

EXTRAORDINARY COST FUND APPLICATION PROCESS

Department of Education
April, 2018

2018 ECF Application Timeline

- April 1 – ECF web application is available to begin to complete an application for funding.
- April 30 – Last day to submit an application
- May 9 – ECF board meeting to review all applications
- May 14-18 – District notified regarding funding status
- May state aid payment – Approved ECF included in May state aid.
- June state aid – If necessary, payment of ECF reconsiderations.

How Do I know if my district is eligible for ECF?

- An eligible school district:
 - ❑ Levies for special education at the maximum levy (Pay 2018 = \$1.461) allowed;
 - ❑ Does NOT participate in the current year or the past 3 years State and Local funds for a Coordinated Early Intervening Services (CEIS) program;
 - ❑ Does NOT participate CEIS (federal funds) in the current year; and
 - ❑ Does NOT have any outstanding deficiencies pursuant to ARSD chapter 24:05:20

How do I apply?

- There are three types of applications:
 - High Cost Student Application
 - High Cost Program Application
 - Supplemental Aid Application

High Cost Student Application

- The HIGH COST STUDENT application has the highest priority status for funding purposes.
- An application for a high cost student must reflect expenditures to serve this student that are at least twice the funding level of the student. For example if the student's primary disability is Cognitive Disability (level 2) the reported expenditures in FY2018 must be at least \$25,260.

High Cost Student Application

- See the below chart to determine twice the funding level threshold:

Level 1 = Mild Disability (count is calculated by determining 10% of Fall 2016 state aid fall enrollment)

Level 2 = Cognitive Disability, Emotionally Disturbed

Level 3 = Hearing Loss, Deafness, Vision Loss, Deaf-Blind, Orthopedic Impairment, Traumatic Brain Injury

Level 4 = Autism

Level 5 = Multiple Disability (must include 2 or more disabilities in levels 2, 3 or 4, not including Deaf-Blind)

Level 6 = Prolonged Assistance

<u>Special Education Aid Allocations:</u>	<u>FY2018</u>		<u>High Cost Student</u>
Level 1 Disability (10% of student count)	\$5,472.37	x 2 =	\$10,944.74
Level 2 Disability (child count)	\$12,629.78	x 2 =	\$25,259.56
Level 3 Disability (child count)	\$16,097.15	x 2 =	\$32,194.30
Level 4 Disability (child count)	\$15,610.69	x 2 =	\$31,221.38
Level 5 Disability (child count)	\$27,882.40	x 2 =	\$55,764.80
Level 6 Disability (child count)	\$8,031.02	x 2 =	\$16,062.04

High Cost Program Application

- A HIGH COST PROGRAM application may be appropriate if the district does not have high cost students but due to the intensity, cost of services or number of level 1 students the current funding provided is not sufficient.
- To be eligible to submit a HIGH COST PROGRAM application, the funding request must exceed \$50,000.
- This application requires the district to analyze their current program and document the need for additional funding.
- A school district may not apply for either a High Cost Student or Supplemental Aid if using the High Cost Program option.

Supplemental Aid Application

- This application is an option for a school district that may need less than \$50,000 to balance their special education budget.
- **NOTE:** Only ten percent of the total appropriation for ECF may be used to fund SUPPLEMENTAL AID applications. If the requested amount exceeds the 10% threshold, all districts requesting ECF using the SUPPLEMENTAL AID application may be prorated.
- A school district may apply using both a HIGH COST STUDENT and SUPPLEMENTAL AID application.

Funding Worksheet

- The FUNDING WORKSHEET will determine the final amount of funding that will be requested by the school district.
- This worksheet has been prefilled with many of the known revenues available to the school district. The amounts reflected on the application portion of this program will also be included.
- The school district will complete the remaining blank data fields (additional revenues and projected expenditures).

Funding Worksheet continued

- The FUNDING WORKSHEET calculations will reduce a request for ECF funding when:
 - ❑ The additional ECF funds requested will cause the district to exceed the allowable ending fund balance (10% of the annual expenditures); or
 - ❑ The additional ECF funds requested will cause the district to “grow” or increase their special education fund balance.
 - ❑ ECF funding worksheet will not fund prior year negative fund balances. If a district has a negative beginning fund balance the calculations will assume a beginning fund balance of \$0.

