



Organization:
Campus/Site:
Vendor ID:

County District:
ESC Region:
School Year:

<Name of Grant Program>

Instructions

<Program Description>

SC5003 – Formula Grants Consolidated Schedule

Help

Part 1: Equitable Access and Participation

Indicate below whether any barriers exist to equitable access and participation for any groups that receive services funded by ESSA, Perkins or Special ED grants.

- The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by any grant within this application.
Barriers exist to equitable access and participation for the following groups receiving services funded by any grant within this application, as described below.

Table with 2 columns: Group, Description. Row 1: 1. [Dropdown menu]

Add Line

Remove Line

Part 2: Guidelines, Provisions and Assurances, and Certifications

A. General Guidelines, Provisions and Assurances, and Lobbying Certificate

General and Fiscal Guidelines

General Provisions and Assurances

Debarment and Suspension

- Does this organization spend non-federal funds on lobbying activities and has attached the required OMB Disclosure of Lobbying Activities form, as described below?
Yes No

- Select the appropriate program(s) for the Lobbying Certification.

ESSA Perkins Special Education

The Lobbying Certification should be attached to the selected grant application during original submission.

Instructions for completing and attaching the Disclosure of Lobbying Activities form.

- Print and sign the form.
Scan the signed form and save it to your desktop.
Click the Attach Files icon on the Table of Contents page of each applicable eGrants application to attach your signed form.

Lobbying Certification

B. Program Specific Guidelines and Provisions and Assurances

ESSA

Perkins

Special ED

Program Guidelines

Program Guidelines

Program Guidelines

Program Specific Provisions and Assurances

Program Specific Provisions and Assurances

Program Specific Provisions and Assurances

C. Program Guidelines and Requirements Certification

- Checking this box certifies that this organization accepts and is in compliance with all the above-mentioned applicable guidelines and requirements.

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<Name of Grant Program>

Instructions

<Program Description>  
**SC5003 – Formula Grants Consolidated Schedule**

### Part 3: Certification and Incorporation

#### Certification and Incorporation Statement

I hereby certify that the information contained in this Special Collections Report is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to submit this data. I further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations; application guidelines and instructions; provisions, assurances, and certification requirements; and the schedule submitted. It is understood by the applicant that this application constitutes an offer and, if accepted by the Texas Education Agency or renegotiated to acceptance, will form a binding agreement.

#### Authorized Official

Select Cont

Add New Contact

First Name:

Middle Initial:

Last Name:

Title:

Phone:

Ext:

E-Mail:

#### Submitter Information

First Name:

Last Name:

Approval ID:

Submit Date and Time:

Only the legally responsible party may certify and submit this report.

Certify and Submit

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Schedule Status:

FORMULA

Application ID:



Organization:

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2019-2020 Special Education Consolidated Grant Application

General Information

GS2100 - Applicant Information

Part 1: Organization Information

Applicant

Organization Name

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code

DUNS Number

School/Campus or Site

Organization Name

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code

Part 2: Applicant Contact

Select Contact: Select One ▾ or

Add New Contact

First Name

Initial

Last Name

Title

Telephone

Ext.

E-mail

Select Contact: Select One ▾ or

Add New Contact

First Name

Initial

Last Name

Title

Telephone

Ext.

E-mail



Organization:  
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**2019-2020 Special Education Consolidated Grant Application**

**General Information**

**GS2300 - Negotiation Comments and Confirmation**

General Comments (TEA Use Only)

This schedule is for TEA to document any required changes and communications to the applicant in the event this application requires negotiation. It will also require applicants to acknowledge that they have made the change requested.


Applicants: For all negotiation notes below, please make the requested changes in the grant application itself.


- Please do check the "Change Completed" box.
- Please do not enter information in the "Grantee Comments" section, unless you are specifically instructed to do so.

#	Date	Negotiation Note
1	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center; margin: 0;">Schedule</p> <p style="margin: 0;">-Select Schedule- ▼</p> </div>	

**Grantee Comments**  Accepted by TEA  Change Completed

Select button to add or remove Negotiation Item :

