

**ALABAMA STATE DEPARTMENT OF EDUCATION**  
**Special Education Services**  
**Application for ASSIST Funding**  
**Submission of Application**

**Please complete the following application.**

**The following additional items may be requested for submission with this application for it to be considered complete:**

- **The most current IEP and Eligibility Report**
- **Copies of all contracts and/or invoices that pertain to any student for which the LEA is seeking Alabama ASSIST Funds through this contract application process.**

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

**The following items MUST be completed on the *Proposed Budget* Form at the end of the application:**

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



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**STUDENT INFORMATION**

<b>School Year:</b>				<input type="checkbox"/> New Application	<input type="checkbox"/> Resubmitted Application	<input type="checkbox"/> Previously Funded Application
Plan Number: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			Name of Plan:			
Name of Student:						
State Student ID#:				Area of Disability:		
Age:	DOB:	Gender:	Student's Ethnicity/Race:			
School System:						
Name of City/County:						
School Mailing Address:			City:	Zip:		
Name of MOTHER/Parent or Guardian:						
Home Address:				Phone Number:		
Name of FATHER/Parent or Guardian:						
Home Address:				Phone Number:		

**STATEMENT OF FINANCIAL NEED**

**Provide a detailed statement showing the anticipated source of funds (including local prorated amounts when applicable) for the proposed expenditures for the support services needed for each student due to the student's disability(ies):**

1. Special Education Services:	
2. Related Services:	
3. Other Costs:	
4. <b>Total Cost of the Student(s):</b>	

Other Information...

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**Provide specific details of the unique characteristics for the student(s) determined to be in need of ASSIST funds (include developmental, communication, cognitive, social emotional, and medical factors). Consider the specialized expertise of providers of services to address the unique language, communication, and social implications of each student.**

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**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). Consider the specialized expertise of providers of services to address the unique language, communication, and social implications of each student.**

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