



## APPLICATION FOR OUT-OF-DISTRICT (OOD) HIGH-COST STUDENT REIMBURSEMENT 2021-2022 AUDITED EXPENDITURES, COLLECTED FY 2023

<b>Due Date:</b>	<b>Complete</b> applications, <u>which includes all supporting documents</u> must be uploaded with a Fiscal tag and High-Cost tag type in the AnLar DMS system <b><u>by 5:00 p.m. on Wednesday, March 1, 2023.</u></b> <b><u>Incomplete applications may not be eligible for funding.</u></b>
<b>Threshold Amount:</b>	Each Out of District High-Cost application must equal or exceed <b>\$40,000</b> .
<b><u>Required Processes:</u></b>	<p>Notification of Submission to the DMS <u>must</u> be sent via separate email to Vicki Graham at <a href="mailto:graham_v@cde.date.co.us">graham_v@cde.date.co.us</a> at the time of submission. Please note the submission is not complete and <b><u>may not be eligible for funding</u></b> if a notification email is not sent.</p> <p>All applications and supporting documents must be submitted with a tag and tag type of Fiscal and High-Cost in the documents section of the AnLar DMS in one zipped file for OOD, and one zipped file for IAU. <i><u>(Please see submission instructions and screenshot examples for zipping files and uploading to the DMS starting on page 23).</u></i> Uploading non-zipped single documents may result in a request to resubmit.</p>
<b>Redacting:</b>	Applications and supporting documentation <b><u>will not need to be redacted</u></b> . The use of the DMS and a Data Privacy and Confidentiality Agreement enables the secure collection of data that is not redacted.
<b>Applications must contain:</b>	<p><b><i>All submissions will be made electronically in the DMS and must include all downloadable files and digital documentation of your application, as listed in the following bullets:</i></b></p> <ul style="list-style-type: none"><li>• Certification of Information (signed Summary Contact Page of each application workbook) – Print, sign, scan and include in the zipped file uploaded to the DMS</li><li>• Application Workbook – <b>In Excel Format</b> – Do Not PDF (Out of District student form(s)) The application includes:<ul style="list-style-type: none"><li>• Staff Worksheet – <b>In Excel Format</b> – Do Not PDF</li><li>• Transportation Worksheet – <b>In Excel Format</b> – Do Not PDF</li></ul></li><li>• <b><u>All</u></b> contracts and invoices to support the costs reported in the application, including contracted staff, contracted transportation, tuition costs, etc.</li><li>• Sections of the IEPs that were in effect for the collection period to support claims submitted in the application. Please note: Portions of <u>all IEPs in effect from 7/1/21 - 6/30/22</u> will be needed to support costs for the entire fiscal year.</li></ul>
<b>To be completed by:</b>	Business Manager, Administrative Unit Special Education Director, and members of his/her staff, as appropriate.
<b>Purpose:</b>	To apply for reimbursement for High-Cost students under the Exceptional Children's Educational Act.

## GENERAL INFORMATION

The high-cost application is an Excel workbook, with many formulas and links embedded. It is locked to protect those formulas so that the features used to extract the data from the workbook will function correctly. Please do not attempt to unlock the workbook or change any formulas as this can cause the macro used to extract the data to malfunction, which may make the application not eligible for funding. Please do not submit the application workbook with your own password as we will not be able to extract the data and process it. Do not submit the workbook as a PDF, it must be submitted as an Excel macro enabled document.

**Submitting an application does not guarantee funding, even if funding was received in a prior year.**

**Note:** The following is a partial list of items that are **not reimbursable under the High Cost Program**.

- Purchase of vehicles
- Capital Expenditures – such as buildings
- Due Process
- Overhead costs – including but not limited to facility school other educational costs, building maintenance, utilities etc.
- Administrative costs-including but not limited to Special Education Directors' salary/benefits, BOCES, district or school administrators etc.
- Staff development and in-service for teachers

**Include only** costs incurred while placed OUTSIDE the AU, District, or BOCES. Students receiving services both Out of District and In Administrative Unit within the same school year should be reported on two separate applications (OOD and IAU). Do not combine totals. The student must meet the thresholds (\$40K OOD and \$25K IAU) for each application.

- **Costs must be identifiable down to the student level**, meaning supporting documentation such as **invoices or contracts, must indicate the costs related to the specific student** by name, SASID or other identifier and be supported by the IEP. Use 2021-2022 Audited Expenditures for the district's costs pertaining to this student.
- **Student's IEPs and any other supporting documentation** must cover the entire **2021-2022** fiscal year (7/1/21-6/30/22). Upload one OOD zipped file for all student applications to the DMS. The zipped file should contain each High-Cost Application Workbook and all applicable documentation that support the costs associated with each student (see submission instructions and examples for zipping files and uploading to the DMS starting on page 23). At a minimum, the following required sections of all relevant IEPs must be submitted, or the entire IEP may be submitted.

**Required Sections of IEPs from ALL IEPs for the Entire Year:**

- IEP cover page
  - Consideration of Special Factors
  - Accommodations and Modifications
  - Extended School Year Determination
  - Service Delivery Statement
  - Special Education and Related Services in the Least Restrictive Environment (Grid)
  - Recommended Placement in the Least Restrictive Environment
  - Equipment/Supplies (Provide purchase orders if claiming for reimbursement)
- **IMPORTANT\*** Please provide the last 4 digits of the student SASID in the upper right-hand corner of the supporting documents.
  - Please title the documents you upload to the DMS using the Administrative Unit/BOCES name in the title of the Excel file - Do Not PDF
    - **Examples:**  
21040\_EI\_Paso\_8\_Fountain\_OOD\_1-of-2.xlsx



03030\_Arapahoe\_5\_Cherry\_Creek\_OOD.xlsx

- Print the Summary Contact Page(s), obtain appropriate signatures, then scan and include in the zipped file to be uploaded to the DMS. Maintain a record of the original document for auditing purposes.
- **Faxed, Emailed or Mailed (USPS, FEDEX, etc.) applications** do not protect Personally Identifiable Information (PII) and **will not be accepted.**

## OUT OF DISTRICT - VOLUNTARY COST ESTIMATES WORKSHEET

This worksheet allows you to enter estimated costs for each student, rather than the actual costs required in the Student application tabs, and will first indicate if the student meets the threshold for the OOD student application. The form will then indicate an estimated potential, from low to high, for the application to meet the criteria of highest impact for funding.

Data entered in this form will not populate to and is not populated by any other part of the application.

\*\*\* Important Notes on the Voluntary Cost Estimates Worksheet:

- **Use of the worksheet is not required.**
- **Estimated funding potential identified in this worksheet, is not a guarantee of funding.**
- **Completion and submittal of this worksheet will not qualify an AU/district for funding.**
- Use of this form alone does not constitute a complete application.
- This form can be used to inform your decision on completing individual applications.
- Only applications completed in the Student 1 through Student 20 tabs will be evaluated for funding by the SEFAC.

### Data Elements, Definitions and Instructions

- A** Administrative Unit Name - The Administrative Unit responsible for the high cost students. Select from DROP DOWN BOX.
- B** District Name – The name of the school district responsible for the high-cost student. Select from DROP DOWN BOX. This box must be completed for the potential funding section to auto calculate.
- J** Last 4 of Student SASID or SASID – Enter the last 4 of the student SASID.

**Estimated Transportation Costs** – Enter the total estimated amount of transportation costs.

**Estimated Staff Costs** – Enter the total estimated amount of instructional and support staff costs (salaries and benefits).

**Estimated Travel Costs for Staff** – Enter the total estimated amount of instructional and support staff travel costs.

**Estimated Supply Costs** – Enter the total estimated amount of instructional and support supply costs.

**Estimated Equipment Costs** – Enter the total estimated amount for instructional and support equipment costs.

**Estimated Tuition Costs (Private School, Approved Facility or Other AU)** – Enter the total estimated amount for tuition costs paid to a private school, approved facility school, or to another BOCES. Do not enter any costs for Other Educational Costs charged by facility schools, as these costs are not reimbursable, and do not contribute to threshold levels.

**Estimated ESY Costs** – Enter the total estimated amount for ESY costs. Do not enter any costs for Other Educational Costs charged by facility schools, as these costs are not reimbursable, and do not contribute to threshold levels.

**Estimated Total Special Ed Costs for this Student** – Auto Fill. This field will indicate “Ineligible” until the total costs entered meet or exceed the threshold amount, and then will auto fill the total of each cell in the row for the student.

**Potential for Funding Based on Estimated Funding Parameters** – Auto Fill. This section will auto fill “Low”, “Medium” or “High”. The potential funding analysis is based on prior collection years of data and your estimated costs for each student. Actual data from the current collection year will vary from prior year(s) therefore the potential for funding identified in this worksheet is in **no way intended to be an assurance that the costs will be funded.**

Only completed Student Applications (Student 1 tab - Student 20 tab) that meet the threshold amount submitted by the due date with a fully signed Summary Contact Page and back up documentation can be considered for funding.