<b>Schedule Status:</b>		<b>FORMULA</b>		<b>Application ID:</b>	
		<b>Organization:</b>		<b>County District:</b>	
		<b>Campus/Site:</b>		<b>ESC Region:</b>	
<b>SAS#: SPEDAA20</b>		<b>Vendor ID:</b>		<b>School Year: 2019-2020</b>	
<b>2019-2020 Special Education Consolidated Grant Application</b>					
<b>Program Description</b>					
<b>PS3502 - Private Nonprofit Schools Participation</b>					
Program Implementation is in accordance with the Program Specific Provisions and Assurances certified prior to the completion of this application. To view the General and Program Specific Provisions and Assurances and Guidelines, visit the TEA Grant Opportunities webpage.					
<b>Part 1: This schedule must be completed unless one of the following exceptions applies:</b>					
<input type="checkbox"/> Applicant agency is an open-enrollment charter school.					
<input type="checkbox"/> No private schools are located within the legal boundaries of the applicant agency.					
<b>Part 2: Children Evaluated</b>					<b>Number</b>
Total Number of Parentally Placed Private School Children Aged 3 through 21 Evaluated (Initial Evaluation and/or Re-evaluation) 07/01/2018 through 06/30/2019. [34 CFR §300.132(c)(1)] "must maintain in its records and provide to the SEA"					
<b>Part 3: Consultation During the Development and Design Phase of Special Education and Related Services for Parentally Placed Private School Children with Disabilities</b>					
<b>Timely and Meaningful Consultation Methods [34 CFR §76.656(e)] "manner &amp; extent to which the applicant complied"</b>					
<input type="checkbox"/> Certified Letters <input type="checkbox"/> Documented Phone Calls <input type="checkbox"/> Meetings <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other:					
<b>Child Find Activities Were Implemented through:</b>					
<input type="checkbox"/> Active Recruitment		<input type="checkbox"/> Distribution of Program Information			
<input type="checkbox"/> Media Advertising		<input type="checkbox"/> Scheduled Public Meetings to Explain Benefits			
<input type="checkbox"/> Meetings with Private Schools		<input type="checkbox"/> Other:			
<b>Part 4: Proportionate Share Calculation for IDEA-B Formula Funds</b>					<b>Number</b>
a.	Entitlement of Formula Funds for the 2019-2020 School Year				[ ]
b.	Total Number of Eligible Children (determined to be children with disabilities) Aged 3 through 21 in PUBLIC Schools on the Last Friday in October 2018 [34 CFR Appendix B] (This count includes children with disabilities aged 3 through 4 dually enrolled in public and private schools.)				[ ]
c.	Total Number of Parentally Placed Eligible Children (determined to be children with disabilities) Aged 3 through 21 in PRIVATE Schools on the Last Friday in October 2018 [34 CFR §300.132 (c)(2), 34 CFR §76.656(b), 34 CFR§300.133(a)(1), 34 CFR Appendix B] (This count does NOT include children with disabilities aged 3 through 4 who are dually enrolled.)				[ ]
d.	Total Number of Eligible Children				[ ]
e.	Average Allocation Per Eligible Child				[ ]
f.	Proportionate Share Amount to Be Expended for Parentally Placed Private School Children with Disabilities Aged 3 through 21 in 2019-2020				[ ]
<b>Part 5: Proportionate Share Calculation for IDEA-B Preschool Funds</b>					<b>Number</b>
a.	Entitlement of Preschool Funds for the 2019-2020 School Year				[ ]
b.	Total Number of Eligible Children (determined to be children with disabilities) Aged 3 through 5 in PUBLIC Schools on the Last Friday in October 2018 [34 CFR Appendix B] (This count includes children with disabilities aged 3 through 4 dually enrolled in public and private schools.)				[ ]
c.	Total Number of Parentally Placed Eligible Children (determined to be children with disabilities) Aged 3 through 5 in PRIVATE Schools on the Last Friday in October 2018 [34 CFR §300.132 (c)(2), 34 CFR §76.656(b), 34 CFR§300.133(a)(2), 34 CFR Appendix B] (This count does NOT include children with disabilities aged 3 through 4 who are dually enrolled.)				[ ]
d.	Total Number of Eligible Children				[ ]
e.	Average Allocation Per Eligible Child				[ ]
f.	Proportionate Share Amount to Be Expended for Parentally Placed Private School Children with Disabilities Aged 3 through 5 in 2019-2020				[ ]
<b>Part 6: Children Served</b>					<b>Number</b>
Total Number of Parentally Placed Private School Children ages 3 through 21 who will receive benefits under the program [34 CFR §300.132 (c)(3), 34 CFR §76.656(c)]					
<b>Part 7: Services</b>					
<b>How does your LEA determine which private school students receive services? Describe the process you use to make that determination (34 CFR § 300.132 and 34 CFR § 76.656).</b>					
					<b>300 of 300</b>

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SAS#: SPEDAA20					
<b>2019-2020 Special Education Consolidated Grant Application</b>					
<b>Program Description</b>					
<b>PS3502 - Private Nonprofit Schools Participation</b>					
<b>Part 7: Services (continued)</b>					
<b>a. Designated Places/Sites Where the Parentally Placed Private School Children with Disabilities Will Receive Services [34 CFR §76.656(f)]</b>					
<input type="checkbox"/> Public School	<input type="checkbox"/> Private Nonprofit School	<input type="checkbox"/> Neutral Site			
<input type="checkbox"/> Other Place					
<b>b. Designated Times the Parentally Placed Private School Children with Disabilities Will Receive Services [34 CFR §76.656(f)]</b>					
<input type="checkbox"/> Regular School Day	<input type="checkbox"/> Before School Day	<input type="checkbox"/> After School Day	<input type="checkbox"/> Summer Vacation		
<input type="checkbox"/> Other Time					
<b>Part 8: Documentation of the Consultation Process</b>					
<input type="radio"/>	Timely and meaningful consultation, as required by 34 CFR §300.134, has occurred, and the LEA has obtained a written affirmation signed by representatives of participating private schools. [34 CFR §300.135 (a)]				
<input type="radio"/>	Representatives of participating private schools did not provide written affirmation to the LEA within a reasonable period of time. Documentation of the attempts made to obtain written affirmation are attached. [34 CFR §300.135 (b)]				
<input type="radio"/>	Consultation did not occur because representative of private schools/home schools did not accept the offer/invitation for consult.				



