# Mississippi Department of Education

Office of Special Education



**DISCRETIONARY FUNDS**

**APPLICATION**

**SCHOOL YEAR 2015-2016**

# MISSISSIPPI DEPARTMENT OF EDUCATION

# OFFICE OF SPECIAL EDUCATION

#  DISCRETIONARY APPLICATION

# OVERVIEW

On August 17, 2001, the Mississippi Board of Education approved criteria to be considered in providing IDEA discretionary funds to school districts. This special funding is provided to assist districts **with extraordinary circumstances** where IDEA Part B and/or Preschool funds are not sufficient to provide a free appropriate public education.

# FUNDING CRITERIA

Request for funds will be given the following priority:

1. Funds that provide direct services and/or equipment for an individual student. Consideration will be given to students with more critical needs, as funds allow.
2. Funds that provide direct services and/or equipment for groups of students, as funds allow.
3. Consideration will be given to districts with demonstrated financial need, as funds allow.

**PURPOSE**

These funds are to assist local educational agencies in covering the direct special education instructional costs of children with disabilities who meet the established criteria.

**DEFINITIONS**

1. ***Extraordinary circumstances*** mean those individual cases where special education and related services required by the Individualized Education Program (IEP) of a particular student with disabilities are unduly expensive and/or beyond the routine and normal costs associated with special education and related services provided by the local education agency.
2. ***Routine and normal cost*** mean unexpected student cost that is more than five (5) times

the district’s per-pupil expenditure for Individuals with Disabilities Education Act (IDEA) flow-through funds.

1. ***Direct services*** mean individual attention and services that are significantly more complex and frequent and require significantly more resources to provide the services.
2. ***Critical needs*** refer to a medical need or services that provide for the student’s health, safety and education by qualified staff for the entire school day both in and out of the classroom setting.
3. ***Financial need*** refers to the demonstrated impact on the special education program of the local agency and on the student with disabilities if such services were funded solely by the local education agency.

**ADDITIONAL CRITERIA**

1. Grants are funded for the annual time frame established (one school year).
2. Carryover of funds is not permitted. All funds must be expensed within the funded school year.
3. Funds not expensed must be relinquished to MDE by July 15.
4. The costs eligible for reimbursement shall not include:
	1. Out-of-state travel, conferences or workshops;
	2. Professional development;
	3. Facilities rental;
	4. Food and/or beverage;
	5. Legal fees;
	6. Court costs; or
	7. Non-extraordinary nursing costs.
5. The costs eligible for reimbursement may include:
	1. Professional services specific to each student identified;
	2. Salaries and employee benefits;
	3. Comprehensive evaluations;
	4. Equipment based on a specified need; and
	5. Other with adequate justification of need.
6. The district may make applications not to exceed .001 of its December 1 child count except for those districts with less than 1,000 students, which may submit 2. (For example, December 1 child count is 4,000 and .001 of 4000 is 4). District may submit a maximum of four (4) applications but submission does not imply that all four will be funded.

**REPORTING REQUIREMENTS**

1. Funds received from this grant must be accounted for separately using a separate object code.
2. LEAs will submit a separate expenditure report on September 30 with back-up documentation from the business manager.
3. LEAs will submit an equipment list for equipment purchases.

**INDIVIDUALIZED EDUCATION PROGRAM DOCUMENTATION REQUIREMENTS**

Must describe:

1. the need for extra staffing services to include the amount and frequency;
2. how the specialized equipment will be utilized;
3. any specialized training needed to implement the IEP;
4. the timelines established to monitor progress; and
5. the specific supports for specialized transportation.

**POINTS TO REMEMBER**

1. Funds are not for students who can function independently, with limited or no supervision for a substantial period of time, inside or outside the classroom setting.
2. Funds are not to be used for new services for students due to discipline, illegal drug use or criminal activity.
3. Individual care or services must be provided for the entire school day by qualified staff trained to meet the needs of the student(s).
4. LEAs should not make IEP decisions for the provision of supports and services based on the availability of discretionary funds.
5. IDEA Part B and Preschool Project Application must be submitted and approved prior to requesting discretionary funds.

**APPLICATION PROCESS**

1. The application for funding must be completed and returned to the Office of Special

 Education **by March 4, 2016.**

1. The application is to be mailed to the Mississippi Department of Education, Office of Special Education, P. O. Box 771, Jackson, MS 39205.
2. A signed Statement of Assurances must be submitted with the application.
3. Submit a completed separate data worksheet for student requiring extraordinary assistance.
4. The Mississippi Department of Education will:
5. consider all requests based on the above criteria;
6. reserve a portion of Discretionary Funds for distribution throughout the year in a manner consistent with the above criteria; and
7. give consideration to districts that provide matching funds.

**STATEMENT OF ASSURANCES**

**SCHOOL YEAR 2015-2016**

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby CERTIFY that to the best of my knowledge the information contained in the attached Discretionary Funds application is correct and complete. As the district superintendent, I am duly authorized to file this application. I further CERTIFY that the Budget Plan and Budget Narrative represent the commitment of this school district/agency to utilize all of the Discretionary Funds according to IDEA requirements and my signature below CERTIFIES compliance with the assurance statements as outlined below.

1. The Local Education Agency (LEA) is not currently able to fund the identified needs through other resources such as the IDEA Part B allocation or local and State funds.
2. The Discretionary funds will be set up in a Federal IDEA sub-fund. The grant budget shall not deviate from the approved budget. All expenditures shall be properly coded to the appropriate Federal sub-fund.
3. Expenditures for approved line items shall not deviate from the grant budget by greater than 10%.
4. Encumbrances/expenditures shall not be made for any line item, personnel, or equipment which has not been approved in the grant budget.
5. Grant activities shall be carried out as specified in the approved proposal.
6. Expenses will be reported to MDE in an end-of-year expenditure report which will be submitted no later than September 30, 2016.
7. Any funds not expensed by the end of the school year will be relinquished to MDE by July 15, 2016.
8. The LEA understands that grants are funded for one school year only, July 1, 2015 to June 30, 2016, and must reapply annually if continued funding is needed.
9. Discretionary grant funds will be used only for the benefit of students with identified disabilities who are eligible for special education services and meets the grant funding criteria.

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Superintendent’s Signature *(Blue ink, best practice)* Date

# MISSISSIPPI DEPARTMENT OF EDUCATION

# OFFICE OF SPECIAL EDUCATION

# 2015-2016 DISCRETIONARY APPLICATION

School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a narrative describing the district’s need for discretionary funding. Discuss the extraordinary needs of the child(ren), the costs, direct services needed, critical needs, and financial need.

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DATA WORKSHEET

Directions: Complete for each student for which funds are being requested and submit with the application.

Student MSIS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date IEP developed: \_\_\_\_\_\_\_\_\_\_\_\_

Provide a narrative that addresses the extraordinary circumstances of the student to include the need for extra staffing including amount and frequency, any specialized requirements for equipment, transportation, or training, and how progress will be monitored.

## DISTRICT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISTRICT CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2015-2016 Discretionary Grant BUDGET PLAN

(Total District allocation **÷** Child Count used to generate allocation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ÷ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| ***Name of Student(s)*** | ***COST*** | ***DISTRICT MATCH****(if any)* |
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| TOTAL  |  |  |

TOTAL AMOUNT REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_