## STUDENT SUMMARY AND CONTACT PAGE INSTRUCTIONS

The Student Summary and Contact Page is linked to all 20 student pages. Information provided on this page auto fills each student page, and information in each student page completes the Summary table on this page.

### Data Elements and Definitions

**A**     Administrative Unit Name - The Administrative Unit responsible for the high but I think we've spoken for a while now that-cost students. Select from DROP DOWN BOX.

**B**     Not used on this page.

**C**     Primary Contact – The person listed as the Special Ed Director, Business Manager or Other who is the primary contact should there be any questions regarding the application. Select from DROP DOWN BOX.

SPED Name -     Enter the Name of Special Ed Director  
SPED Phone -     Enter the Phone for Special Ed Director (10 digits)  
SPED Email -     Enter the Email address for Special Ed Director

BM Name -     Enter the Name of Business Manager  
BM Phone -     Enter the Phone for Business Manager (10 digits)  
BM Email -     Enter the Email address for Business Manager

Other Name -     Enter the Name of Other Contact  
Other Phone -     Enter the Phone for Other Contact (10 digits)  
Other Email -     Enter the Email address for Other Contact  
Other Title -     Enter the Title of the Other Contact (ex. Grant Accountant)

The Student Summary and Contact Page will populate the table below the contacts section with information entered on each student page of the workbook. The page is not complete until information is entered for all students (up to 20 students per workbook). More than one application workbook may be required to submit all students. The completed Student Summary and Contact Page(s) for each workbook submitted must be printed and signed by the Special Ed Director and the Business Manager.

Scan the completed and signed Student Summary and Contact Page(s) and include in the zipped file to be uploaded into the DMS.

## STUDENT PAGES INSTRUCTIONS (Student 1 – Student 20)

Each Student tab contains 5 sections or pages. Data entered on these pages populates the summary table on the Student Summary and Contact Page.

**Do not delete the Student 1 tab.** The Student 2 – Student 20 tabs are linked to information in the Student 1 tab and deleting Student 1 will make all other student tabs inoperable. If there is an error, simply change all entries to zero.

## OUT OF DISTRICT STUDENT WORKSHEET

### Data Elements and Definitions

- A**     Administrative Unit Name - The Administrative Unit responsible for the high-cost student. Auto fills.
- B**     District Name – The name of the school district responsible for the high-cost student. In many cases this will be the same as the administrative unit; however, for consortiums and BOCES, this will be the district member of the AU who is responsible for the high-cost student. Select from the DROP-DOWN BOX.
- C**     Primary (PC) Contact – The title of the individual designated to respond to questions about the application. Auto fills.
- D**     Tuition to Other Administrative Unit – Use the drop-down box to select the name of the Administrative Unit where the student receives services. Leave blank if not applicable. See description on page 18.
- E**     Tuition to Private School or Agency – Enter the name of the Private Facility or Agency providing services. See descriptions on page 18. Leave blank if not applicable.
- F**     Approved Facility School Name – Use the drop-down box to select the legal name of the out of district approved facility school. See information on page 18. Leave blank if not applicable. Select from the DROP-DOWN BOX.
- G**     Primary Disability – The student’s primary disability as indicated on the IEP. Select from the DROP-DOWN BOX.
- H**     Date of Birth: Month – Select from the DROP-DOWN BOX.
- I**     Date of Birth Year (YYYY) – Enter the 4-digit year in which the student was born.
- J**     Last 4 of Student SASID or SASID – Enter the last four digits of the student SASID issued by CDE.
- M-1**   Narrative 1 – Intensity of Costs and Financial Impact - Provide an explanation of how the intensity of costs for the high-cost student differs from the costs of other special education students. The narrative is essential to help the reviewers see the whole picture of the student’s needs and should not be left blank. Use the narrative to tell the student’s story and to explain any expenditures listed later in the application that may require clarification. **Supplies/equipment that were purchased for the specific student will be considered. However, if supplies/equipment were not specified in the IEP, please use the Narrative 1: Intensity of Costs and Financial Impact text box to provide additional support documentation. Include in this Narrative a highly detailed explanation of the district’s circumstances, the supplies/equipment and how their cost is specific to only this student. This is extremely important for low-cost supplies, the case must be made for how the supplies are specific to the student, support the student’s special ed program and are above and beyond the regular education requirements. The costs may be excluded from the application if sufficient detail is not provided to explain/support the costs.**

- **Example Statement:**  
This student has multiple disabilities with extreme physical aggression, which poses a significant safety risk requiring an out-of-district placement as stated in the IEP. The school district contracted with ABC Facility and made placement on September 1, 2021. The student requires a 1:1 paraprofessional at ABC Facility. Our average cost for special education students is \$7,446.00 including state, local and federal dollars. This student's costs were \$42,736, which makes this student 5.74 times more expensive than the average special education student.

## TRANSPORTATION WORKSHEET

### Data Elements, Definitions and Instructions

- A** Administrative Unit Name – Auto fills.
- J** Last 4 of Student SASID or SASID – Auto fills.
- M-2** Narrative 2: Transportation - Briefly describe the specialized transportation services provided for this student including any unique circumstances such as different AM/PM routes. Transportation claims for High-Cost applications must be addressed in the IEP.
- Example Statements:**

This student requires daily transportation in excess of 85 miles per day in a vehicle equipped with a wheelchair lift and safety restraints. The nature of the student’s disability requires a bus aide as specified on the IEP in the accommodations section. The district provides these transportation services in the morning, but the parent is able to transport the child at the end of the day and is reimbursed for mileage costs, therefore we have both district and contract costs. These costs significantly exceed the normal student cost.

**OR**

This student requires daily transportation in excess of 85 miles per day in a vehicle equipped with a wheelchair lift and safety restraints. The nature of the student’s disability requires a bus aide as specified on the IEP in the accommodations section. The distance traveled each day limits the capacity of the driver and aide to perform any other duties during the school day. Therefore, these costs significantly exceed the normal student cost. The student was transported on this route with 1 other student for the first 10 weeks of the school year, for the remaining 26 weeks the student was transported without any other student passengers, so two lines have been completed for district transportation to reflect the difference in passengers.

### Contracted Transportation Costs

For each student reported with Specialized Transportation provided by a contracted supplier as specified in their IEP(s), fill in the following and attach contract(s) and invoices in the submission of the application(s):

- N-1** Name of the Contractor, or Agency, OR if the Parent Provides Transportation, enter the word “Parent” - Four lines are provided for cases where more than one contractor was needed to provide specialized transportation to the student or for circumstances where the number of students transported changed during the school year. Use the transportation narrative to explain the circumstances requiring multiple vendors. Be sure to enter the data in the grid under the same number the contractor’s name was entered. 1 to 1, 2 to 2, etc.
- N-1a** Contractor/Parent Provided ESY Transportation? Select Yes or No from the DROP-DOWN BOX. ESY must be addressed in the student’s IEP.
- N-1b** AM/PM Contracted Transportation are Different? Select Yes or No from the DROP-DOWN BOX. Use the transportation narrative to provide an explanation.
- Example:**

The parent does the AM transportation and a contractor does the PM.



- O** Number of Days this Student Transported – Enter the number of days the student was transported for each line. If the total days billed for all transportation exceed the number of days in the district calendar or IEP include a written explanation in the transportation narrative.
- P** Number of Students Transported in Vehicle (include this student) - Enter the total number of students transported in the vehicle, including this student.
- Q** Cost for Driver Salary/Benefits - Enter this information, if provided by the contractor, otherwise leave blank.
- R** Number of Students Assigned to Bus Aide (include this student) - Enter the number of students the bus aide serves, including this student. Count only students, including this student, who have IEPs that indicate the need for a bus aide and are served by the same bus aide. If this student does not require a bus aide, leave blank.  
\*\*Please note if you have entered something into this column, you must enter an amount in S.
- Example:**  
A bus transporting 10 students with a single aide who is assigned to this student and two additional students, where all 3 have IEPs indicating the need for a bus aide, would be entered as 3.
- S** Costs for Bus Aide Services - Enter only if contractor provides the bus aide services as a part of the contract. If the Administrative Unit provides the paraprofessional, then enter the information under Transportation Provided by District in columns Y and Z-1. \*\*Please note if you have entered something into this column, you must enter number of students in R.
- T** Rate Contractor Charges Per Mile Per Student - This rate should be by student. If the contractor does not break out billings with this detail, then the Administrative Unit will need to calculate the cost and enter in this section.
- Examples**  
Contract specifies 50 miles per day to transport this student to school. The contractor is also providing transportation for 4 additional students in the district. The rate per mile is \$20 for all 5 students. Divide the rate per mile by 5 students to get \$4 per student.
- OR**  
The parent transports the student and 2 additional sibling students to ESY for 20 days and has contracted with the district to charge \$1.50/mile. The rate per mile is \$1.50 divided by 3 students for a rate of \$0.50 per mile per student. Use the transportation narrative to explain the arrangement.
- U** Total Daily Miles for this Student - Enter the number of miles per day the contractor charges for this student only. In the example provided, under “T”, each student is transported 50 miles each day. Enter 50 miles for this student.

