August 14, 2013

MEMORANDUM

TO: City and County Superintendents of Education

FROM: Thomas R. Bice
State Superintendent of Education

RE: Alabama Catastrophic Trust Fund for Special Education

Attached is the application packet for the Alabama Catastrophic Trust Fund for Special Education for Fiscal Year (FY) 2014. These funds are provided pursuant to Alabama Administrative Code, Chapter 290-080-092, with the purpose of providing financial assistance to local education agencies (LEAs) in covering the direct special education instructional costs of providing a free and appropriate public education (FAPE) to children with disabilities that would create a catastrophic fiscal impact on the LEA. A catastrophic need may arise when special education and related services are provided for a particular child that are unduly expensive, extraordinary, and beyond the routine and reasonable special education and related services provided by the LEA.

Any county or city school system in the state of Alabama that has enrolled an exceptional child with disabilities determined eligible for special education and related services under existing federal and state law, may make a grant application to the State Superintendent of Education for financial assistance. If your LEA is interested in applying for these funds, please complete and return the attached application packet no later than August 26, 2013. LEAs receiving Alabama Catastrophic Trust Funds for Special Education will be notified by August 30, 2013. All funds granted must be expended by September 30, 2014.

If you need assistance, please contact Ms. Lisa Highfield in Special Education Services by telephone at 334-242-8114 or by e-mail at lhighfield@alsde.edu.

TRB/MLH/GMT

Attachment

cc: City and County Special Education Coordinators
Mrs. Sherrill W. Parris
Dr. Linda Felton-Smith
Dr. Warren Craig Poncey
Mr. Barry Kachelhofer
Ms. Crystal Richardson

FY13-2091
ALABAMA CATASTROPHIC TRUST FUND
FOR SPECIAL EDUCATION
APPLICATION PROCESS

GRANT APPLICATION
Pursuant to Alabama Administrative Code Chapter 290-080-092

Any county or city school system in the state of Alabama that has enrolled an exceptional child with disabilities determined eligible for Special Education and related services under existing federal and state law may make a grant application to the State Superintendent of Education for financial assistance when the special education and related services for that particular child are unduly expensive, extraordinary, and/or beyond the routine and reasonable education and services provided.

Questions regarding these rules and the application process should be directed to:

Ms. Crystal Richardson
Special Education Services
Post Office Box 302101
Montgomery, AL 36130-2101
crystalr@alsde.edu
Telephone (334) 242-8114 or 1-800-392-8020

SUBMISSION OF APPLICATION

An original and three (3) copies must be forwarded to:

Thomas R. Bice
State Superintendent of Education
Post Office Box 302101
Montgomery, AL 36130-2101
Telephone (334) 242-9700
CATASTROPHIC TRUST FUND FOR SPECIAL EDUCATION
Pursuant to Alabama Administrative Code Chapter 290-080-092

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT INFORMATION

Name of Local County or City Board of Education: ________________________________

Address:___________________________________________________________________

Name of Superintendent: ____________________________________________________

Signature of Superintendent: ________________________________________________

Special Education Coordinator: ______________________________________________

Signature of Special Education Coordinator: _________________________________

Telephone Number: _________________________________________________________

E-mail Address: ___________________________________________________________

FOR ALSDE USE ONLY

☐ FUNDING APPROVED Priority 1 ☐
☐ FUNDING DISAPPROVED Priority 2 ☐

_________________________________________ Date __________
State Superintendent of Education

FOR ALSDE USE ONLY

APPROVED: GRANT # ______________________

CATASTROPHIC FUNDS AMOUNT: $ ________________

MATCH FUNDS AMOUNT: $ ___________________
STUDENT INFORMATION

Name of Student: ____________________________

First Name    Middle    Last (Family Name)    Suffix

Student’s State ID Number: ____________________________

Age/Birthday: ____________________________ / Day Month Year

Sex: ____________________________ Race: ____________________________

Name of School: ____________________________

Location of School: ____________________________

Mailing Address: ____________________________

City    State    Zip

In the space below, provide a detailed statement of the facts and circumstances surrounding the catastrophic services needed because of the student’s disability:
STATEMENT OF FINANCIAL NEED

In the spaces below, provide detailed statements of the type service(s) needed and the cost of each service due to facts and circumstances surrounding this request for financial assistance:

1. Statement of services needed and the expected cost of each service for the fiscal year ending September 30.

2. Statements of the financial impact on the special education program of the local education agency if such services were funded solely by the local education agency.
3. Statement of the financial impact on the entire local education agency if this grant is not approved.

4. Statements showing each anticipated source of funds (including local) for the proposed expenditures in this application by the local education agency special education program. This shall include the amount needed to provide the required local match for catastrophic funds.