

CATASTROPHIC SPECIAL EDUCATION FUNDS

APPLICATION FOR FINANCIAL ASSISTANCE

(Pursuant to Alabama Administrative Code Chapter 290-080-092 and Appropriations Act No. 2013-264)

SUBMISSION OF APPLICATION

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. It is available 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.

Additional Items to Include

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. Please note that receiving state funds may have an impact on Maintenance of Effort (MOE).

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

One original copy and supporting documentation including the most current IEP and Eligibility Report, and the enclosed *Proposed Budget* form must be forwarded to:

Alabama State Department of Education
Special Education Services Attention:
Fiscal Section (Catastrophic Funds)
P.O. Box 302101 Montgomery, AL 36130-2101

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

Special Education Services
Telephone (334) 694-4782

FOR ALSDE USE ONLY

DATE RECEIVED: _____ FY: _____

STUDENT(S) INITIALS: _____

MATCH FUNDS AMOUNT: \$ _____ MATCH FUNDS WAIVED:

CATASTROPHIC FUNDS APPROVED: \$ _____

APPROVED: SYSTEM GRANT # _____

CATASTROPHIC SPECIAL EDUCATION FUNDS
APPLICATION FOR FINANCIAL ASSISTANCE

(Pursuant to Alabama Administrative Code Chapter 290-080-092 and Appropriations Act No. 2013-264)

New Application Resubmitted Application Previously Funded Application

APPLICANT INFORMATION

Local Education Agency: _____ LEA Code: _____

Superintendent: _____

Chief School Financial Officer: _____

Special Education Coordinator: _____

Mailing Address:

Telephone Number: _____ Email Address: _____

Signature of Superintendent: _____ Date: _____

CATASTROPHIC SPECIAL EDUCATION FUNDS
APPLICATION FOR FINANCIAL ASSISTANCE

(Duplicate and complete the demographic information page for each student, if multiple students are involved in the Catastrophic Grant Application Process)

Student Demographic Information

Name: _____ LEA: _____

SSID# _____ Age: _____ DOB: _____ Sex: _____ Ethnicity: _____

Area of Disability: _____ Most Recent (Re)evaluation Date: _____

School: _____ Location of School: _____

Person Requesting Funds: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

The following information must be provided with this application:

- Current IEP
- Current Eligibility Report
- Other Supporting Documentation

1. Provide specific details of the facts and circumstances surrounding the catastrophic support services needed because of the student's disability(ies):

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

6. Provide 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.

**PROPOSED BUDGET
 Catastrophic Funds**

FY 2021

Approved _____
 Not Approved _____

LEA	SYSTEM CODE CLB #	DATE SUBMITTED	PROPOSED BUDGET AMOUNT
Contact Person	E-Mail Address	Telephone #	
PROPOSED BUDGET			
Description of Expense 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

Please use this page if more lines are needed than are available on the "BUDGET" tab. Please include total amount of expenses on "BUDGET" tab.

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

PROPOSED BUDGET
Catastrophic Funds

FY 2021

ADDITIONAL ITEMS

DESCRIPTION OF BUDGET ITEMS	ACCOUNT CODES (ALL 27 DIGITS)	BUDGET AMOUNT
TOTALS		