Total Payments Per Contractor for this Student - The worksheet will calculate this cost as follows for each contractor line:  $(Q/P) + (S/R) + ((T*U)*O) = \text{Total Payments to Contractor}$ .



### Contracted Transportation Costs

*Skip to [N-2] if Only District Vehicles were used to provide the Transportation Services*

**[N-1]** - Enter the Name(s) of the Contractor or Agency, OR if the Parent Provides Transportation enter the word "Parent"

**[N-1a]** and **[N-1b]** - Use the drop down menu to answer Yes/No to each question.

**[N-1]:**

1	ACME Bus Services		
2	Parent	<b>[N-1a]</b> Contractor/Parent Provided ESY Transportation?	Yes
3			
4		<b>[N-1b]</b> AM/PM Contracted Transportation are Different?	No

**DO NOT ENTER "0" IN ANY FIELDS, Leave the field blank if it does not apply.**

	CONTRACTED TRANSPORTATION [O] - Number of Days this Student Transported	[P] - Number of Students Transported in Vehicle (include this student)	[Q] - Cost for Driver- Salary & Benefits	[R] - Number of Students Assigned to Bus Aide (include this student)	[S] - Costs for Bus Aide Services	[T] - Rate Contractor Charges Per Mile Per Student	[U] - Total Daily Miles for this Student	Total Payments per Contractor for this Student  Auto Fill
1	150	5		3	\$30,000.00	\$4.00	50.0	\$40,000.00
2	20	3				\$0.50	35	\$350.00
3								
4								
<b>Total Payment to All Contractors and/or Parents for Transportation of this student:</b>								<b>\$40,350.00</b>

- Example:**

The line 1 contractor bills at a rate per mile per student and charges the Administrative Unit for a bus aide.

\$ 0.00 (**Q/P**) (Cost for Driver \$0.00 / 5 students)  
 \$10,000.00 (**S/R**) (Cost Bus Aide \$30,000 / 3 students)  
 \$30,000.00 (**(T\*U)\*O**) Rate per mi. \$4 \* Mileage 50 \* Days 150  
 \$40,000.00 Total Payments to Contractor

**AND**

The line 2 "Parent" contractor bills at a rate per mile per student and does not need an aide (this could be for ESY).

\$ 0.00 (**Q/P**) (Cost for Driver \$0.00 / 3 students)  
 \$ 0.00 (**S/R**) (Cost Bus Aide \$0 / 0 students)  
 \$ 350.00 (**(T\*U)\*O**) Rate per mi. \$0.50 \* Mileage 35 \* Days 20  
 \$ 350.00 Total Payments to Contractor

Total Payment to All Contractors and/or Parents for Transportation of this Student – The worksheet will calculate this cost by adding all the Total Payments Per Contractor for this Student boxes.

## District Transportation Costs

For each student reported with Specialized Transportation provided by the School District as specified in their IEP(s), include the following:

**N-2** Vehicle Description: Four lines are provided for cases where more than one district vehicle or route was needed to provide specialized transportation to the student per their IEP. More than one line must be used if the number of students transported with this student, or the miles transported (i.e., the student moved) changed over the course of the year. Use the transportation narrative to explain the circumstances requiring multiple lines. Be sure to enter the data in the grid under the same letter the vehicle/route was entered. A to A, B to B, etc.

- **Example:**  
2009 Dodge Van with wheelchair lift, 4 passenger capacity.

**N-2a** District Provided ESY Transportation? Answer Yes or No from the drop-down menu. If answering “Yes”, then ESY must be addressed in the student’s IEP(s).

**N-2b** AM/PM Transportation are Different? Answer Yes or No from the drop-down menu. Use the transportation narrative to provide an explanation.

- **Example:**  
To best serve the student’s specialized transportation needs this student rides a different route in the AM then they do in the PM.

**V** Number of Days this Student Transported – Enter the number of days the student was transported for each line. Provide an explanation in the narrative box if the number of days transported exceed the maximum number of days in a school year, or the number of days in the IEP(s).

**W** Number of Students Transported in Vehicle (include this student) – Enter the total number of students transported in the vehicle, including this student.

**X** Cost for Driver’s Salary/Benefits – Calculate and enter the annual cost for the driver’s salary and benefits to operate this vehicle to provide this student’s specialized transportation. The district’s transportation department may be helpful in making this calculation. If the vehicle is used for functions other than transporting this student then attach documentation pro rating Driver/Salary Benefits, as follows:

- **Example:**  
The annual Salary/Benefits to operate this vehicle annually are \$36,000. This student’s route is 2/3 of the driver’s total route each day, and the student attended the entire school year, without changes to the bus route. The allowable amount of Salary/Benefits for the route for this student is \$24,000. ( $\$36,000 \times .666667 = \$24,000$ ) The amount to enter into column X of the transportation worksheet is \$24,000.

Driver Salary/Benefits calculations above \$70,000 will require a description of how the rate was calculated. The SEFAC has seen in recent years amounts ranging from \$100,000 to \$250,000 for bus driver annual salary plus benefits. Amounts in this range must be explained and documented as actual costs that pertain to only this student. The description can contain salary schedules, benefit rate tables or any documentation that describes how that rate was determined. The Transportation Narrative should be used along with any documents pertaining to the calculation which should be uploaded in the total documentation zip file.



### District Transportation Costs

**[N-2]** - Enter the vehicle description for each vehicle used to provide this student transportation

**[N-2a]** and **[N-2b]** - Use the drop down menu to answer Yes/No to each question.

<b>[N-2]:</b>			
A	2009 Dodge Van with wheelchair lift, 4passenger		
B	Bluebird 15 passenger bus	<b>[N-2a]</b> District Provided ESY Transportation?	Yes
C			
D		<b>[N-2b]</b> AM/PM Transportation are Different?	No

**DO NOT ENTER "0" IN ANY FIELDS, Leave the field blank if it does not apply.**

	DISTRICT TRANSPORTATION  [V] - Number of Days this Student Transported	[W] - Number of Students Transported in Vehicle (include this student)	[X] - Cost for driver- Salary/ Benefits	[Y] - Number of Students Assigned to Bus Aide (include this student)	[Z-1] - Cost for Bus Aide Services  (The need for the Bus Aide must be for this student and indicated on the IEP)	[Z-2] - Miles this Student Transported Daily  (Do not include all miles of the route, only the miles that pertain to this student.)	[Z-3] - 2022 Federal Rate for Reimbursement of Fuel/ Maintenance Cost is \$.58.5/Mile <i>Auto Fill</i>	Total Cost for this Student  <i>Auto Fill</i>
A			\$24,000.00				\$0.00	\$0.00
B							\$0.00	\$0.00
C							\$0.00	\$0.00
D							\$0.00	\$0.00
Total District Cost for this Student Transportation:								\$0.00

**Y** Number of Students Assigned to Bus Aide (include this student) – Enter the number of students the bus aide serves, including this student. Count only students, including this student, who have IEPs that indicate the need for a bus aide and are served by the same bus aide. If this student does not require a bus aide, leave blank.

- Example:**

A bus aide assigned to this student, as stated in the accommodations section of the IEP, and two additional students requiring a bus aide in this vehicle would be entered as 3.

**Z-1** Costs for Bus Aide Services (The need for the Bus Aide must be for this student and indicated on the IEP) – Calculate and enter the annual cost for the bus aide's salary and benefits to provide services for this student's transportation. The district's transportation department may be helpful in making this calculation. If the service is provided by a non-employee, enter the contract amount for this student only and provide a copy of the contract and billings. If the bus aide has other duties during their regular workday, then attach documentation pro-rating the bus aide's salary and benefits as follows:

- Example:**

Calculate the bus aide's hourly rate including benefits (see example on page 16). Determine how many hours per day the bus aide spends providing services to this student. Multiply the hours per day by the days the student was transported. This will give the annual hours. Then multiply that number (the annual hours) by the hourly rate, and the result will be the annual cost of providing services to the student.

The hourly rate including benefits for the bus aide calculates to \$18.34. The bus aide spends 1 hour each day serving this student (30 minutes in the morning and 30 in the afternoon). The student was transported 150 days. 1 hour/day x 150 days = 150 hours. 150 hours x \$18.34 per hour = \$2,751.00/annual cost of the bus aide.

