

EXTRAORDINARY COST FUND APPLICATION PROCESS

DEPARTMENT OF EDUCATION

MARCH, 2014

ECF APPLICATION TIMELINE

March 20 – Webinar to train school district staff on new ECF application process.

April 1 - ECF web application is available to begin to complete an application for funding.

April 25 – Last day to submit an application

First Week of May – ECF board meeting to review all applications

Second Week of May – District notified regarding funding status

May 29 – Approved ECF included in May state aid.

June state aid – If necessary, payment of ECF reconsiderations.

HOW DO I KNOW IF MY DISTRICT IS ELIGIBLE FOR ECF?

An eligible school district:

- Levies for special education at the maximum levy allowed;
- Does NOT participate in the current year or the past 3 years State and Local funds for a Coordinated Early Intervening Services (CEIS) program;
- Does NOT participate CEIS (federal funds) in the current year; and
- Does NOT have any outstanding deficiencies pursuant to ARSD chapter 24:05:20

HOW DO I APPLY?

There are three types of applications:

- High Cost Student Application
- High Cost Program Application
- Supplemental Aid Application

HIGH COST STUDENT APPLICATION

The HIGH COST STUDENT application has the highest priority status for funding purposes.

An application for a high cost student must reflect expenditures to serve this student that are at least twice the funding level of the student. For example if the student's primary disability is Cognitive Disability (level 2) the reported expenditures in FY2014 must be at least \$22,916.

HIGH COST STUDENT APPLICATION

See the below chart to determine twice the funding level threshold:

Special Education Allocations:	<u>FY2014</u>
Level 1 Disability (10.04% of ADM)	\$4,661 x 2 = \$9,322
Level 2 Disability (child count)	\$11,458 x 2 = \$22,916
Level 3 Disability (child count)	\$15,232 x 2 = \$30,464
Level 4 Disability (child count)	\$13,600 x 2 = \$27,200
Level 5 Disability (child count)	\$20,593 x 2 = \$41,186
Level 6 Disability (child count)	\$7,421 x 2 = \$14,842

Level 1 = mild disability (speech/language, other health impaired, specific learning disability, preschool)

Level 2 = cognitive disability, emotionally disturbed

Level 3 = hearing loss, deafness, vision loss, deaf-blind, orthopedic impairment, traumatic brain injury

Level 4 = autism

Level 5 = multiple disability (must include 2 or more disabilities in levels 2 and/or 3 not including deaf-blind)

Level 6 = prolonged assistance

HIGH COST PROGRAM APPLICATION

A HIGH COST PROGRAM application may be appropriate if the district does not have high cost students but due to the intensity, cost of services or number of level I students the current funding provided is not sufficient.

To be eligible to submit a HIGH COST PROGRAM application, the funding request must exceed \$50,000.

This application requires the district to analyze their current program and document the need for additional funding.

A school district may not apply for either a High Cost Student or Supplemental Aid if using the High Cost Program option.

SUPPLEMENTAL AID APPLICATION

This application is an option for a school district that may need less than \$50,000 to balance their special education budget.

NOTE: the total appropriation for ECF is \$4,000,000, only ten percent (10% = \$400,000) may be used to fund **SUPPLEMENTAL AID** applications. If the requested amount exceeds the 10% threshold, all districts requesting ECF using the **SUPPLEMENTAL AID** application may be prorated.

A school district may apply using both a **HIGH COST STUDENT** and **SUPPLEMENTAL AID** application.

FUNDING WORKSHEET

After completing the application(s) for your district – the next step will be to complete the FUNDING WORKSHEET.

The FUNDING WORKSHEET will determine the final amount of funding that will be requested by the school district.

This worksheet has been prefilled with many of the known revenues available to the school district. The amounts reflected on the application portion of this program will also be included.

The school district will complete the remaining blank data fields (additional revenues and projected expenditures).

FUNDING WORKSHEET CONTINUED

The FUNDING WORKSHEET calculations will reduce a request for ECF funding when:

- The additional ECF funds requested will cause the district to exceed the allowable ending fund balance (10% of the annual expenditures); or
- The additional ECF funds requested will cause the district to “grow” or increase their special education fund balance.

LOGGING INTO NEW ECF APPLICATION PROGRAM

Logins and passwords used in the previous ECF application program are still valid.

