

Application for Vendor Funding Under NYC DOE's Section 611 and 619 IDEA
Vendor Funding Program

Approved Special Education Program (ASEP) Information

Project Operation Dates: July 1, 2014 to June 30, 2015

Project Section: 611 619

BEDS Number (12 digits):	Vendor Number (9 digits):
ASEP Name:	
Mailing Address:	
City, State, Zip:	
Telephone Number:	
Fax Number:	
Primary Contact Name:	
Primary Contact Telephone Number:	
Primary Contact E-mail Address:	
Alternate Contact Name:	
Alternate Contact Telephone Number:	
Alternate Contact E-mail Address:	

Narrative

A. General Description of the Program: (Responses should not exceed one page.)

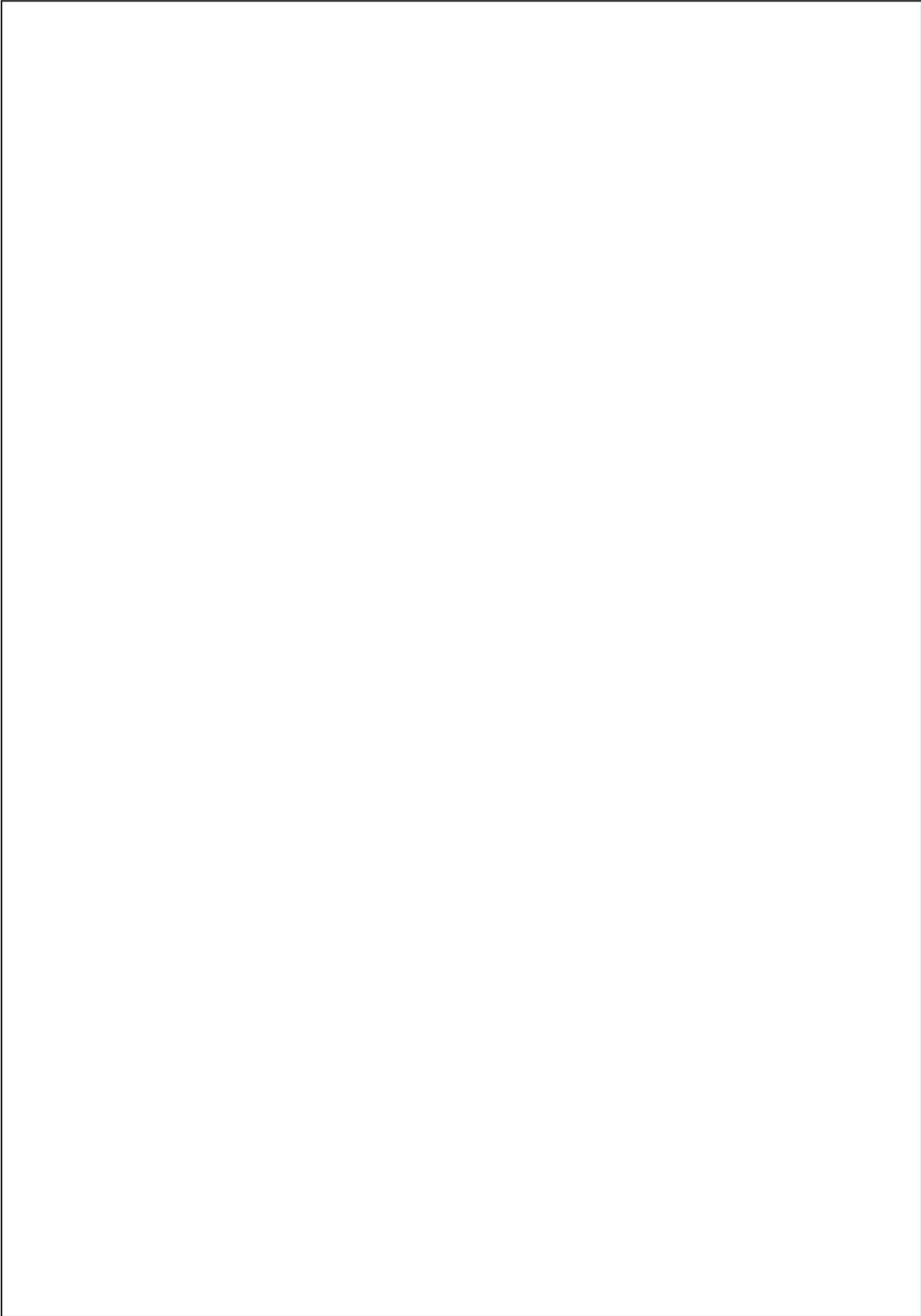
This description should include the mission statement and overall philosophy of the program as well as the overall student population served by your program.

B. Overall Funding Use Plan: (Responses should not exceed two pages.)

This section provides background information and a rationale for the project(s)/activity(ies). It should establish the need and importance of the project(s)/activity(ies) and provide the context in which to evaluate the objectives, program/activity design, and methods of evaluation.

Be sure to include the following:

- Was a needs assessment conducted? If so, what data was collected and how was it used as a basis for this project?
- How will this project(s)/activity(ies) meet the needs of your student population?
- How does this project(s)/activity(ies) align to your school-wide goals?
- How is the proposed project(s)/activity(ies) supplemental to the program?

