Colorado Department of Education
FISCAL AND OPERATIONS
EXCEPTIONAL STUDENT SERVICES UNIT
1560 Broadway St., Ste 1175
Denver, CO 80202
Telephone: (303) 866-6736

APPLICATION FOR IN – ADMINISTRATIVE UNIT (IAU)
HIGH COST STUDENT REIMBURSEMENT
FISCAL YEAR 2012-2013 AUDITED EXPENDITURES

Due Date: **Must be received by CDE, Student Support Services close of business on Friday, February 28, 2014**

Applications must contain:

- Certification of Information
- Application (In-Administrative Unit student form)
- Staff Worksheet (if staff costs are reported)
- Transportation Worksheet (if transportation costs are reported) and corresponding contracts and billing statements
- Corresponding contracts and addendums (if Services contracted for specific needs not provided by the district).
- Must include CD-ROM or a USB Flash Drive/Jumpstick, which includes all downloadable files and digital documentation.
- Sections of the IEP to support claims submitted in the application

To be completed by: Business Manager, Special education director and members of his/her staff, as appropriate.

Purpose: To request reimbursement for High Cost students under the Exceptional Children's Educational Act.

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

GENERAL INFORMATION

The completion of the application requires knowledge of the chart of accounts and object codes. **Submitting the application does not guarantee funding.** The application is for students being served within the Administrative Unit, Districts or BOCES.

Only include costs incurred while placed WITHIN the Administrative Unit, Districts 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 threshold $40K OOD and $25K IAU for each application.

Funding in a previous year does not guarantee funding in the current year.

- One Worksheet must be completed for each student, or one Workbook for each Administrative Unit.
- Individual student In-District High Costs must exceed $25,000.
- Use 2012-2013 Audited Expenditures.
- This should include the fund numbers 3130 and 3131 or this student for 2012-2013, audited expenditures
- This should include the fund numbers 3130 and 3131 of 2012-2013 audited expenditures for the district's cost pertaining to this student.
- Transportation Fuel/Maintenance Cost will be calculated using Federal rates per mile published annually.

New this year: For students served in an approved Facility School any cost reflected over 176 days must be documented as ESY in the IEP to be eligible for reimbursement for the reported fiscal year. Indirect Costs for approved Facility Schools are not reimbursable.

Please attach any and all components of the IEP that illustrate and validate the costs associated with each student worksheet.

Required Sections of IEP

- IEP cover page
- Special considerations (section 7)
- Accommodations if applicable (section 10)
- Service Delivery Statement and Service Grid (Section 12)
- ESY: End of School Year
- Equipment/Supplies-(Provide purchase orders if claiming for reimbursement

APPLICATION

Data Elements and Definitions

A. Administrative Unit Name - The Administrative Unit responsible for the high cost student. DROP DOWN BOX

B. District Name – The legal name of the school district responsible for the high cost student. DROP DOWN BOX

C. Contact Name –The name of the individual designated to respond to questions about the application.

D. Telephone Number –The 10-digit telephone number where the contact person can be reached.

E. Email Address– The email address of the contact person.

F. Primary Disability – The student's primary disability as indicated on the most recent Individualized Education Plan (IEP). DROP DOWN BOX

G. Date of Birth: Month – The month in which the student was born. DROP DOWN BOX

H. Date of Birth Year – The year in which the student was born

I. Student SASID – Last four digits of the unique ten-digit number assigned to each student by CDE.

M-1. <u>Narrative 1</u> – 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.

i. **<u>Example statement:</u>** This student has multiple disabilities with extreme physical aggression, which poses a significant safety risk requiring a 1:1 paraprofessional. We also contracted with a Behavior Specialist to assist our staff and the family with strategies on handling the behaviors. Our average cost for special education students is $7,446.00 including state, local and federal dollars. This student cost us $42,736 that makes this student 5.74 times more expensive than the average special education student.