**Z-2** Miles this Student is Transported Daily (Do not include all miles of the route, only the miles that pertain to this student) – Enter the total number of miles from home to school, school to home each day, including dead head miles (miles traveled without students, bus garage to student home, school to bus garage) only when the route is exclusively for this student. Enter the actual miles for this student (from the point they get in the vehicle to the school) when the route is not exclusively for this child.

• **Example:**

If the route that this student is transported on with other students is a total of 50 miles, but the student is only in the vehicle for 10 miles, adjust to the student's actual mileage and do not include dead head miles.

**Z-3** 2022 Federal rate for Reimbursement of Fuel/Maintenance Cost is \$0.585/Mile - Fuel/maintenance cost will be auto filled using Federal rates for cars, trucks and vans in the calculated amount of \$0.585 cents per mile for 2021/2022 applications. The fuel cost will auto fill in Z-3 of the worksheet using data you enter in V and Z-2.

Total Cost for this Student - The worksheet will calculate this cost as follows:

$$(\underline{X}/\underline{W}) + (\underline{Z-1}/\underline{Y}) + (\underline{Z-3}/\underline{W}) = \text{Total Cost for this student.}$$

[N-2]:

A 2009 Dodge Van with wheelchair lift, 4 passenger  
 B Bluebird 15 passenger bus  
 C \_\_\_\_\_  
 D \_\_\_\_\_

[N-2a] District Provided ESY Transportation? Yes

[N-2b] AM/PM Transportation are Different? No

**DO NOT ENTER "0" IN FIELDS, Leave the field blank if it does not apply.**

DISTRICT TRANSPORTATION  [V] - Number of Days this Student Transported	[W] - Number of Students Transported in Vehicle (include this student)	[X] - Cost for driver- Salary & Benefits See Instructions	[Y] - Number of Students Assigned to Bus Aide (include this student)	[Z-1] - Cost for Bus Aide Services <small>(The need for the Bus Aide must be for this student and indicated on the IEP)</small>	[Z-2] - Miles this Student Transported Daily <small>(Do not include all miles of the route, only the miles that pertain to this student)</small>	[Z-3] – 2022 Federal rate for Reimbursement of Fuel/ Maintenance Cost for this route is \$.585/Mile <i>Auto Fill</i>	Total Cost for this Student  <i>Auto Fill</i>
176	4	\$24,000	3	\$12,000	50.00	\$5,148.00	\$11,287.00
25	3	\$3,500	3	\$1,700	30.00	\$438.75	\$1,879.59
Total District Cost for this Student Transportation:							\$13,166.59

Total District Cost for this Student Transportation – The worksheet will calculate this cost by adding the sub-total \$ amounts that appear on each row in the column for Total Cost for this Student.

## TRANSPORTATION WORKSHEET EXAMPLE

### Example: Partial Year Transportation Costs from Contractor and from District

If you have combined costs for a contractor and district provided transportation, then complete both the Contracted Transportation Costs section and District Transportation Costs section. The total days in both categories should not exceed the total number of days of educational services provided (in this example 180 days).

#### Contracted Transportation Costs

*Skip to [N-2] if Only District Vehicles were used to provide the Transportation Services*

[N-1] - Enter the Name(s) of the Contractor or Agency, OR if the Parent Provides Transportation enter the word "Parent"

[N-1a] and [N-1b] - Use the drop down menu to answer Yes/No to each question.

[N-1]:

1	ACME Bus Services		
2		[N-1a] Contractor/Parent Provided ESY Transportation?	No
3			
4		[N-1b] AM/PM Contracted Transportation are Different?	No

**DO NOT ENTER "0" IN ANY FIELDS, Leave the field blank if it does not apply.**

	CONTRACTED TRANSPORTATION [O] - Number of Days this Student Transported	[P] - Number of Students Transported in Vehicle (include this student)	[Q] - Cost for Driver- Salary/ Benefits	[R] - Number of Students Assigned to Bus Aide (include this student)	[S] - Costs for Bus Aide Services	[T] - Rate Contractor Charges Per Mile Per Student	[U] - Total Daily Miles for this Student	Total Payments Per Contractor for this Student  <i>Auto Fill</i>
1	108	5		3	\$18,000.00	\$4.00	50	\$27,600.00
2								\$0.00
3								\$0.00
4								\$0.00
Total Payments to All Contractors and/or Parent for Transportation of this Student:								\$27,600.00

#### District Transportation Costs

[N-2] - Enter the vehicle description for each vehicle used to provide this student transportation

[N-2a] and [N-2b] - Use the drop down menu to answer Yes/No to each question.

[N-2]:

A	2015 Bluebird 18 passenger bus		
B		[N-2a] District Provided ESY Transportation?	No
C			
D		[N-2b] AM/PM Transportation are Different?	No

**DO NOT ENTER "0" IN ANY FIELDS, Leave the field blank if it does not apply.**

	DISTRICT TRANSPORTATION [V] - Number of Days this Student Transported	[W] - Number of Students Transported in Vehicle (include this student)	[X] - Cost for driver- Salary/ Benefits See Instructions	[Y] - Number of Students Assigned to Bus Aide (include this student)	[Z-1] - Cost for Bus Aide Services  (The need for the Bus Aide must be for this student and indicated on the IEP)	[Z-2] - Miles this Student Transported Daily  (Do not include all miles of the route, only the miles that pertain to this student.)	[Z-3] - 2022 Federal Rate for Reimbursement of Fuel/ Maintenance Cost is \$.58.5/Mile  <i>Auto Fill</i>	Total Cost for this Student  <i>Auto Fill</i>
A	72	8	\$28,000.00	3	\$18,000.00	48.00	\$2021.76	\$9,752.72
B							\$0.00	\$0.00
C							\$0.00	\$0.00
D							\$0.00	\$0.00
Total District Cost for this Student Transportation:								\$9,752.72

## STAFF WORKSHEET

Staff costs apply only to costs related to each particular student's special education program and should not include staff costs for general services for all students. Specific staff should be tied to each student and the individual staff member's actual costs should be used.

Services of special education teachers are identified in a student's IEP(s) for a certain number of minutes or hours per week. When completing the staff worksheet, special education teacher minutes should correlate with the number of students actually served, which may vary through the day and require reporting on more than one line. If the service minutes per week indicated in the IEP are provided at 1:1, provide an explanation in the narrative, otherwise provide the count of additional students receiving services by the same provider at the same time.

Do not average the costs of multiple staff in the position and apply to multiple students. (For example: Do not average the costs of all paraprofessionals and apply as a rate for the paraprofessional for Student 1, Student 2, etc.) Paraprofessionals reported for reimbursement should be in positions that are unique to the student and would not exist if the specific student they work with was not enrolled in the school district.

The IEP(s) should clearly indicate the need for the paraprofessional.

### Data Elements, Definitions and Instructions

- A**     Administrative Unit Name – Auto fills.
- J**     Last 4 of Student SASID or SASID – Auto fills.
- AA**    Job Title – DROP-DOWN BOX. Select the appropriate job title for the employee from the drop-down list. Regular school year job titles are below the ESY titles in the list.
- AB**    Purchased Service - (Yes or No) DROP-DOWN BOX. Select "Yes" if the position is a purchased service. Select "No" if the position is a district (AU) staff member.
- AC**    Number of Students Served (Include this student) - Identify and enter the number of students being served at the same time this student receives this service, include this student.
- AD**    Number of Weeks Served (see instructions) - Identify and enter the number of weeks this employee provided special education services to this student in FY 21/22. This amount should not exceed 36 weeks for a student who was served for the entire school year.

If a new IEP changed service minutes during the school year, use 2 lines and enter the number of weeks calculated for each IEP.

If the student was served for ESY, by this same staff member, use 2 lines, one line should select the ESY job title and indicate the total weeks of ESY services that fall into this collection year. Allowable ESY costs include July/August 2021 and May/June 2022. Do not report ESY services that fall outside of FY 21/22. Weeks may exceed 36, if the student received ESY. ESY must be indicated on the IEP that was in effect at the time services were provided. Please make note of the ESY services in the Additional Staff Information narrative space.

**If you entered Yes in AB:** this field will gray out and data should not be entered. If data is entered the cell will go red indicating an error. The application should not be submitted with red cells.

- AE**    Hourly Rate: Salary + Benefits or Contract Amount (see instructions) - **If you entered No in AB** - Determine the hourly rate of the specific employee, including salary and benefits. It is important to **verify contract days and contract hours per day for each position**, as not all positions are the same number of contract days and hours.



Positions such as paraprofessionals, SLPs and others are likely to have fewer contract days per year and/or contract hours per day. Using the wrong number of contract days and/or hours can cause your hourly calculation to be wrong.

