

Form J/A 08-9015: APPLICATION for APPROVAL of JULY/AUGUST NON-SPECIAL CLASS SERVICE(S) (Program Code 9015)

PLEASE NOTE: SCHOOL DISTRICTS ARE REQUIRED TO SUBMIT ANNUALLY A COMPLETED APPLICATION FOR EACH 9015 NON-SPECIAL CLASS PROGRAM IT PROPOSES TO OPERATE DURING A JULY/AUGUST EXTENDED SCHOOL YEAR.

PLEASE CHECK: NEW PROGRAM CONTINUING PROGRAM

Please complete every question in this application. Please complete one of these applications for each **Non-Special Class** program type you plan to operate under Program code 9015. The STAC and Special Aids Unit will use the information on this form as the basis for the review of student STAC forms. **The Rate Setting Unit will use this information to establish half hour rates for each Non-Special Class Program Type.**

PART ONE: GENERAL INFORMATION / NARRATIVE

1. Name of school: _____
SED School Code: _____

2. Name of the specific extended school year service(s) for which you are seeking approval

Non-Special Class Programs (9015) (CHECK ONE ONLY):

- Related Services Only **(9015-A)**
- Specially Designed Instruction Only **(9015-B)**
- Specially Designed Instruction with Related Services **(9015-C)**
- Home/Hospital Instruction **(9015-D)**

3. Address: _____
(Street and/or Post Office Box)

(City) (State) (Zip)

(County)

4. Telephone: _____ Fax: _____

5. E-mail address: _____

6. Contact Person: _____

Title: _____

7. Dates of this/these service(s): **Beginning 7/____/08 - Ending 8/____/08**
8. How many **New York State** students are expected to be served in this program during July/August? _____
9. What related services will be provided? _____

10. Briefly describe the program model, including where and how specially designed instruction and/or related services will be provided (Please attach additional pages if necessary):

11. Draw a box around all the dates which indicate the days of the program's operation on the calendar below (30 day minimum).

JULY 2008

AUGUST 2008

M	T	W	Th	F	M	T	W	Th	F
	1	2	3	<u>4</u>					1
7	8	9	10	11	4	5	6	7	8
14	15	16	17	18	11	12	13	14	15
21	22	23	24	25	18	19	20	21	22
28	29	30	31		25	26	27	28	29

PART TWO: JULY/AUGUST BUDGET

Instructions for Completing the Non-Special Class Budget for programs approved to operate during July and August under Section 4408 of the Education Law – Program code 9015

The Reimbursable Cost Manual (RCM) is available by calling (518) 474-3227 or at www.oms.nysed.gov/rsu/home.html. The RCM defines items to be included in specific expense accounts listed on the budget schedules and is the basis for determining reimbursable costs on desk audits and field audits.

SCHEDULE 1: Projected Personal Services

In Schedule 1, report projected salaries of Non-direct Care (Administration/Facility) and Direct Care (Instructional and Related Services) staff by job classification using the applicable job titles listed below as a guide. The total salaries must reconcile with the projected expenditures reported on line 1, "Salaries", on Schedule 2 "Projected Expenditures".

Non-Direct Care Job Titles:

Administrator

Office Related

Other (specify)

Direct Care Job Titles:

Teacher-Special Education

Teacher- Substitute

Occupational Therapist

Physical Therapist

Psychologist

Social Worker

Speech Therapist

Other (Specify)

Schedule 1

[A] Non-direct Care – Administration/Facility

Job Title	July/August Salary	July/August FTE (1)
TOTAL (Must reconcile with Schedule 2, Line 1)		

(1) The FTE should be rounded to two decimal places (.00). The standard formula for calculating an employee’s full-time-equivalent (FTE) is as follows:

<p><u>Total Hours of Projected Employment</u> Standard Work Week Hours X 52 Weeks</p>
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[B] Direct Care – Instructional, Social Services, Related Services

Job Title	July/August Salary	July/August FTE	Number of half hour sessions to be provided in July/August (1)
TOTAL (Must reconcile with Schedule 2, Line 1)			

(1) For each Direct Care position listed, please provide the number of one half hour sessions of service to be provided in total for each position type. This includes only direct contact time with students.

[C] Contractual Direct Care Services - For Expenditures such as the purchase of related services from an outside vendor

Purchased Service	July/August Total Cost	July/August Total Service Hours	Number of half-hour sessions to be provided in July/August (1)
TOTAL (Must reconcile with Schedule 2, Line 10)			

(1) For each type of IEP service listed, please provide the number of one half hour sessions of service to be provided in total for each service type. This includes only direct contact time with students.

SCHEDULE 2: Projected July/August Program Expenditures

- Programs that are approved to provide services that are not special class programs must complete this budget in order to receive State aid for this approved program.
- Report projected expenditures in **whole** dollar amounts.
- Projected expenditures must be reasonable, necessary and directly related to the 9015 program.

Non-Special Class Budget – Program 9015

Schedule 2: Projected Program Expenditures – Do not leave any line item blanks -- (Indicate – 0 – or N/A)

Account	July/August Non-direct Care	July/August Direct Care
Personal Services:		
1. Salaries		
2. Social Security		
3. Insurance (Life & Health)		
4. Pension and Retirement		
5. Worker’s Compensation, Unemployment Insurance, NYS Disability		
6. Other Fringe Benefits (Specify)		
7. Total Personal Services (Sum of Lines 1-6)		
Other Than Personal Services (OTPS)		
8. Supplies and Materials		
9. Space Related charges (Rent/utilities/phone)		
10. Contractual Services		
11. Other:		
12. Total OTPS (Sum of Lines 8-10)		
13. GRAND TOTAL (Sum of Lines 7 and 12)		



ASSURANCES – Attach one copy with each 9015 application the school district is submitting for approval.

This special education program and services will be provided in accordance with Section 4408 of the Education Law and Part 200 of the Regulations of the Commissioner of Education and will include but not be limited to:

- The special education program and services and staff will meet all certification and education standards pursuant to Part 200 and Part 80 of the Regulations of the Commissioner of Education.
- The special education program and/or service(s) must operate for at least 30 days during the months of July and August only and this is the maximum number of days the State will reimburse programs for costs incurred during this time period.
- All instructional and related services will be provided consistent with each student’s Individualized Education Program (IEP).
- Publicly funded school-age students will not be admitted into the special education program and/or service(s) without an IEP from the Committee on Special Education (CSE).
- Parents of students attending programs and services governed by this section will not be asked to make any payments for allowable costs for students placed according to NYS procedures.
- Programs will maintain appropriate accounting documentation and provide necessary financial reports when requested.
- The confidentiality of personally identifiable data, information or records pertaining to a student with a disability will be maintained in accordance with the provisions of 34 CFR §§300.611 – 300.626 of the implementing regulations of the Individuals with Disabilities Education Act (August 14, 2006), the Family Educational Rights and Privacy Act (FERPA) and implementing regulations (20 U.S.C. § 1232g; 34 CFR Part 99) and 8NYCRR 200.5(e)(2).
- All programs and services will be provided in non-sectarian, neutral settings.
- To the maximum extent appropriate, students with disabilities will be educated with students who are nondisabled [34 CFR 300.114(a)(2)(i)].
- Programs will comply with all applicable fire and safety regulations of the State and municipality in which the program/service(s) is located.
- The program will only be reimbursed for the number of half-hour direct contact sessions requested in Schedule Two of the Budget Section approved by the State Education Department.

I, the undersigned, attest that the assurances provided are accurate regarding this program/service(s).

Name _____ Signature _____

Title _____ Date ____/____/ **2008**