M-2. <u>Narrative 2</u> – Transportation

Briefly describe the transportation services provided for this student including unique circumstances.

i. **<u>Example statement:</u>** This student requires transportation in a vehicle equipped with a wheelchair lift and safety restraints. The nature of the students' disability requires a bus aide as specified on the IEP. In addition the student is receiving services from two different locations within the district three times a week, increasing the transportation cost for the mid day transport on designated days. The student is transported 50 miles per day (including dead head miles).

Transportation Worksheet Instructions

For each student reported with Contracted Transportation Services as specified in their IEP, include the following and attach contract:

*****Skip to N-2 if transportation is provided by the school district.***

N-1. Name of Contractor, Parent, or Agency Providing Transportation for this student:

O. Number of Days this Student Transported - If days billed for transportation exceed the number of days in the district calendar or IEP attach a written explanation.

P. Number of Students Transported in Vehicle - Include 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. Example: A bus aide assigned to this student and two additional students in this vehicle would be entered as 3. If students IEP 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**.

S. Costs for Bus Aide - 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 (below) 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 contractor does not break out billings with this detail, then the Administrative Unit will need to calculate the cost and enter here.

i. **Example**: Contract specifies 50 miles per day to transport this student to school. The contractor is also providing transportation for 4 additional students in district. The rate per mile is $20 divided by 5 students equals $4.

U. Total Daily Miles for this Student - Enter the number of miles per day for this student only. In the example above "T", each student is transported 50 miles each day. Enter 50 miles for this student, including dead head miles (miles traveled without students, bus garage to student home, school to bus garage, etc.)

Total Payments to Contractor for this Student - The worksheet will calculate this cost as follows: (**Q**/**P**) + (**S**/**R**) + ((**T***U**)*O**) = Total Payments to contractor. Example: The contractor bills at a rate per mile 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

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 to Contractor for this Student Auto Fill**
150	**5**		**3**	**$ 30,000.00**	**$ 4.00**	**50.0**	**$ 40,000.00**

For each student reported with District Transportation as specified in their IEP, include the following:

N-2. Provide Vehicle description: Example: 1999 Dodge Van with wheel chair lift 4 passenger capacity.

N-2a. Total Annual miles: Enter the total annual miles for this vehicle.

V. Number of days Student Transported - Provide explanation if days transported exceed maximum number of days allowable.

W. Number of Students Transported in Vehicle - Include this student.

X. Cost for Driver's Salary/Benefits - Enter amount Transportation Department calculates as an annual cost for this vehicle. If the vehicle is used for functions other than transporting this student then attach documentation pro rating Driver Salary/Benefits. Enter only the amount applicable to this student.

i. **Example**: The annual Salary/Benefits to operate this vehicle annually is $36,000. The total annual miles for the route transporting this student is 20,000 miles. The vehicle is used for a kindergarten route mid day making the total annual miles for this vehicle 30,000 (as reported in N – 2a above). The 20,000 miles for the route transporting this student daily is 2/3 the annual miles for the vehicle. The allowable amount of Salary/Benefits for the route including this student is $24,000. ($36,000*.666667=$24,000) (.666667 is determined by 20,000 miles divided by total annual miles of 30,000) The amount to record into column X of the transportation worksheet is $24,000.

[N-2] - District Vehicle Description: **1999 Dodge Van with wheel chair lift 4 passenger capacity**

[N-2a] - Enter the Total Annual miles for this vehicle: **30,000**

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	[Z-2] - Fuel & Maintenance for this Vehicle	[Z-3] - Miles this Student Transported Daily	Total Cost for this Student Auto Fill
		$ 24,000.00					$0.00

Y. Number of Students Assigned to Bus Aide - Include this student. Example: A bus aide assigned to this student as stated in the IEP and two additional students in this vehicle would be entered as 3. If student does not require a paraprofessional, leave blank.

Z-1. Costs for Bus Aide Services - Enter amount for District employee. If service is provided by non-employee, attach contract.