Organization:  
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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Statutory Authority:**


P. L. 108-446, Part B (Sections 611 and 619), Part C, and Part D; GAA, Article III, Riders 13 and 15, 85th Legislature

**Part 1: Available Funding**

View Funding/Carryover		IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI
Fund/SSA Code					
Select <b>Not Participating</b> if LEA will not apply for funds					
Planning Amount					
Final Amount					
Carryover					
<b>Total Funds Released and Funds Transferred in from Other Fiscal Agents</b>					
Released Amounts					
Released Carryover					
Amounts Transferred In					
Carryover Transferred In					
<b>Total Available Funds</b>					
Total Available Funds					

**Part 2: Budgeted Costs**

Class/Object Code and Description		IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI
6100	Payroll Costs				
6200	Professional and Contracted Services (itemized in Part 5)				
6300	Supplies and Materials (itemized in Part 6)				
6400	Other Operating Costs (itemized in Part 7)				
6500	Debt Service (itemized in Part 8 and 9)				
6600	Capital Outlay (itemized in Part 10)				
6629	Building Purchase, Construction, or Improvements				
8911	Operating Transfers Out (Schoolwide programs only)				
<b>Subtotal</b>					
Total Direct Costs					
<a href="#">Help</a> Indirect Costs					
<b>Total Budgeted Costs</b>					
Total Budgeted Costs					
<b>Difference Between Total Funds Available and Total Budgeted Costs</b>					
Total Funds Available Minus Total Costs					
<b>Shared Services Arrangement</b>					
6493	Payments to Member Districts of SSA				
<b>Coordinated Early Intervening Services (included in budgeted costs above)</b>					
<b>Total Amount Allocated to CEIS</b>					

Schedule Status:		FORMULA		Application ID:		
		Organization: Campus/Site: Vendor ID:		County District: ESC Region: School Year: 2019-2020		
SAS#: SPEDAA20						
<b>2019-2020 Special Education Consolidated Grant Application</b>						
<b>Program Budget</b>						
<b>BS6006 - Program Budget Summary and Support</b>						
Statutory Authority:						
P. L. 108-446, Part B (Sections 611 and 619), Part C, and Part D; GAA, Article III, Riders 13 and 15, 85th Legislature						
<b>Part 1: Available Funding</b>						
<a href="#">View Funding/Carryover</a>				State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
Fund/SSA Code						
Select <b>Not Participating</b> if LEA will not apply for funds				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Amount						
Final Amount						
Carryover						
<b>Total Funds Released and Funds Transferred in from Other Fiscal Agents</b>						
Released Amounts						
Released Carryover						
Amounts Transferred In						
Carryover Transferred In						
<b>Total Available Funds</b>						
Total Available Funds						
<b>Part 2: Budgeted Costs</b>						
Class/Object Code and Description				State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
6100	Payroll Costs					
6200	Professional and Contracted Services (itemized in Part 5)					
6300	Supplies and Materials (itemized in Part 6)					
6400	Other Operating Costs (itemized in Part 7)					
6500	Debt Service (itemized in Part 8 and 9)					
6600	Capital Outlay (itemized in Part 10)					
6629	Building Purchase, Construction, or Improvements					
8911	Operating Transfers Out (Schoolwide programs only)					
<b>Subtotal</b>						
Total Direct Costs						
<a href="#">Help</a> Indirect Costs						
<b>Total Budgeted Costs</b>						
Total Budgeted Costs						
<b>Difference Between Total Funds Available and Total Budgeted Costs</b>						
Total Funds Available Minus Total Costs						
<b>Shared Services Arrangement</b>						
6493	Payments to Member Districts of SSA					





Organization:  
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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 3: 6100 - Itemized Payroll Costs**