Logging into ECF application program

- Logins and passwords are the same as what was used for December 2017 Child Count.
- Access to the ECF application is available at the below web site:
- <http://www.doe.sd.gov/ofm/exordincost.aspx>
- Click on DE61ExtraordinaryCostFund

Getting Started

- Once logged into the ECF application:



The screenshot shows the ECF application interface. On the left is a blue sidebar menu with the following items: BIT, DE61 Extraordinary Cost Fund, Actions, Support Tables, Reports, Administration, About, and Close. The main content area has a light yellow background and contains the text "Please select a School Year and District". Below this text are two dropdown menus: "School Year:" with "2018" selected, and "District Name:" with "Aberdeen 06-1" selected. A "Continue" button is located below the District Name dropdown.

- Click on Actions & Change Year to view a prior year application
- Or go directly to General Information to begin your application for 2018

General Information

- This information will be carried forward to other applications as needed...complete all data fields, click on SAVE

FY2018 Extraordinary Cost Fund

General Information

District: Aberdeen 06-1
Date: 03/29/2018

District Contact Information

Contact First Name:
Contact Last Name:
Phone Number: Ext.
Email:
Title:

Previous School Year's Data		Current School Year's Data	
Total Federal Child Count (ages 3-21)	705	Total Federal Child Count (ages 3-21)	745
Fall Enrollment	4554	Fall Enrollment	4517
Child Count by Funding Level		Child Count by Funding Level	
Level 1	511	Level 1	507
Level 2	83	Level 2	103
Level 3	18	Level 3	21
Level 4	76	Level 4	89
Level 5	17	Level 5	25
Level 6 (ages 0-2)	15	Level 6 (ages 0-2)	12

Does the district purchase SE or SE and related services from a cooperative?
Does the district participate in a cooperative project?
How many SE students are/were enrolled in day programs during this fiscal year?
How many SE students are/were enrolled in residential programs during this fiscal year?
Number of approved open enrolled students provided SE instruction or related services:
Percentage of SE students in this current school year
Amount of Extraordinary Cost Funds paid to the district in the prior fiscal year

Select Application Type

- Once the GENERAL INFORMATION screen has been completed and SAVED....select the appropriate application.

BIT

DE61 Extraordinary Cost Fund

Actions

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Applications for 2018

[Extraordinary High Cost Student Application](#)

[Supplemental Aid Application](#)

Extraordinary High Cost Program Application

Supplemental Aid Application

- Fill in all data fields (all fields must be completed - value may be \$0)
- Calculate Button – determines the amount of ECF requested by the district
- Save Button – saves your data entries
- Submit Button – both SAVES and SUBMITS application – allows district to continue to next step in application process

BIT

OE61 Extraordinary Cost Fund

Actions

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FY2018 ECF, Supplemental Aid Application

District: Aberdeen 06-1

Contact: test test

Phone: 111-222-6666 Ext: 11111

Email: test@test.com

Title: test

Total Federal Child Count in Current School Year: 745

Total Federal Child Count in Prior School Year: 705

Please complete the items below to determine the amount of funding needed.

Note: The amount of the request may not exceed \$50,000.

1. Special Education Instructional Services (1220s exclude residential costs)	\$6,000,000	(round to whole dollars)
2. Related Services (2100s, 2730s)	\$2,050,000	
3. Residential Costs (object 391)	\$350,000	
4. Special Education Administration Costs (2710s)	\$100,000	
5. Other Special Education Costs (2750s, 2210s, etc)	\$200,000	
6. Special Education Cooperative Costs as per ARSD 24:05:33:07.03	\$100,000	
7. Total SE Expenditures	\$8,800,000	
8. Minus Estimated Total Revenues for Fiscal Year	\$7,790,680	
9. Minus Total Request of High Cost Student Application Funding (if applicable)	\$85,674	
10. Total Supplemental Aid Application Funds Requested	\$50,000	
11. Explanation of Supplemental Aid Request:		
asldkfjasdifjoi		

Total funds requested exceed \$50,000. Application will be limited to \$50,000

*Total requested funds may not exceed \$50,000

High Cost Student

- On the Applications screen – select “*Extraordinary High Cost Student Application*”
- Click ADD button to enter data for a student.

High Cost Student cont.

- Enter student information: state ID#, DOB, primary disability, etc.

