

ALABAMA HIGH COST FUND
Application for Financial Assistance
Alabama State Department of Education
Special Education Services
Fiscal Year: 2021

Submission of Application
Please complete the attached application.

The following additional items must be submitted with this application for it to be considered complete:

- **Other Supporting Student Documentation including the most current IEP and Eligibility Report**
- **Most Recent Detailed Expenditure Reports Showing Budgeted and Actual Year-to-Date Expenditures**
- **Copies of All Contracts and/or Invoices that Pertain to the Student with High Needs**

PLEASE COMPLETE THE ATTACHED *PROPOSED BUDGET* FORM, INCLUDING ALL NEEDED SIGNATURES. AWARDS GRANTED WILL BE BASED ON THE EXACT ITEMS LISTED ON THIS FINANCIAL STATEMENT.

The following items must be completed on the *Proposed Budget* Form:

- **LEA**
- **System Code**
- **Date Submitted**
- **Proposed Budget Amount**
- **Contact Person**
- **E-Mail Address**
- **Telephone Number**
- **Description of Budget Items (Additional space is on next tab)**
- **Account Codes**
- **Budget Amount**
- **Signature of Special Education Coordinator**
- **Signature of LEA Superintendent**
- **Signature of Chief School Financial Officer**

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LEA APPLICANT INFORMATION	
School Year: <u>2020-21</u>	<input type="checkbox"/> New Application <input type="checkbox"/> Resubmitted Application <input type="checkbox"/> Previously Funded Application
Local Education Agency	
LEA Code	
Superintendent	
Chief School Financial Officer	
Special Education Coordinator	
Contact Person	
Mailing Address	
Telephone Number	
Email Address	

 Superintendent's Signature

 Date

 Chief School Financial Officer's Signature

 Date

 Special Education Coordinator's Signature

 Date

<p style="text-align: center;">Return the Grant Application and Supporting Documentation (Postmarked by Deadline) to: Alabama State Department of Education Special Education Services Attention: Fiscal Section (ALHCF) 50 North Ripley Street Montgomery, AL 36104-3833</p>	<p style="text-align: center;">FOR ALSDE ONLY</p> <p>DATE RECEIVED: _____</p> <p>APPLICATION NUMBER: _____</p> <p>APPROVED GRANT NUMBER: _____</p> <p>HIGH COST FUND AMOUNT AWARDED: \$ _____</p>

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STUDENT INFORMATION

School Year: 2020-21 New Application Resubmitted Application Previously Funded Application

Name of Student:

State Student ID#: _____ Area of Disability: _____

Age: _____ DOB: _____ Gender: _____ Student's Ethnicity/Race: _____

School System: _____

School: _____

Name of County/City: _____

School Mailing Address: _____ Street: _____

City: _____ Zip: _____

Name of FATHER/Parent or Guardian:

Home Address: _____ Phone Number: _____

Name of MOTHER/Parent or Guardian:

Home Address: _____ Phone Number: _____

STATEMENT OF FINANCIAL NEED

Provide a detailed statement showing each anticipated source of funds (including local prorated amounts when applicable) for the proposed expenditures in this application by the local education agency special education program and the amount requested. (**Total cost minus three times the per pupil amount of which is \$30,305.00**) will be used as the minimum to be considered in the application)

1. Special Education Services _____

2. Related Services _____

3. Other Costs _____

4. Total Cost of the Student (*based on prorated amounts when applicable) _____

5. Minus 3 Times Annual Per-Pupil Cost **-\$ 30,305.00**

6. Minus Additional funds (i.e. Health Insurance, Medicaid, etc.)-if none indicate NA _____

7. TOTAL ALLOWABLE FOR ALHCF REQUEST (Line 4 minus 5 and 6) _____

Does this "high-needs" child receive financial benefit from any other agencies: YES NO
 If yes, please provide a detailed statement below regarding funding from other agencies including the amount of funding.

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Provide specific details of the unique characteristics for the student determined to be “high-needs” (include developmental, cognitive, social emotional, and medical factors).

Provide a detailed statement of the Individualized Education Program services developed for the student and the expected cost of each service (detailed statement should include all evaluations/consultations/services provided through the IEP).

Provide a statement of financial impact on the entire local education agency if this grant is not approved.

Alabama State Dept. of Education
 Special Education Services
 7/1/2020

**PROPOSED BUDGET
 IDEA HIGH COST FUND GRANT
 INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B
 AS AMENDED BY P.L. 108-446, CFDA 84.027**

FY 2021

Approved _____
 Not Approved _____

LEA	SYSTEM CODE CLB #	DATE SUBMITTED	PROPOSED BUDGET AMOUNT
Contact Person	E-Mail Address	Telephone #	
PROPOSED BUDGET			
Description of Budget Items	Account Codes (ALL 27 DIGITS)	Budget Amount	
Totals			

 SIGNATURE OF SPECIAL EDUCATION COORDINATOR

 SIGNATURE OF CHIEF SCHOOL FINANCIAL OFFICER

 SIGNATURE OF LEA SUPERINTENDENT

Approved:
ALSDE, SPECIAL EDUCATION SERVICES