- **Example:**

- Add the PERA + Medicare percentages (.2095 + .0145 = .224) and multiply by the employee's annual salary and then add health benefits. ( $\$50,000 * 1.224 + \$6,000(\text{health}) = \$67,200$ ). This is the annual salary + benefits amount.
- To get to hours in the school year, multiply the number of contract days by the number of contract hours per contract day. ( $176 * 8 = 1,408$  hours per year).
- Then divide the annual salary + benefits total by the total hours per year. ( $\$67,200 / 1,408 = \$47.73$  full hourly cost).

**If you entered Yes in AB** - Enter the contract amount of the purchased service agreement.

**AF** Minutes Per Week (see instructions) - Using the IEP, enter the number of minutes per week the student receives the services provided by this staff member.

If a new IEP changed service minutes per week during the school year, use 2 lines and enter the number of minutes per week from each IEP on a separate line.

**If you entered Yes in AB:** this field will gray out and data should not be entered. If data is entered the cell will go red indicating an error. The application should not be submitted with red cells.

**AG** Staff Cost for this Student – This amount will autofill from the information entered in the cells of the row.

**M3** Narrative 3: Additional Staff Information – Use this space to provide any clarifying information regarding staff costs for this student. An example might be a significant support needs classroom with 6 students and 4 paraprofessionals. Indicate how the paraprofessional calculations were made and why it is appropriate, especially if the IEP(s) is/are unclear on paraprofessional support.

Paraprofessionals providing services at 1:1 or greater ratio and claimed in this application need to be unique to the specific needs of this student. The need for 1:1 or greater paraprofessionals must be evident in the IEPs and IEPs should clearly describe the level of adult supervision.

The review team understands that this support may not be in the service delivery grid of the IEP, please use this area to indicate where the review team will find the support for any claimed paraprofessionals or supplemental support personnel, i.e., special considerations, accommodations, service delivery statement, etc.

Due to the layout and requested information, the expenditures of Facility School Paras or Supplemental Support Personnel, may not work in the staff worksheet. These staff may be entered in Section II: Approved Facility Schools on line 116 of the application. An explanation of these positions must be included in the Additional Staff Information space and support documentation of the position and costs including IEPs, contracts, and billings must be included.

Additionally, use the Narrative space to provide information for any staff that might need clarification on the need/reason for the staff cost.

- **Example:**

The staff member listed as providing services to the student for 300 minutes per week for 40 weeks included 4 weeks of ESY services.



## EXPENDITURE FORM

### Data Elements, Definitions and Instructions

**A** Administrative Unit Name - Auto fills.

**J** Last 4 of Student SASID or SASID - Auto fills.

### SECTION I: INSTRUCTIONAL SPECIAL EDUCATION (Object Codes 0100 – 0700 and Program Code 1700)

**AH** Salaries / Benefits (0100/0200) (Auto fills) (AU Staff) Instructional - Automatically calculated from input of **AB** to **AF** on the Staff Worksheet

Salaries are defined as amounts paid for personal services to both permanent and temporary school district employees, including personnel substituting for those in permanent positions. This includes gross salaries for personal services rendered while on the payroll of the school district.

Benefit amounts paid by the school district on behalf of employees; generally, these amounts are not included in the gross salary, but are in addition to that amount. Such payments are fringe benefit payments and, while not paid directly to employees, nevertheless, are parts of the cost of personal services.

- Examples of employee benefits are group health or life insurance, contributions to employee retirement, and social security.
- Benefits must not include Worker's Compensation premiums.
- OOD placed students will normally not have Salaries and Benefits under Instructional, except for district staff that is hired and placed in the facility for this student only.

The expenditure form fields for Salaries and Benefits are auto filled from the Staff Worksheet. Make all entries to the staff worksheet only.

**AJ** Professional Educational Services (0320) – Fill out Staff Worksheet (Auto fill) (Contracted) Instructional – Auto fills from input of **AB** to **AF** on the Staff Worksheet.

Use for services supporting the instructional program and its administration. Included are curriculum improvement services, counseling and guidance services, library and media support services, and contracted instructional services. This applies only to special education costs related to this student and should not include general services for all students.

**AJ** Travel (0580) Instructional – Enter the expenditure amount for instructional travel, if any, and provide support documentation.

Expenditures for staff travel directly related to this student's Out of District special education instructional services.

**AJ** Supplies (0610, 0640, 0650, and 0690) Instructional – see High-Cost Instructions – Enter the instructional supplies expenditure amount, if any, for these object codes specific to this student's special education program or needs and provide support documentation such as invoices, receipts or POs.

Instructional supplies are items that are consumed, worn out, or deteriorated through use; or items that lose their identity through fabrication or incorporation into different or more complex units or substances. Supplies are items that do not contribute to a district's capital assets.

This includes the following:

- 0610 General Supplies - Expenditures for purchase of all instructional supplies that are unique for this student's special education program or needs.
- 0640 Books and Periodicals – Expenditures for instructional books and periodicals unique for this student's special educational program or needs.
- 0650 Electronic Media Materials – Expenditures for instructional electronic media materials unique for this student's special education program or needs.
- 0690 Other Supplies – Expenditures for other special education instructional supplies unique for this student's special education program or needs.

Portable structures to meet the specific special education needs of an individual student will be considered. Justification for costs must be submitted in the Narrative 1: Intensity of Costs and Financial Impact text box.

Supplies that are purchased for the specific special education needs of an individual student will be considered. If supplies were not specified in the IEP, please use the Narrative 1: Intensity of Costs and Financial Impact text box to provide justification. Include in this Narrative a highly detailed explanation of the district's circumstances, the supplies and how their cost is specific to only this student. This is extremely important for low-cost supplies. The case must be made for how the supplies are specific to the student, support the student's special ed program and are above and beyond the regular education requirements. The costs may be excluded from the application if sufficient detail is not provided to explain/support the costs.

**AJ** Equipment (0730, 0735) Instructional - Enter the expenditures for initial and replacement items of instructional equipment unique to the special education program of this student.

Portable structures to meet the specific special education needs of an individual student will be considered. Justification for costs must be submitted in the narrative.

Equipment that is purchased for the specific student can be claimed. If equipment is not specified in the IEP, please use the Narrative 1: Intensity of Costs and Financial Impact box to provide detailed explanation of the equipment and its use specific to the student.

**Tuition to Private School or Agency (0564, 0569)** – Enter the expenditure amount, if any, for special education instructional tuition contracts to private schools or agencies that do not have an approved CDE rate, as well as state and other governmental organizations that are specific to this student. Provide copies of all contracts and invoices.

This includes the following:

- 0564 – Tuition to Private School and Non-Approved Agencies.
- 0569 – Tuition paid to the state and other governmental organizations as reimbursement for providing specialized instructional services to students residing within boundaries of the paying school district.

**Tuition to Other Administrative Units (0562) (attach contract) Instructional** – Enter the expenditure amount, if any, for special education instructional tuition contracts paid to other Colorado school districts, BOCES (or AUs) or Charter Schools. Include payments made to other school districts for billings associated with educational services provided at state juvenile detention centers. Provide copies of all contracts and invoices.

**Facility School: Other Educational Cost Associated with this Student (These costs will not be included in the Total of Reimbursable Costs)** - Enter the number of days billed in the appropriately labeled column (cell H112). The daily rate populates automatically, and the total will calculate when the days billed are entered.

Other Educational Cost can be entered on the High-Cost application to replicate the total contract and billings

with the approved Facility School but will not be included in the “Total Reimbursable Costs” of the application.

**Facility School Tuition Costs – (0565) (*attach contract and billings*) Daily Rate Auto fills. Total calculates after the number of days is entered** - Enter the number of days billed in the appropriately labeled column (cell H113). The number of days billed should not exceed 176. The daily rate populates automatically based on the Facility School entered in the Student Worksheet section of the application. The total cost will calculate automatically when the days billed are entered. Verify the rate per day from the billing statements and the auto fill rates in the application are the same.

- Reimbursement cannot exceed approved rates or number of days. If there are ESY services billed, the IEP must contain ESY and the costs should be entered in the separate Extended School Year lines of the application.

**ESY EXTENDED SCHOOL YEAR (ESY)** Only with IEP Documentation and Supporting Contracts-*see the High-Cost Instructions* - Enter the Number of Days Billed into the green box under the Number of Days Billed or Contracted Quantity column (cell H114) and enter the daily rate chargeable for ESY in the green box under the Daily Rate or Contracted Amount column (cell I114). If the facility school has combined the tuition daily rate and the other educational cost daily rate, please enter only the daily rate for ESY tuition and increase the days in the Other Educational Cost line (cell H112). The cost will auto fill when these fields are completed.

To claim ESY it must be documented in the student’s IEP.