FY2018 Extraordinary High Cost Student Application

District: Aberdeen 06-1
Contact: test test
Phone: 111-222-6666 Ext 11111
Email:

Student's State ID: Date of Birth: (mm/dd/yyyy)
Age: 6

Student's Primary Disability:
SE Placement Setting:
Out of District Placement School:
IEP Start Date in this school year: (mm/dd/yyyy)

Is student open enrolled?
Is the student included in the previous school year's child count?
Has the district accessed Medicaid funding or other 3rd party funding for this student, this fiscal year?

Provide the specific and/or prorated cost breakdown to meet the unique needs of this extraordinary student. Complete the following Cost Worksheets to calculate the amounts for the listed below.

1. Special Education Instructional Services	\$0
2. Related Services	\$0
3. Residential Costs	\$0
4. Assistive Technology/Other Costs	\$0
5. Total Expenditure for this Student	\$0
6. Minus Disability Funding Allocation, if applicable	0
7. Minus Other Revenues (Medicaid, Insurance, etc.)	<input type="text"/>
8. Total Request for This Student	\$0

Describe the unique features of the student determined to be "extraordinary."
(Include developmental, cognitive, social, emotional and medical factors.)

*Student does not qualify as High Cost Student, must be 2 times the funding allocation for specified disability.

High Cost Student cont.

- Click on each of the blue expenditure descriptions (1-4).
- Enter expenditures to serve this student on each of these screens. The totals will prefill to the main screen of this application.
- When all revenue/expenditure data has been completed.
- Save button – will save all data entries
- Submit button – will both SAVE and SUBMIT this application. Another student application may be added or you may continue on to the Funding Worksheet portion of the application.

1. Special Education Instructional Services	\$0
2. Related Services	\$0
3. Residential Costs	\$0
4. Assistive Technology/Other Costs	\$0
5. Total Expenditure for this Student	\$0
6. Minus Disability Funding Allocation, if applicable	0
7. Minus Other Revenues (Medicaid, Insurance, etc.)	<input type="text"/>
8. Total Request for This Student	\$0

Describe the unique features of the student determined to be "extraordinary."
[Include developmental, cognitive, social, emotional and medical factors.]

High Cost Student Cont. (instructional costs)

- Special Education Instructional Services data entry:

Instructional/Tuition Costs (1000 function expenditure codes)

	# Days	Daily Tuition Rate	Total Annual Cost
Out of District Tuition (1223, 1224)	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
In-District Special Education Instruction (1221, 1222, 1225, 1226, 1227)		<input type="text" value="0"/>	\$0
	# Hours	Hourly Rate or Annual Salary/Benefits	Total Annual Cost
Instructional Aide (1221, 1222, 1226)	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0

Cancel

Save

High cost student cont. (Related services cost)

- Related Services data entry screen:

Special Education Related Services (2000 expenditure functions)

	#Hours	Hourly Rate	Total Annual Cost
Speech Therapy-2150s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Occupational Therapy-2172	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Physical Therapy-2171	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Nursing/Health Services - 2130s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Audiology Services-2160s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Psychological Services-2140s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Counseling Services-2120s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Orientation & Mobility Services-2180s	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Other Therapy Services- 2173/2179	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
Cost of Evaluation Services		<input type="text" value="0"/>	\$0
	# Days	Daily Rate	Total Annual Cost
Transportation - 2731 -2745	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
	Total Mileage	Rate per mile	Total Annual Cost
	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0

Total: \$0

High Cost Student cont. (Residential costs)

- Residential Costs data entry screen:

	Residential Costs (object 391)		
	# Days	Daily Rate	Total Annual Cost
Out of District Residential Costs	<input type="text" value="0"/>	<input type="text" value="0"/>	\$0
<input type="button" value="Cancel"/>	<input type="button" value="Save"/>		

High Cost Student Cont. (Assistive technology/other services costs)

- Assistive Technology/Other Services data entry:

Assistive Technology/Other Services

Other SE Costs - 2751-2765
Do NOT include residential costs.

Current Year Cost Assistive Technology
(as outlined on student's IEP)

Total Cost

Cancel

Save

High Cost Program – NEW in FY2018

- The guidelines for submission of a High Cost Program has changed for FY2018. This first screen below describes a High Cost Program, the district may click “Yes, proceed to HCP application” or “No, return to application selection menu”

High Cost Program Application Guidelines:

Considerations relevant to a high cost program application:

- The district has a higher than the state average number of students with disabilities in a specially designed program resulting in high cost;
- The district did not grow the fund balance of carryover IDEA dollars from the prior fiscal year;
- Efforts have been made to best maximize fiscal resources without relying on the extraordinary cost fund.
- The cost of providing FAPE presents a significant impact on the financial resources of a school district and this impact could impair the district’s ability to provide a FAPE to all students eligible.