Help

Number of Positions								
#	Position Title	IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI	State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
1.	AI (Auditory Impairment)/DHH (Deaf or Hard of Hearing) Teacher							
2.	ARD (Admission, Review, and Dismissal) Facilitator/IEP							
3.	Art Therapist							
4.	Audiologist							
5.	Behavior Specialist							
6.	Bus Related Service Aide							
7.	Case Management Personnel							
8.	COMS (Certified Orientation & Mobility Specialist)							
9.	Counselor							
10.	Educational Aide							
11.	Educational Diagnostician							
12.	Interpreter for the Deaf							
13.	Job Coach							
14.	LSSP (Licensed Specialist in School Psychology)/Psychologist							
15.	Music Therapist							
16.	Occupational Therapist							
17.	Parent Liaison							
18.	PEIMS/SEMS/SERS Personnel							
19.	Physical Therapist							
20.	Recreational Therapist							
21.	School Nurse (supplemental services only)							
22.	SLP (Speech & Language Pathologist)/Speech Therapist							
23.	Secretarial/Clerical Staff							
24.	Social Worker							
25.	Special Education Teacher							
26.	Technology Specialist							
27.	Transition Coordinator							
28.	VAC (Vocational Adjustment Coordinator)							
29.	VI (Visual Impairment) Teacher							
30.	CEIS Intervention Aide							
31.	CEIS Intervention Teacher							



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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 3: 6100 - Payroll Costs (continued)** Help

**Number of Positions**

#	Position Title	IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI	State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
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Detailed job description for all other positions entered below must be maintained locally by the LEA and available to be submitted to TEA upon request.

<input type="checkbox"/>	Other:							
Brief Description of Responsibilities:							CEIS Funded?	<input type="radio"/> Yes <input type="radio"/> No

32.  **Confirmation of Payroll Requirements:**  
 The grantee certifies the federally-funded portion, and/or state-funded portion as applicable, of this position and duties are reasonable, necessary, allowable and allocable under the applicable fund source(s). The grantee further certifies that it is in compliance with the federal and/or applicable state supplement, not supplant provision(s). The grantee assures the grant-funded portion of this position and duties meet the purpose, goals, and objectives of the applicable fund source(s). The LEA also certifies that any administrative duties will be paid from another allowable non-federal fund source. Documentation must be maintained locally by the grantee that clearly demonstrates the allowable and supplemental nature of the position and will provide such documentation to TEA upon request.

**Part 4: 6100 - Substitute, Extra-Duty, Benefits** Help

1.	For Schoolwide Personnel Not Coded 8911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Extra-Duty Pay/Beyond Normal Work Hours for Positions Not Indicated Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Substitutes for Public and Charter School Personnel Not Indicated Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Program Budget</b>						
<b>BS6006 - Program Budget Summary and Support</b>						
<b>Part 5: 6200 - Itemized Professional and Contracted Services</b>					<a href="#">Help</a>	
<b>Costs Requiring Specific Approval</b>						
		<b>Expense Item Description</b>	<b>IDEA-B Formula</b>	<b>IDEA-B Preschool</b>	<b>IDEA-D Deaf Blind</b>	<b>SSVI</b>
6269	Rental or Lease of Buildings, Space in Buildings, or Land					
	Specify purpose:					
<b># Professional and Consulting Services (6219, 6239, or 6291)</b>						
1.	AI (Auditory Impairment)/DHH (Deaf or Hard of Hearing) Services					
2.	Assessments/Evaluations					
3.	Child Care for Parent Training					
4.	Curriculum Development					
5.	Direct Services/Related Services					
	Specify service(s):					
6.	Homebound					
7.	In-home Training					
8.	Interpreter (language translation or deaf interpretation)					
9.	Nurse/Health Services					
10.	Parent Liaison					
11.	Professional/Staff Development or Training					
12.	Program Evaluator					
13.	Technology Specialist					
14.	Transportation Contract (parent/private), excess costs					
15.	VI (Visual Impairment) Services					
16.	<b>CEIS</b> Contracted Services					
<b>Enter all other contracted services below.</b>						
17.	<input type="checkbox"/>	Other Services:				
	Specify purpose:					
<input type="button" value="Add Other"/> <input type="button" value="Delete Other"/>						
<b>Subtotal</b>						
Subtotal Professional and Consulting Services						
Remaining 6200 - Professional and Contracted Services That Do Not Require Specific Approval						
<b>Grand Total</b>						
Grand Total						