Z-2. **Federal rate for Reimbursement of Fuel/Maintenance Cost for this Route** – New for 2014 applications: Fuel/maintenance cost will be auto-filled using Federal rates for cars, trucks and vans in the calculated amount of $.555 cents per mile for 2012/2013 ~~data~~ applications. The fuel cost will auto fill in Z-2 of the worksheet using data you enter in V, W and Z-3.

[N-2] - District Vehicle Description: **1999 Dodge Van with wheel chair lift 4 passenger capacity**

[N-2a] - Enter the Total Annual miles for this vehicle: **30,000**

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	[Z-2] - Fuel Cost for this Route Auto Fill	[Z-3] - Miles this Student Transported Daily	Total Cost for this Student Auto Fill
176	4	$ 24,000.00	3	$12,000	$4,488	50.0	$11,122

Z-3. Miles this Student is Transported Daily – Enter 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, etc.).

Total Cost for this Student - The worksheet will calculate this cost as follows:
(**X**/**W**) + (**Z-1**/**Y**) + (**Z-2/W**) = Total Cost for this student.

TRANSPORTATION WORKSHEET EXAMPLES

N-1 Transportation Services by Contractor

Example: Transportation Cost from two different Contractors

If you have contracted Transportation Cost from more than one source, (i.e. parent and A to Z Inc) create a separate support document as follows:

Combine the data for both contractors into a single data line on the transportation worksheet (N-1) of the student application, by totaling the two costs together. The example below demonstrates that the support documentation adds total days transported together, averages the miles per day and recalculates a rate per day to come up with the total cost when you add the parent cost and A to Z Inc together.

	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 to Contractor for this Student Auto Fill
Parent	72	1				$ 0.72	85	**$4,406.40**
A to Z Inc.	100	5		3	$18,000.00	$ 2.00	100	**$26,000.00**
Total Combined	172			3	$18,000.00		92.5	**$30,406.40**
This line to be entered on N-1 of the application	172			3	$18,000.00	$1.534028	92.5	**$30,406.39**

The rate per mile the contractor charges is recalculated as follows:

The Bus Aide cost for this student in the example above is $6,000 ($18,000/3 students). The total cost $30,406.39 less the Bus Aide is $24,406.39. **Divide $24,406.39 by the total miles transported per year 15,910** (the averaged, 92.5 miles per day multiplied by 172 days = 15,910 miles per year) and the **new calculated rate** per day is $1.53 per mile.

Enter these new calculations on N-1 Transportation Worksheet of the Student Form as follows:

(Attach the above calculations as back up documentation to your file submission)

[N-1] - Name of Contractor, Parent, or Agency Providing Transportation for this student: A to Z Inc

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 to Contractor for this Student Auto Fill
172			3	$18,000.00	$1.534028	92.5	$30,406.39

Example: Partial Year Transportation Cost from District and Partial Year from Contractor

If you have combined cost for a Contractor and District provided transportation then complete both Contractor N-1 Transportation Worksheet and District N-2 Transportation worksheet. The total days in both categories should not exceed the total number days of educational services provided (in this case 180 days).

[N-1] - Name of Contractor, Parent, or Agency Providing Transportation for this student: ABC, Inc

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 to Contractor for this Student Auto Fill
108	5		3	$18,000.00	$4.00	50	$27,600.00

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

[N-2] - District Vehicle Description: 1998 GMC 18 passenger bus

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	[Z-2] - Fuel Cost for this Route Auto Fill	[Z-3] - Miles this Student Transported Daily	Total Cost for this Student Auto Fill
72	8	$28,000.00	3	$18,000.00	$1,762.56	48.0	$9,720.32

Staff Worksheet Instructions

This applies only to cost related to this particular student and should not include general services for all students. For each student reported, include the following:

AA **Job Title** DROP DOWN BOX

AB **Instructional or Support** (automatically populated)

AC **Purchased Service** (yes or no) DROP DOWN BOX

AD **FTE** – pro-rate time for staff providing services to more than one student. For example, 1.0 FTE teacher assigned equally to 2 students should be reported as a .50 FTE.

