FY2019 Extraordinary Cost Fund Application

General Information

District:

Date:

District Contact Information

Contact First Name: [   ]

Contact Last Name: [   ]

Phone Number: [   ]   Ext. [   ]

Email: [   ]

Title: [   ]

Previous School Year's Data	Current School Year's Data
Total Federal Child Count (ages 3-21)	Total Federal Child Count (ages 3-21)
Fall Enrollment	Fall Enrollment
Child Count by Funding Level	Child Count by Funding Level
Level 1	Level 1
Level 2	Level 2
Level 3	Level 3
Level 4	Level 4
Level 5	Level 5
Level 6 (ages 0-2)	Level 6 (ages 0-2)

Does the district purchase SE or SE and related services from a cooperative?

Does the district participate in a cooperative project?

How many SE students are/were enrolled in day programs during this fiscal year?

How many SE students are/were enrolled in residential programs during this fiscal year?

Number of approved open enrolled students provided SE instruction or related services:

Percentage of SE students in this current school year

Amount of Extraordinary Cost Funds paid to the district in the prior fiscal year

FY2019 ECF, Supplemental Aid Application

District:

Contact:

Phone: Ext:

Email:

Title:

Total Federal Child Count in Current School Year:

Total Federal Child Count in Prior School Year:

Please complete the items below to determine the amount of funding needed.
Note: The amount of the request may not exceed $50,000.

1. Special Education Instructional Services (1220s exclude residential costs)   [   ] (round to whole dollars)

2. Related Services (2100s, 2730s)   [   ]

3. Residential Costs (object 391)   [   ]

4. Special Education Administration Costs (2710s)   [   ]

5. Other Special Education Costs (2750s, 2210s, etc)   [   ]

6. Special Education Cooperative Costs as per ARSD 24:05:33:07.03   [   ]

7. **Total SE Expenditures** $0

8. Minus Estimated *Total Revenues* for Fiscal Year   [   ]

9. Minus Total Request of High Cost Student Application Funding (if applicable) $0

10. Total Supplemental Aid Application Funds Requested $0

11. Explanation of Supplemental Aid Request:

FY2019 Extraordinary High Cost Student Application

District:

Contact:

Phone:

Email:

Student's State ID: _____   Date of Birth: _____ (mm/dd/yyyy)

Age: _____

Student's Primary Disability   _____ ∨

SE Placement Setting: _____ ∨

Out of District Placement School: _____

IEP Start Date in this school year: _____ (mm/dd/yyyy)

Is student open enrolled?   Yes   **No**

Is the student included in the <u>previous school year's</u> child count?

Has the district accessed Medicaid funding or other 3rd party funding for this student, this fiscal year?   **Yes**   No

Provide the specific and/or proprated cost breakdown to meet the unique needs of this extraordinary student. Complete the following Cost Worksheets to calculate the amounts for the line cost totals listed below.

1. Special Education Instructional Services $0

2. Related Services $0

3. Residential Costs $0

4. Assistive Technology/Other Costs $0

5. Total Expenditure for this Student $0

6. Minus Disability Funding Allocation, if applicable   0

7. Minus Other Revenues (Medicaid, Insurance, etc.)   _____

8. Total Request for This Student $0

Describe the unique features of the student determined to be "extraordinary."
(Include developmental, cognitive, social, emotional and medical factors.)

Instructional/Tuition Costs (1000 function expenditure codes)

	# Days	Daily Tuition Rate	Total Annual Cost
Out of District Tuition (1223, 1224)	0	0	$0
In-District Special Education Instruction (1221, 1222, 1225, 1226, 1227)		0	$0

	# Hours	Hourly Rate or Annual Salary/Benefits	Total Annual Cost
Instructional Aide (1221, 1222, 1226)	0	0	$0

Cancel   Save

Special Education Related Services (2000 expenditure functions)

	#Hours	Hourly Rate	Total Annual Cost
Speech Therapy-2150s	0	0	$0
Occupational Therapy-2172	0	0	$0
Physical Therapy-2171	0	0	$0
Nursing/Health Services - 2130s	0	0	$0
Audiology Services-2160s	0	0	$0
Psychological Services-2140s	0	0	$0
Counseling Services-2120s	0	0	$0
Orientation & Mobility Services-2180s	0	0	$0
Other Therapy Services- 2173/2179	0	0	$0
Cost of Evaluation Services		0	$0

	# Days	Daily Rate	Total Annual Cost
Transportation - 2731 -2745	0	0	$0

	Total Mileage	Rate per mile	Total Annual Cost
	0	0	$0

Total: $0

Cancel   Save

Residential Costs (object 391)

	# Days	Daily Rate	Total Annual Cost
Out of District Residential Costs	0	0	$0

Cancel   Save

Assistive Technology/Other Services

	Total Cost
Other SE Costs - 2751-2765 Do NOT include residential costs.	
Current Year Cost Assistive Technology (as out___ ___d on student's IEP)	

Can___   Save

High Cost Program Application Guidelines:

Considerations relevant to a high cost program application:

- The district has a higher than the state average number of students with disabilities in a specially designed program resulting in high cost;
- The district did not grow the fund balance of carryover IDEA dollars from the prior fiscal year;
- Efforts have been made to best maximize fiscal resources without relying on the extraordinary cost fund.
- The cost of providing FAPE presents a significant impact on the financial resources of a school district and this impact could impair the district's ability to provide a FAPE to all students eligible.