<b>Schedule Status:</b>		<b>FORMULA</b>		<b>Application ID:</b>		
<b>eGrants Application</b> TEXAS EDUCATION AGENCY		<b>Organization:</b>		<b>County District:</b>		
<b>SAS#: SPEDAA20</b>		<b>Campus/Site:</b>		<b>ESC Region:</b>		
		<b>Vendor ID:</b>		<b>School Year: 2019-2020</b>		
<b>2019-2020 Special Education Consolidated Grant Application</b>						
<b>Program Budget</b>						
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<b>Part 5: 6200 - Itemized Professional and Contracted Services (continued)</b>					<b>Help</b>	
<b>Costs Requiring Specific Approval</b>						
<b>Expense Item Description</b>				<b>State Deaf</b>	<b>IDEA-B Discretionary Deaf</b>	<b>IDEA-C Early Childhood Interv. (Deaf)</b>
6269	Rental or Lease of Buildings, Space in Buildings, or Land Specify purpose:					
<b># Professional and Consulting Services (6219, 6239, 6291)</b>						
1.	AI (Auditory Impairment)/DHH (Deaf or Hard of Hearing) Services					
2.	Assessments/Evaluations					
3.	Child Care for Parent Training					
4.	Curriculum Development					
5.	Direct Services/Related Services Specify service(s):					
6.	Homebound					
7.	In-home Training					
8.	Interpreter (language translation or deaf interpretation)					
9.	Nurse/Health Services					
10.	Parent Liaison					
11.	Professional/Staff Development or Training					
12.	Program Evaluator					
13.	Technology Specialist					
14.	Transportation Contract (parent/private), excess costs					
15.	VI (Visual Impairment) Services					
<b>Enter all other contracted services below.</b>						
16.	<input type="checkbox"/>	Other Services: Specify purpose:				
				<b>Add Other</b>	<b>Delete Other</b>	
<b>Subtotal</b>						
Subtotal Professional and Consulting Services						
Remaining 6200 - Professional and Contracted Services That Do Not Require Specific Approval						
<b>Grand Total</b>						
Grand Total						



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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 6: 6300 - Itemized Supplies and Materials** Help

Costs Requiring Specific Approval		IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI
Expense Item Description					
1.	CEIS Supplies and Materials				
Remaining 6300 - Supplies and Materials That Do Not Require Specific Approval					
<b>Grand Total</b>					
Grand Total					
Costs Requiring Specific Approval			State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
Expense Item Description					
Remaining 6300 - Supplies and Materials That Do Not Require Specific Approval					
<b>Grand Total</b>					
Grand Total					



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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 7: 6400 - Itemized Other Operating Costs**

Help

Costs Requiring Specific Approval		IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI
#	Class/Object Code and Description				
1.	6411 Out-of-State Travel for Employees. Must be allowable per Program Guidelines. LEA must keep documentation locally.				
2.	6412 Travel for Students to Conferences (does not include field trips). Requires authorization in writing. Specify Purpose:				
3.	6412/6494 Educational Field Trip(s). Must be allowable per Program Guidelines. LEA must keep documentation locally. (Special Olympics and Community Based Instruction (CBI) are not considered Educational Field Trips and do not require specific approval).				
4.	6413 Stipends for Non-Employees other than those included in 6419 Specify Purpose:				
5.	6419 Non-Employee Costs for Conferences. Requires authorization in writing.				
6.	6411/6419 Travel Costs for Officials such as Executive Director, Superintendent, or Board Members. Allowable only when such costs are directly related to the grant. Must be allowable per Program Guidelines. If Out-of-State Travel, LEA must keep documentation locally.				
7.	64XX Hosting Conferences for Non-Employees. Must be allowable per Program Guidelines. LEA must keep documentation locally.				
8.	6411/6419 CEIS Travel Costs for professional development. If Out-of-State Travel, LEA must keep documentation locally.				
<b>Subtotal</b>					
Subtotal					
Remaining 6400 - Other Operating Costs That Do Not Require Specific Approval					
<b>Grand Total</b>					
Grand Total					



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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 7: 6400 - Itemized Other Operating Costs (continued)**

Help

Costs Requiring Specific Approval		State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
#	Class/Object Code and Description			
1.	6411 Out-of-State Travel for Employees. Must be allowable per Program Guidelines. LEA must keep documentation locally.			
2.	6412 Travel for Students to Conferences (does not include field trips). Requires authorization in writing. Specify Purpose:			
3.	6412/ 6494 Educational Field Trip(s). Must be allowable per Program Guidelines. LEA must keep documentation locally. (Special Olympics and Community Based Instruction (CBI) are not considered Educational Field Trips and do not require specific approval).			
4.	6413 Stipends for Non-Employees other than those included in 6419 Specify Purpose:			
5.	6419 Non-Employee Costs for Conferences. Requires authorization in writing.			
6.	6411/ 6419 Travel Costs for Officials such as Executive Director, Superintendent, or Board Members. Allowable only when such costs are directly related to the grant. Must be allowable per Program Guidelines. If Out-of-State Travel, LEA must keep documentation locally.			
7.	64XX Hosting Conferences for Non-Employees. Must be allowable per Program Guidelines. LEA must keep documentation locally.			
<b>Subtotal</b>				
Subtotal				
Remaining 6400 - Other Operating Costs That Do Not Require Specific Approval				
<b>Grand Total</b>				
Grand Total				

