

**ALABAMA HIGH COST FUND**  
**Application for Financial Assistance**  
**Alabama State Department of Education**  
**Office of Student Learning, Special Education Services**  
**Fiscal Year: 2019**

LEA APPLICANT INFORMATION			
School Year: <b>2018-19</b>	New Application	Re-Application	Amended Application
Local Education Agency			
LEA Code			
Superintendent			
Special Education Coordinator			
Contact Person			
Mailing Address			
Telephone Number			
Email Address			

\_\_\_\_\_  
 Superintendent Print Name

\_\_\_\_\_  
 Superintendent's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chief School Financial Officer (CSFO) Print Name

\_\_\_\_\_  
 Chief School Financial Officer's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Special Education Coordinator Print Name

\_\_\_\_\_  
 Special Education Coordinator's Signature

\_\_\_\_\_  
 Date

<p style="text-align: center;">Return the Grant Application and Supporting Documentation (Postmarked by Deadline) to:  <b>Alabama State Department of Education</b>  <b>Office of Student Learning, Special Education Services</b>  <b>Attention: Fiscal Section (ALHCF)</b>  <b>50 North Ripley Street</b>  <b>Montgomery, AL 36104-3833</b></p>	<p style="text-align: center;"><b>FOR ALSDE ONLY</b></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			
<b>School Year: <u>2018-19</u></b>	New Application	Re-Application	Amended Application
Name of Student:			
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. ( <b>Total cost over \$28,491</b> ) will be used as the minimum to be considered in the application)			
1. Special Education Services			
2. Related Services			
3. Other Costs			
4. <b>Total Cost of the Student</b> (*based on prorated amounts when applicable)			
5. <b>Minus 3 Times Annual Per-Pupil Cost</b>		<b>-\$ 28,491</b>	
6. Minus Additional funds (i.e. Health Insurance, Medicaid, etc.)-if none indicate NA			
7. <b>TOTAL ALLOWABLE FOR ALHCF REQUEST (Line 4 minus 5 and 6)</b>			
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-need” (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.**

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**PROPOSED BUDGET FOR FINANCIAL NEED**

**Complete a proposed budget based on the FY19 total amount requested for ALHCF (i.e. item #7-Statement of Financial Need).**

<b>Description of Budget/Expenditures</b> *Provide detail information next to items listed below.	<b>Proposed Budget/Expenditures</b>
Salaries:	
Benefits:	
Material & Supplies:	
Equipment:	
Contracted Services:	
Transportation or Travel:	
Other (itemize):	
<b>Total</b>	

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

- **Other Supporting Student Documentation**
  - **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**