see address below):
 - The original of this form, completed in entirety
 - One copy of this form
 - Your check, cashier’s check or money order made payable to the FLORIDA DEPARTMENT OF EDUCATION
 Florida Department of Education
 Office of the Comptroller
 914 Turlington Building
 325 W. Gaines Street
 Tallahassee, Florida 32399-0400
- Attach the following to your application and submit to the Commission Office (see address at top of page):
 - One copy of this form
 - One copy of your check, cashier’s check or money order
- Keep one copy for your records.

-----DO NOT WRITE BELOW THIS LINE-----

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