<b>Schedule Status:</b>		<b>FORMULA</b>		<b>Application ID:</b>	
<b>eGrants Application</b> TEXAS EDUCATION AGENCY		<b>Organization:</b>	<b>County District:</b>		
<b>SAS#: SPEDAA20</b>		<b>Campus/Site:</b>	<b>ESC Region:</b>		
		<b>Vendor ID:</b>	<b>School Year: 2019-2020</b>		
<b>2019-2020 Special Education Consolidated Grant Application</b>					
<b>Program Budget</b>					
<b>BS6006 - Program Budget Summary and Support</b>					
<b>Part 8: 6500 - Itemized Debt Service</b>					<b>Help</b>
#	Class/Object Code and Description	IDEA-B Formula	IDEA-B Preschool	State Deaf	IDEA-B Discretionary Deaf
6512	Capital Lease-Principal				
6522	Capital Lease-Interest				
6523	Interest on Debt				
<b>Grand Total</b>					
		Grand Total			
<b>Part 9: 6500 - Itemized Debt Service - Description of Property With Justification</b>					
<b>Property Description</b>					<b>150 of 150</b>
1.					
	<b>Funding Source</b>	<b>Property Value</b>	<b>Contract Dates</b>		
	Select One				
<b>Property Description</b>					<b>150 of 150</b>
2.					
	<b>Funding Source</b>	<b>Property Value</b>	<b>Contract Dates</b>		
	Select One				
<b>Property Description</b>					<b>150 of 150</b>
3.					
	<b>Funding Source</b>	<b>Property Value</b>	<b>Contract Dates</b>		
	Select One				
<b>Property Description</b>					<b>150 of 150</b>
4.					
	<b>Funding Source</b>	<b>Property Value</b>	<b>Contract Dates</b>		
	Select One				
<input type="checkbox"/> <b>Access by Persons with Disabilities - Applicant shall require the lease-purchased facility to comply with the Americans with Disabilities Act (ADA) 28 CFR Part 35 or the Uniform Federal Accessibility Standards and other applicable federal requirements. In addition, the applicant shall require the facility to comply with the Texas Accessibility Standards (TAS) promulgated by the Texas Department of Licensing and Regulation. The applicant shall be responsible for conducting inspections to ensure compliance with these specifications by the contractor.</b>					





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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 10: 6600 - Itemized Capital Outlay - Capitalized Assets Regardless of Unit Cost** Help

#	Description and Purpose	Unit Cost	Quantity	IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI
6669 - Library Books and Media (capitalized and controlled by library)							
<b>66XX - Computing Devices - Capitalized</b>							
1.	<input type="checkbox"/> Specify purpose:						
<input type="button" value="Add Device"/> <input type="button" value="Delete Device"/>							
<b>66XX - Software - Capitalized</b>							
1.	<input type="checkbox"/> Specify purpose:						
<input type="button" value="Add Software"/> <input type="button" value="Delete Software"/>							
<b>66XX - Equipment, Furniture, or Adapted Bus - Capitalized</b>							
1.							
2.	<input type="checkbox"/> Specify purpose:						
<input type="button" value="Add Other 66XX"/> <input type="button" value="Delete Other 66XX"/>							
Capital Expenditures for Additions, Improvements, or Modifications to Capital Assets Which Materially Increase Their Value or Useful Life (not ordinary repairs and maintenance)							
<b>66XX - CEIS Computing Devices - Capitalized</b>							
1.	<input type="checkbox"/> Specify purpose:						
<input type="button" value="Add CEIS Device"/> <input type="button" value="Delete CEIS Device"/>							
<b>66XX - CEIS Software - Capitalized</b>							
1.	<input type="checkbox"/> Specify purpose:						
<input type="button" value="Add CEIS Software"/> <input type="button" value="Delete CEIS Software"/>							
<b>Grand Total</b>							
			Grand Total				



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**2019-2020 Special Education Consolidated Grant Application**

**Program Budget**

**BS6006 - Program Budget Summary and Support**

**Part 10: 6600 - Itemized Capital Outlay - Capitalized Assets Regardless of Unit Cost (continued)**

Help

#	Description and Purpose	Unit Cost	Quantity	State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv. (Deaf)
---	-------------------------	-----------	----------	------------	---------------------------	---------------------------------------

6669 - Library Books and Media (capitalized and controlled by library)

**66XX - Computing Devices - Capitalized**

1.	<input type="checkbox"/>	Specify purpose:				
<input type="button" value="Add Device"/> <input type="button" value="Delete Device"/>						

**66XX - Software - Capitalized**

1.	<input type="checkbox"/>	Specify purpose:				
<input type="button" value="Add Software"/> <input type="button" value="Delete Software"/>						

**66XX - Equipment, Furniture, or Adapted Bus - Capitalized**

1.	<input type="checkbox"/>	Specify purpose:				
<input type="button" value="Add Other 66XX"/> <input type="button" value="Delete Other 66XX"/>						

Capital Expenditures for Additions, Improvements, or Modifications to Capital Assets Which Materially Increase Their Value or Useful Life (not ordinary repairs and maintenance)