Restrictions on high cost program applications:

Costs for the following should not be calculated into the shortfall resulting in the need to request high cost program funds: legal fees, court costs, or other costs associated with a cause of action brought on behalf of a child with a disability to ensure FAPE, non-extraordinary nursing costs, facility construction costs, secretarial services, indirect costs, and administrative and leadership costs associated with the provision of the services for the student.

Ineligible expenditures include, but are not limited to:

- Services for special education students whose needs are mild to moderate are expected to be met with state and local and federal IDEA funds.
- Enhanced programs and services or enriched, subject-specific programming for students beyond what is reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances.
- Expenditures for constructing, operating, and maintaining facilities, or purchasing vehicles.

I certify that no special education funds have been expended and calculated into the shortfall for any of the above unallowable and ineligible expenditures.

Yes, proceed to HCP application

No, return to application selection menu

High Cost Program Application

FY2018 Extraordinary High Cost Program Application

District: Bon Homme 04-2
Contact: test a test a
Phone: 999-999-9999 Ext:
Email: testa@ecf.com
Title: test a

Total Federal Child Count in Current School Year: 70

Total Federal Child Count in Prior School Year: 74

District % of SE students in the the current school year 12.6%

State average % of SE students in the current school year 15.4%

Has the district accessed all means of finance available to the district this fiscal year?

Please complete the below fiscal data for the High Cost SE Program

1. Special Education Instructional Services (do not include residential costs) (round to whole dollars)

2. Related Services (i.e. OT, PT, Speech, Transportation, etc.)

3. Residential Costs (object 391)

4. Special Education Administration Costs (function 2710s)

5. Other Special Education Costs (function 2750s)

6. Special Education Cooperative Costs as per ARSD 24:05:33:07.03

7. **Total Costs** \$0 sum of 1-6

8. Minus Est. **Total Revenues** for Fiscal Year

9. Total Funds Requested* \$0

High Cost Program Application request must be greater than \$50,000

High Cost Program cont.

1. Please describe the specialized program created/in-place that is necessary to serve a group of low-incidence, high need students and/or what staffing was increased or created to meet the unique needs of a group of students or the district.

2. Describe the number of staff dedicated to this specific program as well as the overall school total. For the program or staff resulting in high cost separate out the number of students including grade and disability category being served.

3. Discuss how the district has or will review district data to compare to neighboring districts and state averages in order to determine if there are any areas of need or improvement that could be addressed to reduce future costs.

4. What steps has the district taken to analyze contracted services, staffing, and transportation needs, to best leverage fiscal resources? For example, do you share staff with area districts, what is your contract review process, contracted vs district hired staff, out of district placement etc.?

5. Over the past 5 years, have staffing changes been made as a result of increasing/decreasing child count numbers?

Cancel

Save

Funding Worksheet

- After choosing SUBMIT on the HIGH COST PROGRAM Application – the next step in the application process is to complete the FUNDING WORKSHEET.
- The total means of finance will include the funding calculated on the submitted ECF applications.
- From the calculations on this worksheet a final ECF request will be determined. The final ECF request will allow a district to maintain an amount equal to the beginning fund balance as long as it is less than 10% of the annual expenditures but will not allow the district to grow their fund balance or exceed the 10% fund balance limitation.

Funding Worksheet

Total Special Education Revenues:

Prior Fiscal Year's Special Education Fund Balance (may not be <\$0)
 Tax Revenues
 Total State Aid for Special Education
 IDEA Federal Funds
 Impact Aid Revenue
 Other Revenues - not included above
 (Mobile Home Taxes, Medicaid, Tuition, Interest, Services Provided other LEAs, etc.)
 Total ECF Funding Requested

	(1)	\$7,180
First Half (using maximum levy allowed)	(2.1)	\$153,215
Second Half (using maximum levy allowed)	(2.2)	\$158,896
	(3)	\$73,188
	(4)	\$0
	(5)	<input type="text" value="\$0"/>
	(6)	<input type="text" value="\$2,626"/>
	(7)	\$179,700
High Cost Student (7.1)	\$179,700	
High Cost Program (7.2)	\$0	
Supplemental Aid (7.3)	\$0	
	(8)	\$574,805

