# Title I, Part A 15% Carryover Waiver Request Form

Additional Resources:

* [Title I, Part A: Improving the Academic Achievement of the Disadvantaged](http://www.cde.state.co.us/fedprograms/ti/a)
* [Office of Grants Fiscal](http://www.cde.state.co.us/cdefisgrant)
* [ESSA Distribution Reports](http://www.cde.state.co.us/cdefisgrant/grant_distribution_reports)

Contacts:

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Grants Fiscal Contacts:

[Steven Kaleda](mailto:kaleda_s@cde.state.co.us) – Grants Fiscal Analyst

[Robert Hawkins](mailto:hawkins_r@cde.state.co.us)  - Lead Grants Fiscal Analyst

Submit Waiver to [Consolidatedapplications@cde.state.co.us](mailto:Consolidatedapplications@cde.state.co.us)

Section 421 (b) of the General Education Provisions Act, states that not more than 15 percent of the Title I, Part A funds allocated to a local educational agency (LEA) for any fiscal year may remain available for obligation by such agency for one additional fiscal year. \*However, under section 1127 of the ESEA provides that CDE may waive this percentage limitation for LEAs once every 3 years when one of the following applies:

(1) CDE determines that the request of a local educational agency is reasonable and necessary; or

(2) Supplemental appropriations for this subpart become available

Accordingly, an LEA must receive a waiver from the State to carryover more than 15% of its previous year’s Title I, Part A allocation into the following fiscal year. If the waiver is granted, the LEA will not be eligible to request a Waiver of this statute for 3 years after the approval of the waiver.

\*This percentage limitation on carryover does not apply to any LEA that receives less than $50,000 under Title I, Part A.

**Complete the information below to request a waiver. Information may be attached as an addendum.**

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
District Number: \_\_\_\_\_\_\_\_\_\_\_

District Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Title I, Part A allocation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected carryover amount as of September 30, \_\_\_\_\_: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of the Title I, Part A carryover amount: \_\_\_\_\_\_%

**Narrative:**

1. Describe why a waiver of the 15% carryover limitation is reasonable and necessary for the district. Include an explanation of why this amount was not expended.
2. Provide a plan for the activities the carryover funds will support in the next fiscal year. Include the amount of funds carried over that will support each proposed activity and whether this are new activities or if they received CDE approval in the Consolidated Application.

By signing below, the district acknowledges that this waiver can only be granted once every 3 years. Should the waiver request for fiscal year \_\_\_\_\_\_\_\_\_ be granted, the district would not be eligible to apply for a similar waiver until FY \_\_\_\_\_\_\_\_, 3 years from the date of the approved waiver.

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_

* Please check this box if you have discussed this waiver with a Grants Fiscal Representative. *If you have not discussed this with Grants Fiscal, please consult with them prior to submitting the waiver.*

**Submit waiver and attached addendum to** [**consolidatedapplications@cde.state.co.us**](mailto:consolidatedapplications@cde.state.co.us)**.**