**Grand Total**

Grand Total

**eGrants Application** Organization: County District:  
**TEXAS EDUCATION AGENCY** Campus/Site: ESC Region:  
 SAS#: SPEDAA20 Vendor ID: School Year: 2019-2020

2019-2020 Special Education Consolidated Grant Application

Program Budget

BS6006 - Program Budget Summary and Support

Part 11: Justification for Purchase or Lease of Portable Building b Applicable Help

Select to clear all data in Part 11

Indicate Fund Source

IDEA-B Formula	IDEA-B Preschool	IDEA-D Deaf Blind	SSVI	State Deaf	IDEA-B Discretionary Deaf	IDEA-C Early Childhood Interv.(Deaf)
in	in	in	in	in	in	in

Description/Purpose

1. Describe the specially-designed instruction for the specific students with disabilities who will be served by the new facility. 900 of 900

2. Describe how the use of the new facility will not result in a more restrictive environment for the specific students with disabilities who will be served by the new facility. 900 of 900

3. What type(s) of personnel will provide the services/instruction? 900 of 900

4. Give examples of relevant IEP objectives that make the project necessary. 900 of 900

5. Describe how the IEP objectives for the students with disabilities are currently being met in the absence of the requested project. 900 of 900

**eGrants Application** Organization: County District:  
**TEXAS EDUCATION AGENCY** Campus/Site: ESC Region:  
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2019-2020 Special Education Consolidated Grant Application

Program Budget

BS6006 - Program Budget Summary and Support

Part 11: Justification for Purchase or Lease of Portable Building (continued)

Description/Purpose

6. If the IEP objectives are currently supported, describe the justification for the project. 900 of 900

[Empty response area for question 6]

7. Where are students currently being served? 150 of 150

[Empty response area for question 7]

8. Will any of the students with disabilities spend all their instructional time in the new facility?  Yes  No  
 If yes, explain: 900 of 900

[Empty response area for question 8]

9. Will the provision of this project result in a reduction in the proportion of instructional time the students spend with nondisabled students?  Yes  No  
 If yes, explain: 900 of 900

[Empty response area for question 9]

10. Describe how the new facility will retain its portability. 100 of 100

[Empty response area for question 10]

Part 11: Justification for Purchase or Lease of Portable Building (continued)

Assurances

- Access by Persons with Disabilities-Applicant is in compliance with requirements for access by persons with disabilities.
- Use of funds to purchase or lease a portable building will not violate the least restrictive environment (LRE) requirements of IDEA 2004.

Allocation of Costs

- I have entered the purchase price of the portable building in Part 10 6600 (this does not include site preparation costs).
- I have entered the lease-purchase price of the portable building in Part 8 6500 (this does not include site preparation costs).
- I have entered the costs for furniture and equipment in either Part 6 6300 or Part 10 6600, depending on the capitalization threshold.