Total Fiscal Year Means of Finance

Total Special Education Expenditures:

Actual Special Education Expenditures through the month of March
Actual Special Education Expenditures for the month of April
Projected Expenditures & Payables for the Remainder of this Fiscal Year

TOTAL FISCAL YEAR SPECIAL EDUCATION EXPENDITURES

Calculated Fund Balance Including ECF Funding
 Allowance to Maintain Beg. FB **or** 10% of Current Year Expenditures, whichever is less
 Adjustment for ECF Funding Request
 Requested ECF Funding for this District

	(9)	<input type="text" value="\$350,000"/>
	(10)	<input type="text" value="\$100,000"/>
	(11)	<input type="text" value="\$158,008"/>
	(12)	\$608,008
	(13)	(\$33,203)
	(14)	\$7,180
	(15)	\$0
	(16)	\$179,700

Funding Worksheet cont.

- When the FUNDING WORKSHEET is complete...click SUBMIT and the program will proceed to the ECF UPLOAD screen.
- If submitting either HIGH COST PROGRAM or SUPPLEMENTAL AID applications the school district must upload both REVENUE and EXPENDITURE to date reports. Uploads may be either PDF or Excel.
- If submitting HIGH COST STUDENT application(s) in addition to the REVENUE/EXPENDITURE reports the student's IEP must also be uploaded (PDF only).

The screenshot shows the 'ECF Uploads' interface. On the left is a blue sidebar with navigation links: BIT, DE61 Extraordinary Cost Fund, Actions (Change Year, General Information, Applications, Funding Worksheet, ECF Upload, Final Submit), Support Tables, Reports, About, and Close. The main content area is titled 'ECF Uploads' and 'District: Test District 67-1'. It contains instructions: 'The following supporting documentation must be provided with this application.' followed by a bulleted list: 'Expenditure Report by Function (for the most current month available)', 'Revenue Summary Report (for the most current month available)', and 'Student IEP - only required for High Cost Student Application(s)'. Below this is a link 'Click on the link below to upload data.' and an 'Upload Files' button. At the bottom, a table header shows 'School Year' and 'File Name', with a red message below it: 'No files have been uploaded for this district'.

School Year	File Name
No files have been uploaded for this district	

ECF UPLOAD

- See below upload options....

The screenshot displays a web interface for uploading files. At the top, there is a header with the text "Upload Files". Below this is a table with two columns: "School Year" and "File Name". A red message states "No files have been uploaded for this district". Below the table, there is a form with the following fields:

- "School Year:" followed by a text input field containing "2014".
- "File Type:" followed by a dropdown menu with "Choose:" selected. The dropdown menu is open, showing options: "Choose:", "Expenditure", "Revenue", and "Student IEP".
- "Choose file" followed by a text input field and a "Browse..." button.
- "Upload File Name:" followed by a text input field.
- At the bottom right, there are two buttons: "Upload" and "Cancel".

ECF UPLOAD COMPLETE

- The uploaded files will be renamed and will appear as follows:
YearDistrictNumberEXP.xlsx or if uploading an IEP the format is **StudentStateID#IEPYearDistrictNumber** (123456789IEP201867001.pdf)

DISTRICT: ABERDEEN 00-1

The following supporting documentation must be provided with this application.

- Expenditure Report by Function (for the most current month available)
- Revenue Summary Report (for the most current month available)
- Student IEP - only required for High Cost Student Application(s)
- Program/Staff Daily Schedule - only required for High Cost Program Application

Click on the link below to upload data.

[Upload Files](#)

School Year	File Name	
2018	111111111IEP201806001.pdf	View File
2018	201806001EXP.xlsx	View File
2018	201806001Schedule.pdf	View File

Final Submit

- After completing each of the following:
 - General Information
 - Selected Application Type(s)
 - Funding Worksheet
 - ECF Upload
- Select FINAL SUBMIT from the menu on the left hand side of the screen...

Certification Form

- After clicking on the FINAL SUBMIT button a CERTIFICATION statement form should be opened, printed and signed by
 - School District Superintendent
 - School District Business Official
 - School District Special Education Director
- This signed form must be returned to the Department of Education before the ECF board meeting. No funding will be paid to the school district until we have this signed certification form.