AE **Pro-rated Salary** - pro-rate time for staff providing services to more than one student. For example, 1.0 FTE teacher assigned equally to 2 students should be reported half of his/her salary.

AF **Pro-rated Benefits** - pro-rate time for staff providing services to more than one student. For example, 1.0 FTE teacher assigned equally to 2 students should be reported half of his/her benefits.

AG **Equivalent Annual Salary** - automatically populated from input, to be used as a self-check on figuring FTE correctly.

Section I: Instructional (1700) Special Education

Salaries (0100) – Fill out Staff Worksheet
Note: The application will be automatically populated with totals from the worksheet.

AH **Instructional Salary Total** – automatically entered from input of **AB** to **AF** above. This amount will then carry over to the appropriate place in the application.

- **0100 Salaries.** 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.
- The application fields for Salaries and Benefits are automatically entered from the Staff Worksheet. Make all your entries to the staff worksheet only.
- This application is for students being served within the district, BOCES or the Administrative Unit. Include only cost related to services provided for this student only.
- Allocation methods can be identified with a partial FTE or more than 1.0 FTE per instructional category.

Employee Benefits (0200) – Fill out Staff Worksheet
Note: The application will be automatically populated with totals from the worksheet.

AI **Instructional Benefit Total** – automatically entered from input of **AB** to **AF** above. This amount will then carry over to the appropriate place in the application.

- **0200 Employee Benefits**. 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, never the less, is part of the cost of personal services.
- The application fields for Salaries and Benefits are automatically entered from Staff Worksheet. Make all your entries to the staff worksheet only.
- 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.
- Allocations should be made in the same proportions as Salaries above.

Purchased Services (0300-0500)

AJ **Purchased Service Staff Totals (Instructional Salary Total)** – automatically entered from input of **AB** to **AF** above. This amount will then carry over to the appropriate place in the application.

0300 Purchased Professional and Technical Services. Services, which by their nature can be performed only by persons or firms with specialized skill and knowledge. While a product may not result from the transaction, the primary reason for the purchase is the service provided.

Professional-Educational Services (0320) – Fill out Staff Worksheet
Note: The application will be automatically populated with totals from the worksheet.

- **0320 Professional-Educational Services**. 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 cost related to this particular student and should not include general services for all students.

Travel (0580)
Expenditures for staff travel directly related to this student's In Administrative Unit services. *Enter Expenditure amount if any.*

Supplies (0610, 0640, 0650, and 0690)

0610 General – Expenditures for purchase of all supplies (other than those listed below) that are unique for this student. An example would be medical supplies, diapers etc. for this student only.

Please provide a list of supplies/equipment included in your cost.

This includes the following:
- 0610 General Supplies - Expenditures for purchase of all supplies (other than those listed below). Unique for this student.
- 0640 Books and Periodicals - This should be books and periodicals unique for this student only
- 0650 Electronic Media Materials - This should be materials unique for this student.
- 0690 Other Supplies - This should be supplies unique for this student only

Equipment (0730)

Expenditures for initial and replacement items of equipment unique to this student.

Section II: Support (2100, 2200, and 2700)

Salaries (0100) - Fill out Staff Worksheet
Note: The application will be automatically populated with totals from the worksheet.

AK **Support Salary Total** – automatically entered from input of **AB** to **AF** from Staff Worksheet.

- Salaries are defined as amounts paid to employees of the administrative unit who are considered to be in positions of a permanent nature or hired temporarily. This includes gross salaries for personnel services rendered while on the payroll of the administrative unit. It does not include amounts paid for personal services rendered by personnel who are not on the payroll of the administrative unit (district or BOCES).

- Include only the cost related to services provided for this student. Pro-rate time for staff providing services to more than this child. For example: 1.0 FTE teacher assigned equally to 2 children should be reported as a .50 FTE and include half of his/her salary.

- **Employee Benefits (0200)** - Fill out Staff Worksheet
  Note: The application will be automatically populated with totals from the worksheet.

AL **Support Benefits Total** – automatically entered from input of **AB** to **AF** from Staff worksheet.