**Approved Facility School PARA and/or Supplemental Personnel** – If the facility school bills on a daily rate, then enter the total number of days billed in the green box under the Number of Days Billed or Contracted Quantity column (cell H116). Next enter the daily rate for paraprofessional and/or other supplemental personnel in the green box under the Daily Rate or Contracted Amount column (cell I116). If the facility school bills as a contracted amount, enter the contracted quantity and the contracted amount for paraprofessionals and/or other supplemental personnel per the facility school contract in the same cells (H116 and I116 respectively). The cost will auto calculate. The number of days entered as well as the amount will be dependent upon on the contracted billing units (i.e. daily, monthly, annual) and rates.

**Example: Daily Rate Billing**

		Number of Days Billed or Contracted Quantity	Daily Rate or Contracted Amount
			\$0.00
			\$0.00
Approved Facility School Para and/or Supplemental Personnel	\$23,408.00	176	\$133.00



**Example: Contracted Monthly Rate**

Approved Facility School Para and/or Supplemental Personnel	\$15,000.00	10	\$1500.00
----------------------------------------------------------------------	-------------	----	-----------

**Example: Contracted Annual Rate**

Approved Facility School Para and/or Supplemental Personnel	\$23,408.00	1	\$23,408
----------------------------------------------------------------------	-------------	---	----------

Provide IEP documentation, a copy of the contract(s) and copies of the monthly billings as well as an explanation in the Narrative 3: Other Staff Information section for this cost.

**TOTAL OF SECTION I Instructional:** - Automatically calculates from all instructional auto fill fields and input of Salaries and Benefits, Other Educational Costs, Facility School Tuition Costs, Extended School Year, Approved Facility School PARA and/or Supplemental Personnel.

## **SECTION II: SPECIAL EDUCATION SUPPORT (Object Codes 0100 – 0700 and Program Codes 2100, 2200, and 2700)**

**AK** Salaries / Benefits (0100/0200) (Auto fill)(AU staff) Support - Automatically calculated from input of **AB** to **AF** on the Staff Worksheet.

Salaries are defined as amounts paid for personal services to both permanent and temporary school district employees, including personnel substituting for those in permanent positions. This includes gross salaries for personal services rendered while on the payroll of the school district.

Benefit amounts paid by the school district on behalf of employees; generally, these amounts are not included in the gross salary, but are in addition to that amount. Such payments are fringe benefit payments and, while not paid directly to employees, nevertheless, are parts of the cost of personal services.

- Examples of employee benefits are group health or life insurance, contributions to employee retirement, and social security.
- Benefits must not include Worker's Compensation premiums.

The expenditure form fields for Salaries and Benefits are auto filled from the Staff Worksheet. Make all your entries to the staff worksheet only.

**AL** Other Professional Services (0330) (Auto fill) (contracted) Support – Auto fills from input of **AB** to **AF** on the Staff Worksheet.

Use for contracted professional services other than educational, supporting the operation of the school district. Included are therapists, audiologists, dietitians, etc.

This applies only to costs related to this particular student and should not include general education services for this student or for all students.

**Day Treatment Services** – Enter the total number of days billed (cell H126) and the daily rate for day treatment

services if the facility school bills them on a daily rate (cell I126). If the facility school bills as a contracted amount, enter the contracted quantity (cell H126) and the contracted amount (cell I126) for day treatment services per the facility school contract. The cost will auto calculate. Provide IEP documentation, a copy of the contract(s) and copies of the monthly billings as well as an explanation in the Narrative 3: Other Staff Information section for this cost.

**AL** Travel (0580) Support - Enter expenditure amount, if any, and provide support documentation.

Expenditures for staff travel must be directly related to this student's Out-of-District support services.

**AL** Supplies (0610, 0640, 0650, and 0690) Support – See High-Cost Instructions - Enter the support supplies expenditure amount, if any, for these object codes specific to this student's special education program or needs and provide support documentation such as invoices, receipts or POs.

Supplies are items that are consumed, worn out, or deteriorated through use; or items that lose their identity through fabrication or incorporation into different or more complex units or substances. Supplies are items that do not contribute to a district's capital assets.

This includes the following:

- 0610 General Supplies - Expenditures for purchase of support supplies that are unique for this student's special education program or needs. An example would be medical supplies, diapers, etc. for this student only. Please provide a list of supplies/equipment included in your costs along with POs, receipts, etc.
- 0640 Books and Periodicals – Expenditures for support books and periodicals unique for this student's special education program or needs.
- 0650 Electronic Media Materials – Expenditures for support electronic media materials unique for this student's special education program or needs.
- 0690 Other Supplies – Expenditures for other special education support supplies unique for this student's special education program or needs.

Portable structures to meet the specific special education needs of an individual student will be considered. Justification for costs must be submitted in the narrative.

Supplies that are purchased for the specific special education needs of an individual student will be considered. If supplies were not specified in the IEP, please use the Narrative 1: Intensity of Costs and Financial Impact text box to provide justification. Include in this Narrative a highly detailed explanation of the district's circumstances, the supplies and how their cost is specific to only this student. This is extremely important for low-cost supplies. The case must be made for how the supplies are specific to the student, support the student's special ed program and are above and beyond the regular education requirements. The costs may be excluded from the application if sufficient detail is not provided to explain/support the costs.

**AL** Equipment (0730, 0735) Support - Enter the expenditures for initial and replacement items of support equipment unique to the special education program of this student.

Portable structures to meet the specific special education needs of an individual student will be considered. Justification for costs must be submitted in the narrative.

**Transportation (2700) (Auto fill) Support** – Auto fills by totaling the contracted and district transportation amounts.

Transportation expenditures for a high-cost student must be Special Transportation costs unique to this student only. Specialized Transportation must be indicated on the student's IEP(s). The expenditures for the High-Cost Student must be supported with documentation on the Transportation Worksheet section of this application.

**TOTAL OF SECTION II Support** - Automatically calculates from all totals from support auto fill fields and input of Salaries and Benefits, Other Professional Services, Day Treatment Services, Travel, Supplies, Equipment and Transportation.

**Less: "Other Educational Cost"** this is a calculated overhead cost for approved facility schools and is not reimbursable for High-Cost applications. – Auto fills.

**TOTAL OF REIMBURSEABLE COSTS** - Automatically calculates from Section I and Section II totals and deducts any Other Educational Costs.

## **OUT-OF-DISTRICT STUDENT APPLICATION SUMMARY**

All fields in this section auto fill.

## SUBMISSION OF APPLICATION(S)

The **Out of District** Microsoft EXCEL workbook(s) must be in one zipped OOD file uploaded to the fiscal tag and high-cost tag type of the AnLar Data Management System, **by 5:00 PM on March 1, 2023.**

Please make sure your submission includes:

- Signed Summary Contact page
- Each completed Application Workbook in Excel format, DO NOT PDF
- All supporting documentation for each student submitted (contracts, invoices, etc.)
- IEP cover page for each student, from all IEPs that cover the 2021/22 fiscal year
- IEP Consideration of Special Factors from all IEPs
- IEP Accommodations and Modifications from all IEPs, if applicable
- IEP Extended School Year Determination from all IEPs
- IEP Service Delivery Statement from all IEPs
- IEP Special Education and Related Services in the Least Restrictive Environment (Grid) from all IEPs
- IEP Recommended Placement in the Least Restrictive Environment from all IEPs

Consider including in your submission a 2021-22 school calendar for each Private School, Facility School or programs in other Administrative Units. This is very helpful to the review process of the applications.

Applications should be carefully reviewed for completeness before submitting.

Applicants will be asked to submit or re-submit any documentation that is missing, was submitted as PDF when Excel is required, or IEPs that do not cover the proper time frames. Typically, these requests will have very short turn-around times, and failure to submit missing documentation may result in the expenditure being removed from the application. It is best if applications are complete upon initial submission.

Mailed applications do not protect the Personally Identifiable Information (PII) that is contained in the applications and WILL NOT BE ACCEPTED.

**\*\*VERY IMPORTANT:** email Vicki Graham to notify CDE of your submitted application(s) in the DMS. Failure to email Vicki may result in an incomplete and ineligible application.

Be sure to keep copies of your application materials for your own records.