Certification Form

DistrictCertification (1).pdf - Adobe Acrobat Pro

File Edit View Window Help

Create

1 / 1 94%

Tools Comment

Test District 67-1 **ECF Certification**

Total ECF Requested: **\$96,540**

I certify that the information provided in this application is complete and correct to the best of my knowledge. The district will repay any amount received that is in excess of the allowable ending fund balance as per SDCL 13-37-40.1.

_____	_____
District Superintendent	Date
_____	_____
District Business Official	Date
_____	_____
District Special Education Director	Date

Please return this signed certification to:

Department of Education
Attn: Office of State Aid & School Finance
800 Governors Drive
Pierre, SD 57501-2294

NEW in FY2018 – Risk Analysis

- All districts requesting ECF funds will be required to complete a “risk analysis” form and remit to DOE.

Extraordinary Cost Funds Risk Analysis

District Name:		School Year: <u>2017-2018</u>			
Risk Indicators		3 pts.		2 pts.	1 pt.
1) Amount of request	More than \$500,000 or 30% of overall budget	If yes, this will trigger an automatic on-site monitoring risk status. If the district was reviewed in the prior year another on-site monitoring will only occur if triggered by risk factors below.			
2) Business manager experience in any SD public school district	less than 3 years		3-5 years		5 or more years
3) Is the district billing Medicaid for services provided to students served in-district?	no				yes
4) Deficiencies noted from most recent on-site special ed review, child count, or state aid was adjusted	Review in last 2 years and deficiencies identified		Reviewed 2 to 5 years ago and deficiencies identified		Reviewed more than 5 years ago
5) Special education director experience in any SD public school district.	less than 3 years		3-5 years		5 or more years
6) # of ECF requests in prior 5 fiscal years	3 or more		2		1
Total Risk Score					
FOR DOE USE ONLY					TOTAL
Requested ECF Funds					
% of Spec. Ed. Budget					
Assigned Risk Status					

Reconsideration

- If your school district is not approved for ECF or the amount of funds requested is modified – the district may request a “reconsideration”. The district’s request for reconsideration must be submitted in writing within 10 days of receiving their notification. The secretary may request additional information and must respond to the request within 10 days.
- If a school district is approved thru the reconsideration process the funding will be paid to the district with June state aid.

How do I get started?

- Is the estimated ending fund balance for my district's special education fund 10% or less?
 - ❑ If **NO**, maybe not worth the effort? Additional funding may result in a penalty in 2019 SE funding for exceeding allowable fund balance or the amount of ECF final request could be significantly reduced.
 - ❑ If **YES**, your district may benefit from an ECF application and it is worth the effort to consider an application.

How do I get started?

- OK, it may be worth checking out...but which application is the best fit for my district?
 - ❑ High Cost Student Application...
 - ❑ Does the district have high cost students placed out of district?
 - ❑ Does the district have an specific student(s) for which the district is expending at least twice the funding allocation recognized for their primary disability?
 - ❑ If **NO**, maybe the High Cost Student Application isn't the best fit, check out either a High Cost Program or Supplemental Aid application.
 - ❑ If **YES**, review and gather the required information needed for each high cost student.

How do I get started?

- High Cost Student application wasn't a good fit...how much funding is needed to serve our special education students this fiscal year?
 - ❑ Is the funding needed > or < \$50,000?
 - ❑ If **LESS THAN \$50,000**, the Supplemental Aid application may be a good fit. Review the information needed for this type of application. This application is short, simple and easy to complete!
 - ❑ If **GREATER THAN \$50,000**, the High Cost program is the option for your district.

How do I get started?

- Other Helpful Hints to get Started...
 - ❑ Don't try and tackle the application alone! **A successful application needs the attention of both the school business official AND the special education director.**
 - ❑ If submitting an application for a High Cost Student, make sure all expenditures are supported by the student's IEP.
 - ❑ Allow sufficient time to complete the application. Review the required information, gather the data and choose the best application option for your district.
 - ❑ If you have questions...
 - ❑ Trouble with application or fiscal questions
 - ❑ Contact either Susan Woodmansey (773-4748) or Bobbi Leiferman (773-5407)
 - ❑ Program or IEP questions
 - ❑ Contact Linda Turner (773-3327)