Access to the new ECF application is available at the below web site:

<http://www.doe.sd.gov/ofm/exordincost.aspx>

Click on DE6 | Extraordinary Cost Fund

GETTING STARTED

Once logged into the new ECF application:



The screenshot shows a web application interface. On the left is a blue sidebar with the following text: **BIT**, DE61 Extraordinary Cost Fund, Actions (with sub-links: Change Year, General Information, Applications, Funding Worksheet, ECF Upload, Final Submit), Support Tables, Reports, About, and Close. The main content area has a light yellow background and contains the following text: **FY2014 Extraordinary Cost Fund Application**, Available 01/10/2014-05/10/2014, and Test District 67-1.

Click on Actions....

The only option currently is 2014 but in future years you can review applications submitted in prior fiscal years by clicking on **Change Year.**

GENERAL INFORMATION

This information will be carried forward to other applications as needed...complete all data fields, click on **SAVE**

011

DE61 Extraordinary Cost Fund

Actions

Change Year

General Information

Applications

Funding Worksheet

ECE Upload

Final Submit

Approvals

Support Tables

Reports

Print

Close

District: Test District 67-1

Date: 03/11/2014

District Contact Information

Contact First Name:

Contact Last Name:

Phone Number: Ext.

Email:

Title:

Previous School Year's Child Count		Current School Year's Child Count	
Total Federal Child Count (ages 3-21)	136	Total Federal Child Count (ages 3-21)	131
Child Count by Funding Level		Child Count by Funding Level	
Level 1	110	Level 1	108
Level 2	11	Level 2	10
Level 3	4	Level 3	2
Level 4	6	Level 4	6
Level 5	5	Level 5	5
Level 6 (ages 0-2)	4	Level 6 (ages 0-2)	6

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

Yes No

Does the district participate in a cooperative project?

Yes No

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

15.4%

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

\$86,215

Has the district accessed Medicaid funding or other 3rd party funding for all eligible students, this fiscal year?

Yes No

District is using DLA/School Accounting Manual to report and code SE revenues/expenditures?

Yes No

Total Estimated Special Education Expenditures for Current Fiscal Year

Total Estimated Means of Finance for Current Fiscal Year

must include beginning fund balance > zero

Cancel Save

SELECT APPLICATION TYPE

Once the **GENERAL INFORMATION** screen has been completed and **SAVED....**select the appropriate application.

The screenshot displays a web application interface. On the left is a blue sidebar menu with the following items: "BET", "DE61 Extraordinary Cost Fund", "Actions" (with sub-items: "Change Year", "General Information", "Applications", "Funding Worksheet", "ECF Upload", "Final Submit"), "Support Tables", "Reports", "About", and "Close". The "Applications" item is highlighted in yellow. The main content area has a light yellow background and is titled "Applications for 2014". It contains three blue hyperlinks: "Extraordinary High Cost Student Application", "Supplemental Aid Application", and "Extraordinary High Cost Program Application".

SUPPLEMENTAL AID APPLICATION

Fill in all data fields (all fields must be completed - value may be \$0)

Calculate Button – determines the amount of ECF requested by the district

Save Button – saves your data entries

Submit Button – both SAVES and SUBMITS application – allows district to continue to next step in application process

BIT

DE61 Extraordinary Cost Fund

Actions
Change Year
General Information
Applications
Funding Worksheet
ECF Upload
Final Submit

Support Tables
Reports
About
Close

FY2014 ECF, Supplemental Aid Application

District: Test District 67-1
Contact: Jack Smith
Phone: 605-234-5678 Ext:
Email: jsmith@k12.sd.us
Title: Special Education Director

Total Federal Child Count in Current School Year: 131
Total Federal Child Count in Prior School Year: 136

**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)	<input type="text"/>	(round to whole dollars)
2. Related Services (2100s, 2730s)	<input type="text"/>	
3. Residential Costs (object 391)	<input type="text"/>	
4. Special Education Administration Costs (2710s)	<input type="text"/>	
5. Other Special Education Costs (2750s, 2210s, etc)	<input type="text"/>	
6. Special Education Cooperative Costs as per ARSD 24:05:33:07.03	<input type="text"/>	
7. Total SE Expenditures	\$0	
8. Minus Estimated Total Revenues for Fiscal Year	<input type="text"/>	
9. Minus Total Request of High Cost Student Application Funding (if applicable)	\$0	
10. Total Supplemental Aid Application Funds Requested	\$0	

*Total requested funds may not exceed \$50,000

HIGH COST STUDENT

On the Applications screen – select “*Extraordinary High Cost Student Application*”

Click ADD button to enter data for a student.

