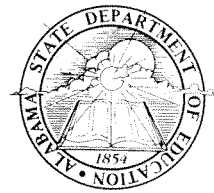




STATE OF ALABAMA  
DEPARTMENT OF EDUCATION



Thomas R. Bice  
State Superintendent of Education

August 14, 2013

Alabama  
State Board  
of Education

**MEMORANDUM**

Governor  
Robert Bentley  
President

**TO:** City and County Superintendents of Education

**FROM:** Thomas R. Bice  
State Superintendent of Education

Tracy T. Roberts  
District I

**RE:** Alabama Catastrophic Trust Fund for Special Education

Betty Peters  
District II

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.

Stephanie Bell  
District III

Yvette M.  
Richardson, Ed.D.  
District IV

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.**

Ella B. Bell  
District V  
President Pro Tem

Charles E. Elliott, M.D.  
District VI  
Vice President

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](mailto:lhighfield@alsde.edu).

Jeff Newman  
District VII

TRB/MLH/GMT

Mary Scott Hunter, J.D.  
District VIII

Attachment

Thomas R. Bice, Ed.D.  
Secretary and  
Executive Officer

cc: City and County Special Education Coordinators  
Mrs. Sherrill W. Parris  
Dr. Linda Felton-Smith  
Dr. Warren Craig Pouncey  
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

\_\_\_\_\_  
State Superintendent of Education

Date \_\_\_\_\_

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:



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.