

Once you have selected the Preschool 619 Application it will bring you to the Overview page.



Applicant: 002 Pierre
Application: 2015-2016 IDEA Part B Application - 00-
Cycle: Original Application

Project Period: 7/1/2015 - 6/30/2016

- Application Sections**
- IDEA Part B Application
 - Flowthrough-611
 - Flowthrough-Private-611
 - Preschool-619**
 - Preschool-Private-619

[Click to Return to GMS Access/Select Page](#)
[Click to Return to Menu List / Sign Out](#)

Overview	619 Proportionate Share Calculation	Budget Information	Page_Lock Control
----------	--	-----------------------	----------------------

Preschool Overview

Program: Preschool

Purpose: A "Part I, LEA Implementation Agreement for Special Education in South Dakota" is required to be submitted to the SDDOE Special Education Program (SEP), for the purpose of assuring compliance with requirements of the IDEA Part B, as amended, and other federal and South Dakota State laws and regulations, as applicable.

LOCAL user ID: DistrictAdmin Representative ()

For additional information please contact the South Dakota Department of Education

[Contact Us](#)

This is an informational page and there is nothing for you to do here.



Applicant: 002 Pierre
Application: 2015-2016 IDEA Part B Application - 00-
Cycle: Original Application

Project Period: 7/1/2015 - 6/30/2016

Application Sections

[Printer-Friendly](#)
[Click to Return to GMS Access/Select Page](#)
[Click to Return to Menu List / Sign Out](#)

Overview	619 Proportionate Share Calculation	Budget Information	Page_Lock Control
----------	--	-----------------------	----------------------

Proportionate Share Preschool - Children with Disabilities Enrolled by Parents in Private Schools

Note: This is a read-only page and is provided to explain how the allotment that displays on the Allocations page was determined.

Children with Disabilities aged 3 through 5 Enrolled by Their Parents in Private Schools 34 CFR § 300.133 ©

The LEA will use funds from this application to provide services for children with disabilities parentally placed in private schools, in accordance with 34 CFR § 300.133 ©.

<input type="text" value=""/>	In public schools
<input type="text" value=""/>	In private schools
<input type="text" value="0"/>	Total number of eligible children
<input type="text" value="19,407"/>	Current Year Federal Part B Preschool FundsLEA receives (Project Code 619)
<input type="text" value="0"/>	Allocation divided by Total Students = per student amount
<input type="text" value="0"/>	Proportionate Share multiplied by number of children with disabilities in private schools

LOCAL user ID: DistrictAdmin Representative ()

For additional information please contact the South Dakota Department of Education

[Contact Us](#)

These tabs are where you will begin to budget IDEA 619 Preschool.

Applicant: 002 Pierre
 Application: 2015-2016 IDEA Part B Application - 00-
 Cycle: Original Application

Project Period: 7/1/2015 - 6/30/2016

Application Sections: Preschool-619

[Printer-Friendly](#)
[Click to Return to GMS Access/Select Page](#)
[Click to Return to Menu List / Sign Out](#)

Overview | 619 Proportionate Share Calculation | Budget Information | Page Lock Control
 Budget Detail | Equipment | Budget Summary | Business Office Review

Budget Detail By Site

[Instructions](#)

temize and explain each expenditure amount that appears on the Budget Summary.

[Click here for Description of Program Category Values](#)

Note: This Budget Summary displays to aid in creating and editing the Request and will not display once the Request is submitted to the SEA.

Paid to Date Amounts	100-Salaries	200-Benefits	300-Purchased Services	330-Travel	400-Supplies and Materials	470-Equipment Non capitalized	500-Equipment Capitalized	Indirect Cost
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Budgeted Amounts by Budget Category	\$0	\$0	\$0	\$0	\$0	\$0	\$19,407	\$0

Notes: The District Level Budget page is identified by '000'

Select appropriate Activity Code.

Select Object Code.

Type in detail description and itemization, including number of FTE's, Supplies/ Equipment, PD, and Purchased Services.

Enter dollar amount excluding all character symbols.

Total Allocation Available for Budgeting: \$19,407

To obtain additional detail lines, fill in all blank lines, and click Save Page. 5 more blank lines will then be added at the bottom.

Activity Code	Object Code	Expenditure Description and Itemization	Preschool Funds	Delete Row
2162-Audiology Services	500-Equipment Capitalized	Sample Equipment	19407	<input type="checkbox"/>
			0	<input type="checkbox"/>
			0	<input type="checkbox"/>
			0	<input type="checkbox"/>
			0	<input type="checkbox"/>

Total Displayed: \$19,407

The maximum amount of Indirect Costs that may be taken, if no Equipment Capitalized is budgeted will be \$272.