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DE61 Extraordinary Cost Fund

Actions:
[Change Year](#)
[General Information](#)
[Applications](#)
[Funding Worksheet](#)
[ECF Upload](#)
[Final Submit](#)

Support Tables
[Reports](#)
[About](#)
[Close](#)

FY2014 Extraordinary High Cost Student Application List

Please Select an Application
or add a new one(limit 10)

HIGH COST STUDENT CONT.

Enter student information: state ID#, DOB, primary disability, etc.

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Actions
[Change Year](#)
[General Information](#)
[Applications](#)
[Funding Worksheet](#)
[ECE Upload](#)
[Final Submit](#)

Support Tables
[Reports](#)
[About](#)
[Close](#)

FY2014 Extraordinary High Cost Student Application

District: Test District 67-1
Contact: Jack Smith
Phone: 605-234-5678 Ext
Email:

Student's State ID: Date of Birth: (mm/dd/yyyy)
Age: No DOB entered

Student's Primary Disability: Select

SE Placement Setting: Select

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

Is student open enrolled?

Is the student included in the previous school year's child count?

Has the district accessed Medicaid funding or other 3rd party funding for this student, this fiscal year?

Provide the specific and/or prorated 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.)	<input type="text"/>
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.)

HIGH COST STUDENT CONT.

Click on each of the blue expenditure descriptions (1 thru 4).

Enter expenditures to serve this student on each of these screens. The totals will prefill to the main screen of this application.

When all revenue/expenditure data has been completed.

Save button – will save all data entries

Submit button – will both **SAVE and **SUBMIT** this application. Another student application may be added or you may continue on to the **Funding Worksheet** portion of the application.**

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.)	<input type="text"/>
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.]

HIGH COST STUDENT CONT. (INSTRUCTIONAL COSTS)

Special Education Instructional Services data entry:

Instructional/Tuition Costs (1000 function expenditure codes)

	# Days	Daily Tuition Rate	Total Annual Cost
Out of District Tuition (1223, 1224)	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
In-District Special Education Instruction (1221, 1222, 1225, 1226, 1227)		<input type="text" value="0"/>	\$0
	# Hours	Hourly Rate or Annual Salary/Benefits	Total Annual Cost
Instructional Aide (1221, 1222, 1226)	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0

HIGH COST STUDENT CONT. (RELATED SERVICES COST)

Related Services data entry screen:

Special Education Related Services (2000 expenditure functions)

	#Hours	Hourly Rate	Total Annual Cost
Speech Therapy-2150s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Occupational Therapy-2172	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Physical Therapy-2171	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Nursing/Health Services - 2130s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Audiology Services-2160s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Psychological Services-2140s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Counseling Services-2120s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Orientation & Mobility Services-2180s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Other Therapy Services- 2173/2179	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Cost of Evaluation Services		<input type="text" value="0"/>	\$0
	# Days	Daily Rate	Total Annual Cost
Transportation - 2731 -2745	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
	Total Mileage	Rate per mile	Total Annual Cost
	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0

Total: \$0

HIGH COST STUDENT CONT. (RESIDENTIAL COSTS)

Residential Costs data entry screen:

	Residential Costs (object 391)		Total Annual Cost
Out of District Residential Costs	# Days	Daily Rate	
	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
<input type="button" value="Cancel"/>	<input type="button" value="Save"/>		

HIGH COST STUDENT CONT. (ASSISTIVE TECHNOLOGY/OTHER SERVICES COSTS)

Assistive Technology/Other Services data entry:

Assistive Technology/Other Services

Other SE Costs - 2751-2765
Do NOT include residential costs.

Current Year Cost Assistive Technology
(as outlined on student's IEP)

Cancel

Save

Total Cost

HIGH COST PROGRAM

Complete this portion of the application first.

BIT

DE61 Extraordinary Cost Fund

Actions
[Change Year](#)
[General Information](#)
[Applications](#)
[Funding Worksheet](#)
[ECF Upload](#)
[Final Submit](#)

Support Tables
[Reports](#)
[About](#)
[Close](#)

FY2014 Extraordinary High Cost Program Application

District: Test District 67-1
Contact: Jack Smith
Phone: 605-234-5678 Ext:
Email: jsmith@k12.sd.us
Title: Special Education Director

Total Federal Child Count in Current School Year: 131
Total Federal Child Count in Prior School Year: 136
District % of SE students in the the current school year 15.4%
State average % of SE students in the current school year 14.0%

Is ECF funding needed because of the greater than average amount of services needed for your SE students?