<b>Schedule Status:</b>		<b>FORMULA</b>		<b>Application ID:</b>	
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<b>2019-2020 Special Education Consolidated Grant Application</b>					
<b>Program Budget</b>					
<b>BS6016 - Fiscal Compliance Requirements</b>					
<b>Part 1: LEA MOE (Maintenance of Effort) for Eligibility and MOE Reduction</b>					
Per 34 CFR 300.203(a,b), to be eligible to receive an IDEA-B grant, each LEA must ensure that the amount of state and local funds or only local funds it budgets for the education of children with disabilities in that year is at least the same, either in total or per capita, as the amount it expended for services to children with disabilities in the most recent prior year for which information is available. Amounts indicated on lines 1 and 2 should be from the same fund source, meaning either state and local funds or only local funds.					
For each LEA complete the information requested below for items 1-5. <span style="float: right;"><b>Help</b></span>					
<b>LEA Name:</b>					
<b>LEA MOE for Eligibility</b>					<b>Expenditures</b>
Enter the amounts below, of either state and local funds or only local funds, to demonstrate MOE for grant eligibility purposes. Remember, to be eligible the budgeted amount must equal or exceed the expenditures for the most recent prior year in which complete expenditure data are available and the LEA was in MOE compliance. LEAs must ensure auditable documentation is on file to support the data reported and must be made available to TEA upon request.					
1.	Amount of special education expenditures for the most recent prior year in which complete expenditure data are available and the LEA was in MOE compliance.				
2.	Budget for special education for 2019-2020				
	If the LEA's budget does not equal or exceed the amount expended in the most recent prior year in which complete expenditure data are available, due to federally allowable exceptions or state reconsiderations, provide a specific justification including the amount of reduction. The amount of the reduction plus the budget amount must equal or exceed amount of expenditures. Note that this is used for grant eligibility purposes only and not final compliance determinations. All applicable federal exceptions and state reconsiderations will be reviewed and approved or rejected during the IDEA-B MOE compliance determination process.				<b>Budgeted Reduction Amount</b>
3.	<input type="checkbox"/> (a) The voluntary departure, by retirement or otherwise, or departure for just cause, of special education or related services personnel. <input type="checkbox"/> (b) A decrease in the enrollment of children with disabilities. <input type="checkbox"/> (c) The termination of the obligation of the agency, consistent with this part, to provide a program of special education to a particular child with a disability that is an exceptionally costly program, as determined by the State Education Agency (SEA), because the child- <ul style="list-style-type: none"> <li>• Has left the jurisdiction of the agency.</li> <li>• Has reached the age at which the obligation of the agency to provide FAPE to the child has terminated.</li> <li>• No longer needs the program of special education.</li> </ul> <input type="checkbox"/> (d) The termination of costly expenditures for long-term purchases, such as the acquisition of equipment or the construction of school facilities. <input type="checkbox"/> (e) The assumption of cost by the high cost fund operated by the SEA under 34 CFR 300.704(c). <input type="checkbox"/> (f) Adjustment to Fiscal Effort (MOE Voluntary Reduction).				
<b>Assurance of Eligibility</b>					
Check the appropriate selection below:					
4.	<input type="radio"/> The LEA assures it used the state and local expenditures (in total or per capita), in the most recent prior year in which data are available and the LEA was in MOE compliance, and has budgeted at least the same amount of state and local funds in the coming year, or budgeted reduced amount due to federally allowable exceptions or state reconsiderations. <input type="radio"/> The LEA assures it used the local expenditures (in total or per capita), in the most recent prior year in which data are available and the LEA was in MOE compliance, and has budgeted at least the same amount of local funds in the coming year, or budgeted reduced amount due to federally allowable exceptions or state reconsiderations.				
The LEA must maintain local documentation of all expenditure and budget data referenced above and provide the documentation to TEA upon request.					
<b>MOE Voluntary Reduction (adjustment to local fiscal efforts) - 2019-2020</b>					
5.	<input type="radio"/> I do not meet the eligibility criteria to voluntarily reduce MOE for 2019-2020. <input type="radio"/> I am eligible to voluntarily reduce MOE for 2019-2020 but shall not exercise this option. <input type="radio"/> I am eligible to voluntarily reduce MOE for 2019-2020 and shall exercise this option.				<b>MOE Voluntary Reduction Amount</b>
<b>Part 2: Coordinated Early Intervening Services (CEIS) Requirements</b>					
<b>Coordinated Early Intervening Services (included in budgeted costs on BS6006)</b>					
	<b>LEA Name</b>	<b>Total CEIS</b>	<b>IDEA-B Formula</b>	<b>IDEA-B Preschool</b>	
<input type="checkbox"/>	Select One ▼				
<input type="button" value="View CEIS Information"/>		<input type="checkbox"/> Read and Understand CEIS Information.		<input type="button" value="Add Member District"/>	
				<input type="button" value="Delete Member District"/>	
<b>Total Amount Allocated to CEIS</b>					

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**2019-2020 Special Education Consolidated Grant Application**  
**Certify and Submit**

	Amendment #	Version #

<b>Application ID:</b>	<b>Status:</b>
<b>TEA Due Date:</b> 8/26/2019 5:00:00 PM	<b>Application Type:</b> Formula
<b>Organization:</b>	<b>SAS #:</b> SPEDAA20
<b>Campus/Site:</b>	
<b>Warning:</b> Be sure to exit all schedules by using the Table of Contents button, NOT the browser BACK button.	

Form Description	Required	Last Updated
<b>General Information</b>		
GS2100 - Applicant Information	*	
GS2300 - Negotiation Comments and Confirmation		
<b>Program Description</b>		
PS3502 - Private Nonprofit Schools Participation	*	
<b>Program Budget</b>		
BS6006 - Program Budget Summary and Support	*	
BS6016 - Fiscal Compliance Requirements	*	

**Certification and Incorporation Statement**

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations; application guidelines and instructions; the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules submitted. It is understood by the applicant that this application constitutes an offer and, if accepted by the Texas Education Agency or renegotiated to acceptance, will form a binding agreement.

Authorized Official							
<b>First Name</b>		<b>30 of 30</b>	<b>Initial</b>	<b>Last Name</b>	<b>30 of 30</b>	<b>Title</b>	<b>40 of 40</b>
<b>Telephone</b>	<b>Ext.</b>	<b>Fax</b>	<b>E-Mail</b>		<b>60 of 60</b>	<b>Confirm E-Mail</b>	<b>60 of 60</b>

Submitter Information				
<b>First Name</b>		<b>Last Name</b>	<b>Approval ID</b>	<b>Submit Date and Time</b>

**Only the legally responsible party may submit this report.**

<b>Certify and Submit</b>			
<table style="display:inline-table; border:1px solid black;"> <tr> <td style="padding: 2px 10px;">Table of Contents</td> <td style="padding: 2px 10px;">Printable Version</td> <td style="padding: 2px 10px;">Save</td> </tr> </table>	Table of Contents	Printable Version	Save
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