Determining Maximum Indirect Cost allowed

(A) Total Allocation Available for Budgeting	\$19,407	(F) Total budgeted	\$19,407
(B) Equipment Capitalized	\$19,407	(G) Budgeted Indirect Cost	0
(C) Allowable Direct Costs (A-B)	\$0	(H) Total Budget (F+G)	\$19,407
(D) Indirect Cost Rate %	1.4200	Remaining (A-H)	\$0
(E) Maximum Indirect Cost (C*(D/(1+D)))	\$0		

Enter budgeted indirect cost amount here.

Calculate totals will calculate what you have budgeted.



Itemize Equipment on this tab.

Applicant: 002 Pierre
Application: 2015-2016 IDEA Part B Application - 00-
Cycle: Original Application

Project Period: 7/1/2015 - 6/30/2016

Application Sections:

Printer-Friendly
Click to Return to GMS Access/Select Page
Click to Return to Menu List / Sign Out

Overview	619 Proportionate Share Calculation	Budget Information	Page_Lock Control
Budget Detail	Equipment	Budget Summary	Business Office Review

Equipment

Total Cost of Equipment must be equal to the total amount of Object 470 and Object 500 on the Budget Page: \$ 19,407

Enter the Description of the Item, the quantity, justification for the purpose and the cost of the item for all proposed purchases that are classified as equipment. Equipment is defined as nonconsumable and has a life expectancy of more than ONE year.

Detailed Description of Item (include vendor)	Quantity	Justification	Unit Cost	Total Cost
Sample Equipment	3	IEP	6,469	19,407

Total Cost of All Items: 19,407

If you budget for equipment you will need to give a detailed description, quantity, justification and the unit cost.

Calculate totals will calculate the Equipment cost you have budgeted.

Calculate Totals Add Additional Entries

If you need to add additional Equipment items, please click here.

Save Page

This is the budget summary page. It shows you a list of the items budgeted.



Applicant: 002 Pierre
Application: 2015-2016 IDEA Part B Application - 00-
Cycle: Original Application

Project Period: 7/1/2015 - 6/30/2016

Application Sections Preschool-619 ▼

[Printer-Friendly](#)
[Click to Return to GMS Access/Select Page](#)
[Click to Return to Menu List / Sign Out](#)

Overview	619 Proportionate Share Calculation	Budget Information	Page_Lock Control
Budget Detail	Equipment	Budget Summary	Business Office Review

Budget Summary (Read Only)

Site: All Budgets Combined Go

Remove blank rows from display: Yes No

Code	Activity Description	100 - Salaries	200 - Benefits	300 - Purchased Services	330 - Travel	400 - Supplies and Materials	470 - Equipment - Non capitalized	500 - Equipment - Capitalized	TOTAL
2162	Audiology Services							19,407	19,407
Subtotal								19,407	19,407
Total Budget									19,407

LOCAL user ID: DistrictAdmin Representative ()

For additional information please contact the South Dakota Department of Education
[Contact Us](#)

This tab is for the Business Official. Once the BO has reviewed the application and budget they will want to check off here. If they mark yes to both questions their name will appear in the name column along with the date.

Click the drop down to continue with the application.

Applicant: 002 Pierre
Application: 2015-2016 IDEA Part B Application - 00-
Cycle: Original Application
Project Period: 7/1/2015 - 6/30/2016
Application Sections: **Preschool-619** 

Printer-Friendly
Click to Return to GMS Access/Select Page
Click to Return to Menu List / Sign Out

Overview	Program Information	Budget Information	Page Lock Control
Budget Detail	Equipment	Budget Summary	Business Office Review

Business Office Review

[Instructions](#)

- Yes No I have entered, or reviewed, the district's budget information and it accurately reflects planned expenditures.
- Yes No I have entered, or reviewed, the district's Maintenance of Effort information and it accurately reflects planned expenditures.

Name:
Reviewed/Updated on:

Save



Applicant: 002 Pierre
Application: 2015-2016 IDEA Part B Application - 00-
Cycle: Original Application
Project Period: 7/1/2015 - 6/30/2016
Application Sections: **Preschool-619** 

Printer-Friendly
Click to Return to GMS Access/Select Page
Click to Return to Menu List / Sign Out

Overview	Program Information	Budget Information	Page Lock Control
Budget Detail	Equipment	Budget Summary	Business Office Review

Business Office Review [Instructions](#)

- Yes No I have entered, or reviewed, the district's budget information and it accurately reflects planned expenditures.
Describe the item(s) within the budget that need to be updated. (0 of 2000 maximum characters used)
- Yes No I have entered, or reviewed, the district's Maintenance of Effort information and it accurately reflects planned expenditures.
Describe the MOE item(s) that need to be updated. (0 of 2000 maximum characters used)

Name:
Reviewed/Updated on:

Save

If the Business Manager marks no, they will want to type what needs to be changed and send it back to whomever is filling out the budget. There will be no signature and you will not be able to submit the application if no is marked.