- Examples of employee benefits are group health or life insurance, contributions to employee retirement, and social security.

- Benefits should not include Worker's compensation premiums. Allocations should be made in the same proportions as Salaries above.

Purchased Services (0300-0500)

AM **Purchased Service Staff Totals (Support Salary Total)** – automatically entered from input of **AB** to **AF** from the Staff Worksheet.

Purchased services includes the costs of personal services which will be rendered by special education related services personnel who are not on the payroll of the administrative unit, and other services which the administrative unit may purchase. While a product may not result from the transaction, the primary reason for the purchase is the service provided. Include expenditures for services performed only by persons or firms with specialized skill and knowledge that the Administrative Unit cannot provide for this child.

Purchased Professional and Technical Services (0300)

Services, which by their nature can be performed only by persons or firms with specialized skills and knowledge.

Professional-Educational Services (0320) - Fill out Staff Worksheet
Note: The application will be automatically populated with totals from the worksheet.

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 unique for this child only.

Other Professional Services 0330 – Professional services other than educational supporting the operation of the school district. Included are medical doctors, therapists, audiologists, dieticians, editors, negotiations specialists, system analysts, planners brokers, etc. but must be for services directly related to this student only.

Note: Due process and administrative costs are NOT reimbursable under this program. Staff development and in-service for teachers are NOT allowable costs.

Travel (0580) - Travel

Expenditures for staff travel directly related to this student's In Administrative Unit services.

Supplies (0610, 0640, 0650, and 0690)

0610 General – Expenditures for purchase of all supplies (other than those listed below). Unique for this student. An example would be medical supplies, diapers etc. for this student only.
Please provide a list of supplies/equipment included in your cost.

This includes the following:

- 0610 General Supplies - Expenditures for purchase of all supplies (other than those listed below), unique for this student.
- 0640 Books and Periodicals - This should be books and periodicals unique for this student only
- 0650 Electronic Media Materials - This should be materials unique for this student.
- 0690 Other Supplies - This should be supplies unique for this student only

Equipment (0730)
Expenditures for initial and replacement items of equipment unique to this student.

Transportation (2700) Fill out Transportation Worksheet

Note: The application will be automatically populated with totals from the worksheet.

- 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. The expenditures for the High Cost Student must be supported with documentation on the Transportation Worksheet.

IEP Copies

Please attach any and all components of the IEP that illustrate and validate the costs associated with each student worksheet.

Required Sections of IEP

- IEP cover page
- Special considerations (section 7)
- Accommodations if applicable (section 10)
- Service Delivery Statement and Service Grid (Section 12)
- ESY: End of School Year
- Equipment/Supplies: provide purchase orders if claiming reimbursement

CERTIFICATION OF INFORMATION

- Certification- The special education director and business manager must sign either the individual Student Application certification page on the initial application (page 4) or the Multi student certification page worksheet.

- The Multi Student Certification page is linked to all twenty Student Application pages and will auto fill for each student. This eliminates signatures for each application and provides certification for all students listed on the Multi Student Certification page(s) along with their supporting documentation.

HIGH COST APPLICATION CHECK LIST

- ❑ **PLEASE DO NOT CHANGE ANY OF THE ATTRIBUTES OR FUNCTIONALITY OF THE EXCEL FILE**
- ❑ Please do a **"FILE SAVE AS"** and put your Administrative Unit/BOCES name in the title of the Excel file
- ❑ Did each Student Application submitted meet or exceed the $25K Threshold for In Administrative Unit (IAU) High Cost
- ❑ Print each numbered Student Worksheet that you complete for submission
- ❑ For Multiple Students attach them to the Certification_Multi-Student (CMS) Worksheet with each Student Worksheet
- ❑ Attach all applicable transportation contracts and addendums for each student
- ❑ Attach portion of the IEP as support documentation for applicable claims in the appropriate Fiscal Year
- ❑ Delete the Students Name from all documents and replace the name with last 4 digits of SASID
- ❑ N-2a – List annual miles for district vehicle used to transport this student
- ❑ Have the appropriate signature authority sign the either the Student Worksheets or the CMS for all submitted students
- ❑ Save or Burn a copy of the Microsoft Excel file(s) to CD-ROM or a USB Flash Drive/Jumpstick, each Excel file only holds 20 students
- ❑ Federal Express, Express Mail, or Hand Deliver the entire packet to the address listed on the contact page
- ❑ **Faxed or Emailed Applications will not be accepted, signatures must be original**