Refer to SE data analysis for state average hrs. of services per disability

Is ECF funding needed due to higher than average costs to provide special education or special education related services?

Has the district accessed all means of finance available to the district this fiscal year?

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**

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

HIGH COST PROGRAM CONT.

After clicking the **CALCULATE** button, there are eight questions about the special education program in your district.

BIT

DE61 Extraordinary Cost Fund

Actions
Change Year
General Information
Applications
Funding Worksheet
ECE Upload
Final Submit

Support Tables
Reports
Home
Close

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

1. Special Education Instructional Services (do not include residential costs)	\$850,000	(round to whole dollars)
2. Related Services (i.e. OT, PT, Speech, Transportation, etc.)	\$50,000	
3. Residential Costs (object 391)	\$75,000	
4. Special Education Administration Costs (function 2710s)	\$60,000	
5. Other Special Education Costs (function 2750s)	\$10,000	
6. Special Education Cooperative Costs as per ARSD 24:05:33:07.03	\$55,000	
7. Total Costs	\$1,100,000	sum of 1-6
8. Minus Est. Total Revenues for Fiscal Year	\$1,000,000	
9. Total Funds Requested*	\$100,000	

High Cost Program Information:

1. Special education teacher to student ratio:
1.0 teacher(s) to 15 students

Please provide an explanation of your teaching assignments and classroom composition. This explanation should include the type of disabilities served by teachers, the types of settings (such as resource room, self-contained classroom, co-teaching in general ED classroom, etc.) and grade level placements.

test

2. Special education paraprofessional to student ratio:
1.0 para(s) to 5 students

Please provide an explanation of your paraprofessional assignments and classroom composition. This explanation should include the type of disability served, the types of settings (such as resource room, self-contained classroom, inclusive setting in general ED classroom, etc.) and grade level placements.

test

3. Describe the details of your district's related service provider caseload. Provide examples of the number and types of related service providers used by your district and children served.

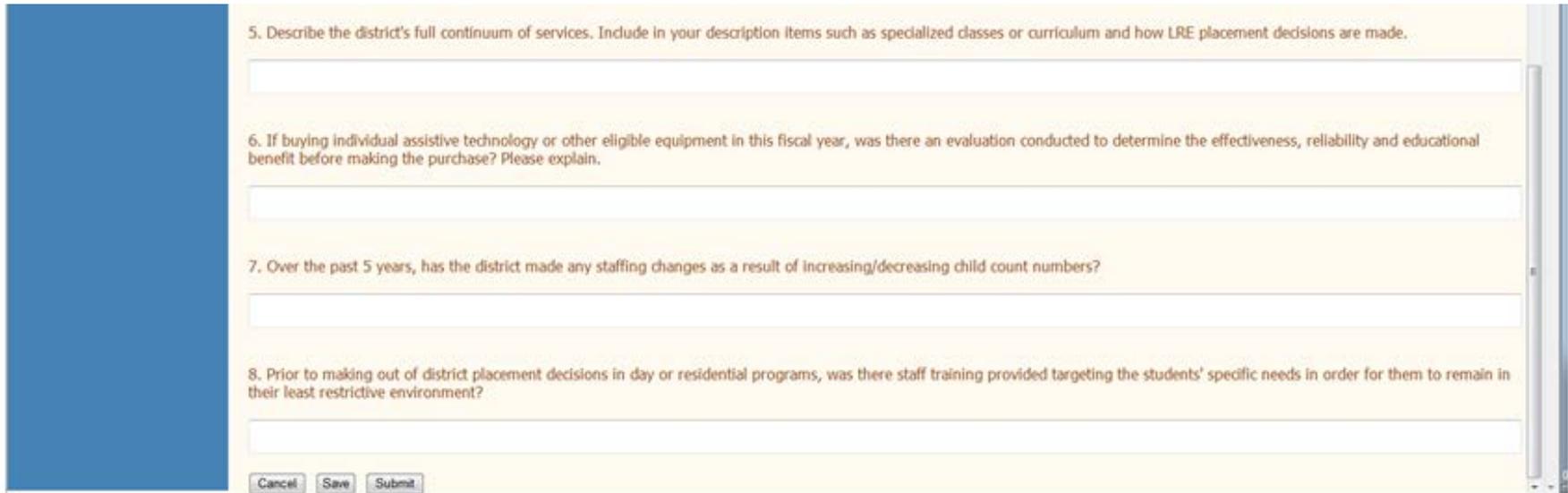
test

4. What steps has your 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 transportation vs district staff, etc.?

test

HIGH COST PROGRAM CONT.