## HOW TO ZIP THE APPLICATIONS

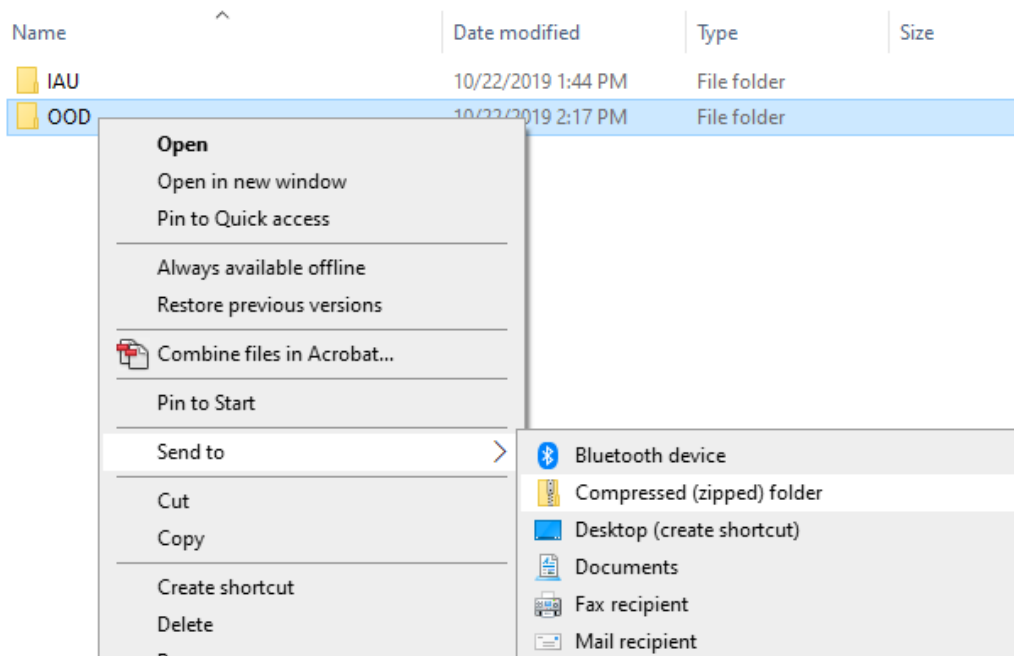
### Zipped File Submissions:

(For Windows) See page 25 for Mac instructions. The following example shows a hypothetical file folder for Smith School District's OOD files that are ready to be zipped. The signed certification pages, separate application Excel workbooks and individual file folders labeled by the last four digits of each student's SASID are displayed. Within each individual SASID's file are all IEPs and any other supporting documentation unique to this student.

J:\m5\F1\$ (H:) > High Cost > OOD

Name	Date modified	Type	Size
0001	10/22/2019 10:27 AM	File folder	
0123	10/22/2019 10:20 AM	File folder	
1001	10/22/2019 10:20 AM	File folder	
1020	10/22/2019 10:21 AM	File folder	
1234	10/22/2019 10:21 AM	File folder	
1327	10/22/2019 10:20 AM	File folder	
2090	10/22/2019 10:20 AM	File folder	
3299	10/22/2019 10:20 AM	File folder	
4567	10/22/2019 10:20 AM	File folder	
4890	10/22/2019 10:20 AM	File folder	
7879	10/22/2019 10:21 AM	File folder	
9908	10/22/2019 10:21 AM	File folder	
00000_Smith_SD_OOD_1-of-2	10/22/2019 10:19 AM	Microsoft Excel W...	8 KB
00000_Smith_SD_OOD_2-of-2	10/22/2019 10:19 AM	Microsoft Excel W...	8 KB
00000_Smith_SD_OOD_Signed_Certification_1	10/22/2019 10:17 AM	Adobe Acrobat D...	27 KB
00000_Smith_SD_OOD_Signed_Certification_2	10/22/2019 10:17 AM	Adobe Acrobat D...	27 KB

When your files are ready to be zipped, right click on the “OOD” folder, scroll down to “Send To” the arrow will expand to give you the option “Compressed (zipped) folder”. You will then see a zipped file with the same title, but “zipped” icon.

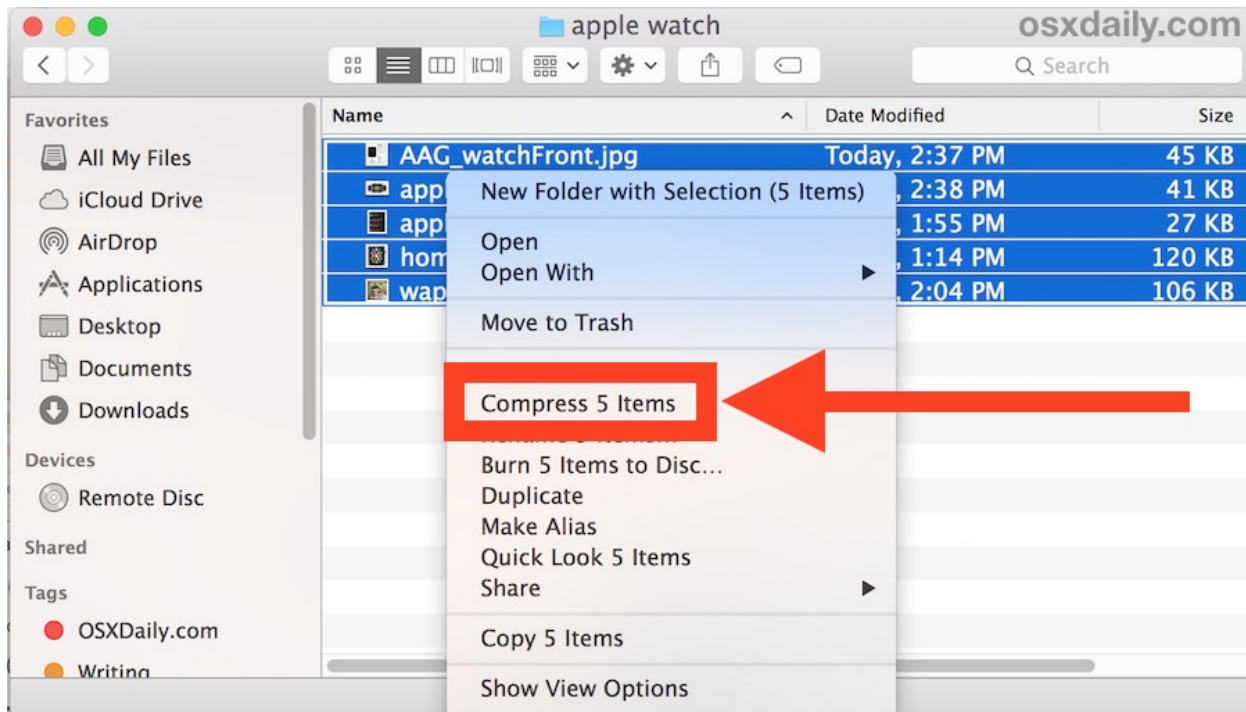


After zipping:

Name	Date modified	Type	Size
IAU	10/22/2019 1:44 PM	File folder	
OOD	10/22/2019 2:17 PM	File folder	
OOD	10/22/2019 2:34 PM	Compressed (zipp...	128 KB



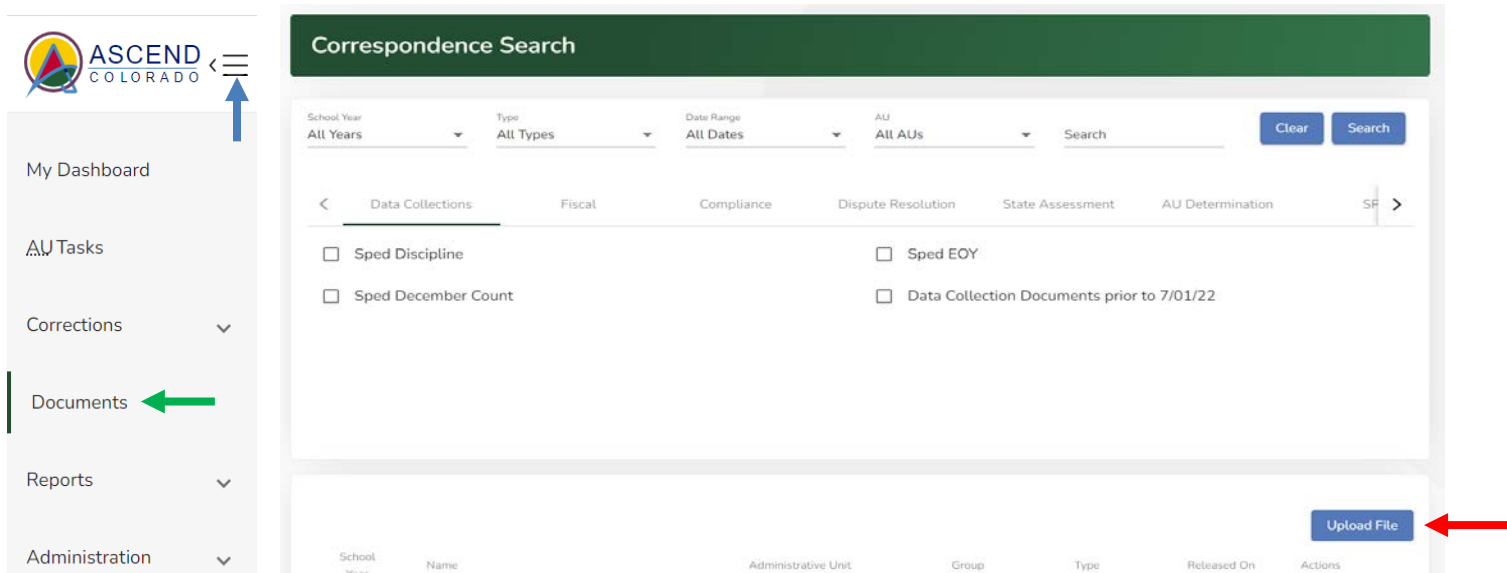
(Mac): Right-click on the folder, select “Compress Items”. Find the newly created .zip archive in the same directory.