IMPORTANT NOTE:

POLICY APPROVED BY SPECIAL EDUCATION FISCAL ADVISORY COMMITTEE (SEFAC): IF THE ADMINISTRATIVE UNIT OR BOCES HAS NOT COMPLETED THEIR CDE FINANCIAL DECEMBER AUTOMATED DATA EXCHANGE (TO THE PUBLIC SCHOOL FINANCE DEPARTMENT) BY MARCH 1, 2013 THAT ADMINISTRATIVE UNIT OR BOCES WILL NOT BE ELIGIBLE FOR HIGH COST FUNDING. *HTTPS://CDEAPPS.CDE.STATE.CO.US/DOC_FD_OVERVIEW.HTM*

SUBMISSION OF DATA

The **IN Administrative Unit** or the **OUT of District** Microsoft EXCEL files must be downloaded and SAVED to a CD-ROM or a USB Flash Drive/Jumpstick. Also, include any required supporting documentation for each student, and the signed Certification page. **Federal Express or USPS Express Mail the entire packet to Elizabeth Macek on or before close of business on Friday, February 28, 2014.**

Do not email or fax any of this documentation, the CD-ROM or a USB Flash Drive/Jumpstick and the supporting documentation must arrive as one complete packet. The Federal Express or Express Mail package can contain all submissions for both the IN Administrative Unit or the OUT of District High Cost Applications and their supporting documentation.

IMPORTANT NOTE:

Policy Approved by Special Education Fiscal Advisory Committee (SEFAC):
If the Administrative Unit or BOCES has not completed their CDE Financial December Automated Data Exchange (to the Public School Finance Department) by March 1, 2014 that administrative unit or BOCES will not be eligible for high cost funding.
https://cdeapps.cde.state.co.us/doc_fd_overview.htm

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Exceptional Student Services Unit
Colorado Department of Education
1560 Broadway Street, Suite 1175
Denver, CO 80202

Receptionist: (303) 866-6694

BACKGROUND

House Bill 06-1375 established the Colorado Special Education Fiscal Advisory Committee, by amending Article 20 of title 22, Colorado Revised Statutes. As specified in 22-20-114.5, the committee was appointed by the State Board of Education on September 14, 2006.

2013 - 2014 - SEFAC
Special Education Fiscal Advisory Committee Members

Membership will consist of twelve members as follows:

1. A representative from the unit in the Department responsible for the administration of Special Education Programs; (**Barbara Goldsby and/or Randy Boyer**)

2. A special education director from a board of cooperative services with expertise in special education finance by the State Board based on a recommendation from the Statewide Association that represents Boards of Cooperative Services (**Robin Tschider**, Northwest Colorado BOCES)

3. A business official from a large urban or suburban administrative unit (**Shelley Becker**, Adams 12)

4. A business official from a small rural administrative unit (**Mark Rydberg**, Summit County SD RE-1)

5. Eight special education specialists with statewide geographic representation.

1. WC – **Nita McAuliffe**, San Luis Valley BOCES, Alamosa
2. Metro – **Callan Clark**, Arapahoe 1, Englewood
3. SE – **Andrea Ham**, Pueblo 60, Urban
4. SW – **Marta Smith**, Gunnison RE-1J
5. PP – **Carolena Steen**, El Paso 12, Cheyenne Mountain
6. NC – **Jon Paul Burden**, Weld #4, Windsor
7. NW – **Lyndell J. Copeland**, El Paso 2, Harrison
8. NE – **Tamara Durbin**, Northeast Colorado BOCES