Questions 5-8....



5. Describe the district's full continuum of services. Include in your description items such as specialized classes or curriculum and how LRE placement decisions are made.

6. If buying individual assistive technology or other eligible equipment in this fiscal year, was there an evaluation conducted to determine the effectiveness, reliability and educational benefit before making the purchase? Please explain.

7. Over the past 5 years, has the district made any staffing changes as a result of increasing/decreasing child count numbers?

8. Prior to making out of district placement decisions in day or residential programs, was there staff training provided targeting the students' specific needs in order for them to remain in their least restrictive environment?

Cancel Save Submit

FUNDING WORKSHEET

After choosing **SUBMIT** on the **HIGH COST PROGRAM Application** – the next step in the application process is to complete the **FUNDING WORKSHEET**.

This worksheet is very similar to the funding worksheet in the prior application process – but now the total means of finance will include the funding calculated on the submitted **ECF applications**.

From the calculations on this worksheet a final **ECF request** will be determined. The final **ECF request** will allow a district to maintain an amount equal to the beginning fund balance as long as it is less than **10%** of the annual expenditures but will not allow the district to grow their fund balance or exceed the **10% fund balance limitation**.

FUNDING WORKSHEET

CONT. (ADJUSTMENT TO FUNDING REQUEST)

See below example...funding amount requested on **HIGH COST PROGRAM**, see adjustment to application amount.

BIT

DE61 Extraordinary Cost Fund

Actions

- Change Year
- General Information
- Applications
- Funding Worksheet
- ECF Upload
- Final Submit
- Approvals

Support Tables

Reports

Next

Close

**FY2014 Extraordinary Cost Fund Application
District Funding Worksheet**

Test District 67-1

<u>Total Special Education Revenues:</u>			
Prior Fiscal Year's Special Education Fund Balance (may not be <\$0)		(1)	\$37,185
Tax Revenues			
	First Half (using maximum levy allowed)	(2.1)	\$306,002
	Second Half (using maximum levy allowed)	(2.2)	\$361,308
Total State Aid for Special Education		(3)	\$230,150
IDEA Federal Funds		(4)	\$0
Impact Aid Revenue		(5)	<input type="text" value="\$2540"/>
Other Revenues - not included above (Mobile Home Taxes, Medicaid, Tuition, Interest, Services Provided other LEAs, etc.)		(6)	<input type="text" value="\$3460"/>
Total ECF Funding Requested		(7)	\$100,000
	High Cost Student (7.1)	\$0	
	High Cost Program (7.2)	\$100,000	
	Supplemental Aid (7.3)	\$0	
		(8)	\$1,140,645
<u>Total Fiscal Year Means of Finance</u>			
<u>Total Special Education Expenditures:</u>			
Actual Special Education Expenditures through the month of March		(9)	<input type="text" value="\$780,000"/>
Actual Special Education Expenditures for the month of April		(10)	<input type="text" value="\$125,000"/>
Projected Expenditures & Payables for the Remainder of this Fiscal Year		(11)	<input type="text" value="\$195,000"/>
TOTAL FISCAL YEAR SPECIAL EDUCATION EXPENDITURES		(12)	\$1,100,000
Calculated Fund Balance Including ECF Funding		(13)	\$40,645
Allowance to Maintain Beg. FB <u>or</u> 10% of Current Year Expenditures, whichever is less		(14)	\$37,185
Adjustment for ECF Funding Request		(15)	\$3,460
Requested ECF Funding for this District		(16)	\$96,540

FUNDING WORKSHEET CONT.

When the FUNDING WORKSHEET is complete...click SUBMIT and the program will proceed to the ECF UPLOAD screen.

If submitting either HIGH COST PROGRAM or SUPPLEMENTAL AID applications the school district must upload both REVENUE and EXPENDITURE to date reports. Uploads may be either PDF or Excel.

If submitting HIGH COST STUDENT application(s) in addition to the REVENUE/EXPENDITURE reports the student's IEP must also be uploaded (PDF only).