Restrictions on high cost program applications:

Costs for the following should not be calculated into the shortfall resulting in the need to request high cost program funds: legal fees, court costs, or other costs associated with a cause of action brought on behalf of a child with a disability to ensure FAPE, non-extraordinary nursing costs, facility construction costs, secretarial services, indirect costs, and administrative and leadership costs associated with the provision of the services for the student.

Ineligible expenditures include, but are not limited to:

- Services for special education students whose needs are mild to moderate are expected to be met with state and local and federal IDEA funds.
- Enhanced programs and services or enriched, subject-specific programming for students beyond what is reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances.
- Expenditures for constructing, operating, and maintaining facilities, or purchasing vehicles.

I certify that no special education funds have been expended and calculated into the shortfall for any of the above unallowable and ineligible expenditures.

| Yes, proceed to HCP application | No, return to application selection menu |

District:
Contact:
Phone:
Email:
Title:
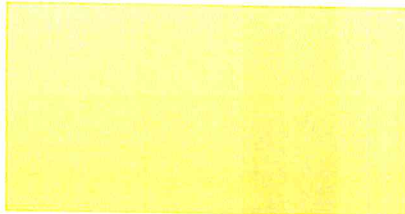
Total Federal Child Count in Current School Year:
Total Federal Child Count in Prior School Year:
District % of SE students in the the current school year
State average % of SE students in the current school year
Has the district accessed all means of finance available to the district this fiscal year?   Yes   No

Please complete the below fiscal data for the High Cost SE Program

1. Special Education Instructional Services (do not include residential costs) [   ] (round to whole dollars)
2. Related Services (i.e. OT, PT, Speech, Transportation, etc.)
3. Residential Costs (object 391)
4. Special Education Administration Costs (function 2710s)
5. Other Special Education Costs (function 2750s)
6. Special Education Cooperative Costs as per ARSD 24:05:33:07.03
7. **Total Costs** $0 sum of 1-6
8. Minus Est. *Total Revenues* for Fiscal Year
9. Total Funds Requested* $0

[Calculate]

High Cost Program Application request must be greater than $50,000

1. Please describe the specialized program created/in-place that is necessary to serve a group of low-incidence, high need students and/or what staffing was increased or created to meet the unique needs of a group of students or the district.

2. Describe the number of staff dedicated to this specific program as well as the overall school total. For the program or staff resulting in high cost separate out the number of students including grade and disability category being served.

3. Discuss how the district has or will review district data to compare to neighboring districts and state averages in order to determine if there are any areas of need or improvement that could be addressed to reduce future costs.

4. What steps has the district taken to analyze contracted services, staffing, and transportation needs, to best leverage fiscal resources? For example, do you share staff with area districts, what is your contract review process, contracted vs district hired staff, out of district placement etc.?

5. Over the past 5 years, have staffing changes been made as a result of increasing/decreasing child count numbers?

FY2019 Extraordinary Cost Fund Application
District Funding Worksheet

Total Special Education Revenues:

Prior Fiscal Year's Special Education Fund Balance (may not be <$0)	(1)	$0
Tax Revenues		
First Half (using maximum levy allowed)	(2.1)	$137,553
Second Half (using maximum levy allowed)	(2.2)	$160,523
Total State Aid for Special Education	(3)	$0
IDEA Federal Funds	(4)	$0
Impact Aid Revenue	(5)	
Other Revenues - not included above (Mobile Home Taxes, Medicaid, Tuition, Interest, Services Provided other LEAs, etc.)	(6)	
Total ECF Funding Requested	(7)	$0
High Cost Student (7.1)		$0
High Cost Program (7.2)		$0
Supplemental Aid (7.3)		$0
Total Fiscal Year Means of Finance	(8)	**$298,076**

Total Special Education Expenditures:

Actual Special Education Expenditures through the month of March	(9)	
Actual Special Education Expenditures for the month of April	(10)	
Projected Expenditures & Payables for the Remainder of this Fiscal Year	(11)	
TOTAL FISCAL YEAR SPECIAL EDUCATION EXPENDITURES	(12)	$0
Calculated Fund Balance Including ECF Funding	(13)	$298,076
Allowance to Maintain Beg. FB **or** 10% of Current Year Expenditures, whichever is less	(14)	$0
Adjustment for ECF Funding Request	(15)	$298,076
Requested ECF Funding for this District	(16)	$0

ECF Uploads

District:

The following supporting documentation must be provided with this application.

- Expenditure Report by Function (for the most current month available)
- Revenue Summary Report (for the most current month available)
- Student IEP - only required for High Cost Student Application(s)
- Program/Staff Daily Schedule - only required for High Cost Program Application

Click on the link below to upload data.

Upload Fil