*(Please keep in mind, different operating systems may have slightly different steps, if in doubt, Google may provide the exact steps for your operating system).*

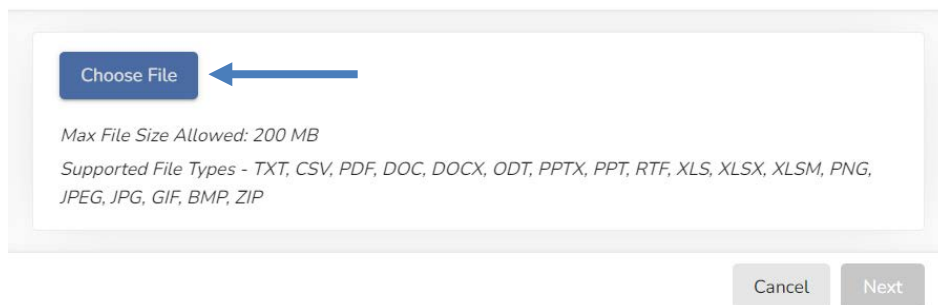
Once the files are zipped and ready to submit, upload each zipped file individually to the ESSU AnLar Data Management System Fiscal tag and high-cost tag type as shown below on pages 26 – 30.

In the AnLar DMS system go to the navigation window on the left side and select Documents, as indicated with the green arrow. (If the navigation window is closed when first opening the DMS, click the “hamburger” button, indicated with a blue arrow, to open it.) Correspondence Search will be on the main part of the screen to the right of the navigation window. Click on the blue Upload File button on the lower right side.



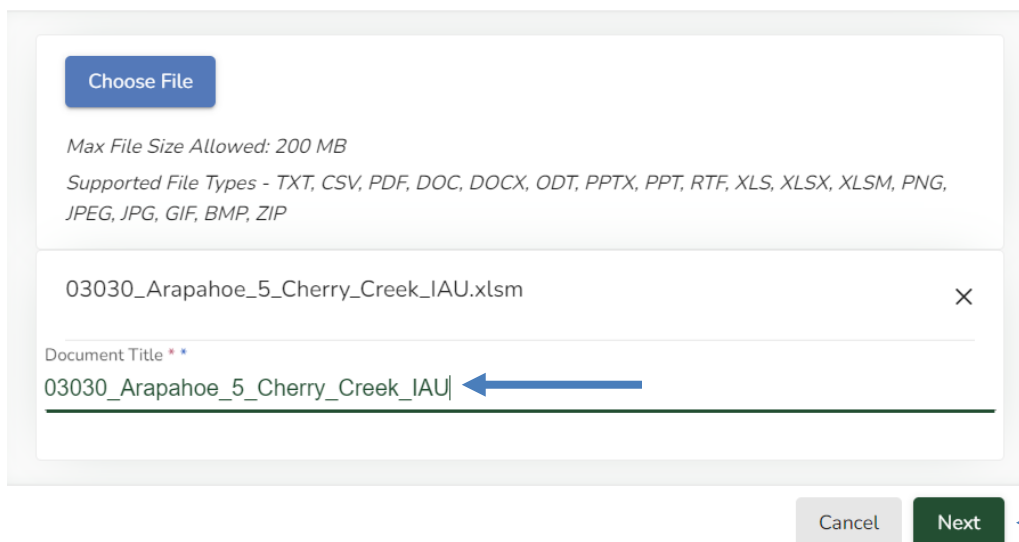
Click on the blue Choose File button to select the file from your computer.

#### Upload Documentation



Provide a Document Title, this will name the document in the DMS, then click on the Next button.

#### Upload Documentation



Select the Tag named Fiscal.

### Upload Documentation

Tags

Data Collections:	(0) Selected	▼
Fiscal:	(0) Selected	→ ▼
Compliance:	(0) Selected	▼
Dispute Resolution:	(0) Selected	▼
State Assessment:	(0) Selected	▼
AU Determination:	(0) Selected	▼
SPP:	(0) Selected	▼

CancelDone



Select the tag type High Cost and then use the scroll bar to move down to the school year section.

### Upload Documentation

Tags

Data Collections: (0) Selected

Fiscal: (1) Selected

Fiscal monitoring

High Cost

Annual Performance Review

Fiscal Documents prior to 7/1/22

☐

☒

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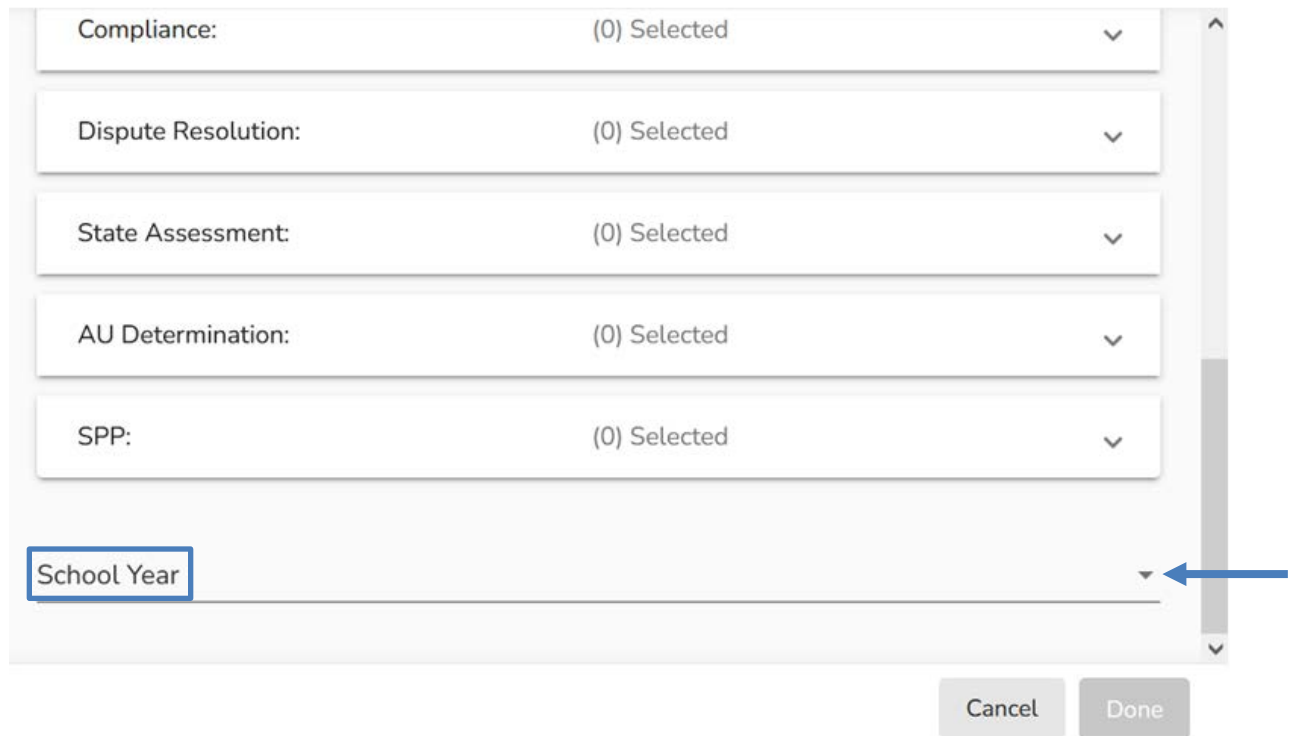
Compliance: (0) Selected

Cancel

Done

Use the drop-down arrow to open the school year selection pane.

### Upload Documentation



Compliance:	(0) Selected	▼
Dispute Resolution:	(0) Selected	▼
State Assessment:	(0) Selected	▼
AU Determination:	(0) Selected	▼
SPP:	(0) Selected	▼
School Year		▼

Cancel Done

The High-Cost applications are reporting costs for the 2021-22 school year, click on this year from the drop-down list.



2022-23
2021-22
2020-21
2019-20
2018-19

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**For General Program, Application and Submission Questions, Contact:**

Vicki Graham  
Fiscal Supervisor, ESSU  
Colorado Department of Education  
1560 Broadway Street, Suite 1100  
Denver, CO 80202  
Cell Phone: 720-237-7541  
[graham\\_v@cde.state.co.us](mailto:graham_v@cde.state.co.us)