The screenshot shows the BIT system interface for ECF Uploads. On the left is a blue sidebar with navigation links: BIT, DE61 Extraordinary Cost Fund, Actions (Change Year, General Information, Applications, Funding Worksheet, ECF Upload, Final Submit), Support Tables, Reports, About, and Close. The main content area is titled 'ECF Uploads' and 'District: Test District 67-1'. It contains instructions on required supporting documentation: Expenditure Report by Function, Revenue Summary Report, and Student IEP. Below this is a link to 'Upload Files' and a table with columns 'School Year' and 'File Name'. A red message states 'No files have been uploaded for this district'.

School Year	File Name
No files have been uploaded for this district	

ECF UPLOAD

See below upload options....

Upload Files

School Year	File Name
No files have been uploaded for this district	

School Year:

File Type:

Choose file:

Upload File Name:

ECF UPLOAD COMPLETE

The uploaded files will be renamed and will appear as follows:
YearDistrictNumberEXP.xlsx or if uploading an IEP the format is
StudentStateID#IEPYearDistrictNumber (123456789IEP201467001.pdf)

Upload Files

School Year	File Name	
2014	201467001EXP.xlsx	View File
2014	201467001IEP.pdf	View File

FINAL SUBMIT

After completing each of the following:

- General Information
- Selected Application Type(s)
- Funding Worksheet
- ECF Upload

Select FINAL SUBMIT from the menu on the left hand side of the screen...



CERTIFICATION FORM

After clicking on the FINAL SUBMIT button a CERTIFICATION statement form should be opened, printed and signed by

- School District Superintendent
- School District Business Official
- School District Special Education Director

This signed form must be returned to the Department of Education before the ECF board meeting. No funding will be paid to the school district until we have this signed certification form.

CERTIFICATION FORM

DistrictCertification (1).pdf - Adobe Acrobat Pro

File Edit View Window Help

Create

1 / 1 94%

Tools Comment

Test District 67-1 **ECF Certification** **3/10/2014**

Total ECF Requested: **\$96,540**

I certify that the information provided in this application is complete and correct to the best of my knowledge. The district will repay any amount received that is in excess of the allowable ending fund balance as per SDCL 13-37-40.1.

_____	_____
District Superintendent	Date
_____	_____
District Business Official	Date
_____	_____
District Special Education Director	Date

Please return this signed certification to:

Department of Education
Attn: Office of State Aid & School Finance
800 Governors Drive
Pierre, SD 57501-2294

RECONSIDERATION

If your school district is not approved for ECF or the amount of funds requested is modified – the district may request a “reconsideration”. The district’s request for reconsideration must be submitted in writing within 10 days of receiving their notification. The secretary may request additional information and must respond to the request within 10 days.

If a school district is approved thru the reconsideration process the funding will be paid to the district with June state aid.

HOW DO I GET STARTED?

Is the estimated ending fund balance for my district's special education fund 10% or less?

- If **NO**, maybe not worth the effort? Additional funding may result in a penalty in 2015 SE funding for exceeding allowable fund balance or the amount of ECF final request could be significantly reduced.
- If **YES**, your district may benefit from an ECF application and it is worth the effort to consider an application.

HOW DO I GET STARTED?

OK, it may be worth checking out...but which application is the best fit for my district?

- High Cost Student Application...
 - Does the district have high cost students placed out of district?
 - Does the district have an specific student(s) for which the district is expending at least twice the funding allocation recognized for their primary disability?
 - If **NO**, maybe the High Cost Student Application isn't the best fit, check out either a High Cost Program or Supplemental Aid application.
 - If **YES**, review and gather the required information needed for each high cost student.

HOW DO I GET STARTED?

High Cost Student application wasn't a good fit...how much funding is needed to serve our special education students this fiscal year?

- ❑ Is the funding needed > or < \$50,000?
 - ❑ If **LESS THAN \$50,000**, the Supplemental Aid application may be a good fit. Review the information needed for this type of application. This application is short, simple and easy to complete!
 - ❑ If **GREATER THAN \$50,000**, the High Cost program is the option for your district.

HOW DO I GET STARTED?

Other Helpful Hints to get Started...

- Don't try and tackle the application alone! A successful application needs the attention of both the school business official AND the special education director.
- If submitting an application for a High Cost Student, make sure all expenditures are supported by the student's IEP.
- Allow sufficient time to complete the application. Review the required information, gather the data and choose the best application option for your district.
- If you have questions...
 - Trouble with application or fiscal questions
 - Contact either Susan Woodmansey (773-4748) or Bobbi Leiferman (773-5407)
 - Program or IEP questions
 - Contact Linda Turner (773-3327)