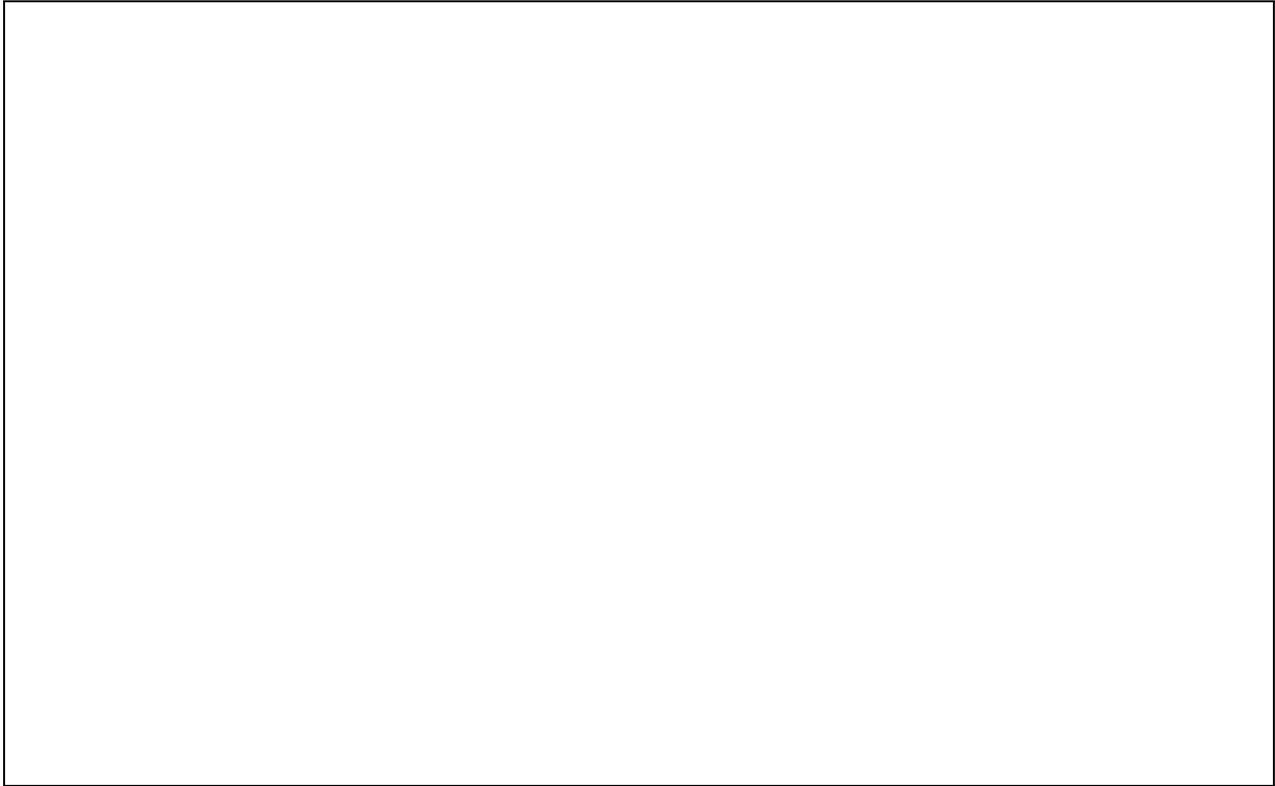


C. Cost Allocation Method: (Responses should not exceed one page.)

If your program only enrolls students with IEPs for whom the NYC DOE pays tuition, please simply indicate that in this response and go on to the next question.

If your program enrolls students in addition to students with IEPs for whom the NYC DOE pays tuition, please explain how the expenditures proposed in this application have been allocated to ensure that the beneficiaries of this funding are students with IEPs for whom the NYC DOE pays tuition. For example, a program may serve both non-NYC DOE and NYC DOE funded students with IEPs and is proposing an art therapy project where the consultant performs tasks/activities with only the NYC DOE funded students with IEPs. As a result, 100% of the costs are allocated to IDEA. The allocation can also be based on the percentage of NYC DOE funded students with IEPs. For example, a SMART board is purchased for an integrated class of 20 students with five NYC DOE funded students with IEPs, so 25% of the costs are allocated to IDEA. If you are funding more than one project or activity with this funding you may, of course, allocate each differently.

Note: (1) This question covers the allocation of costs between NYC DOE funded students with IEPs and non-DOE students. Programs must also follow RCM guidance when allocating funding within NYC DOE students when they are using this IDEA supplemental to extend the scope of tuition paid services (e.g. to pay for additional time from an already-employed therapist) (2) Records supporting all allocations must be maintained and be readily available for review.



D. Project/Activity Breakdown:

This section provides specific details for each project/activity proposed in part B above. Information for each individual project/activity should be provided in a separate row in the chart below. The project/activity numbers in the left column should tie to the expenditure tables in the budget section of this application.

Project/Activity #	Project/Activity Name and Design <i>Describe in detail what will take place in order to achieve desired results.</i>	Intended Overall Outcomes <i>Indicate the overall, expected outcomes of the project/activity. This section should describe <u>the final result</u> desired when it is completed.</i>	Evaluation <i>Describe the evaluation criteria to assess the intended overall outcomes. This section may specify the kinds of data to be collected and the methods by which it will be analyzed and utilized.</i>	Alignment to NYC DOE Office of Students with Disabilities goals <i>Describe how your project/activity connects to the key strands of school activities for FY 2015. (Please refer to pg. 4 of the complete application for a list of the NYC DOE Office of Students with Disabilities goals.)</i>
1				

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6				

Budget

For each expenditure in the following codes, list the associated project/activity number from the narrative. ASEPs must carefully compare their budget to the total allocation for the year. The budget cannot exceed the total allocation, including carryover. If you need more space for your budget line items, please use the continuation sheets.

Code 15S: Pedagogical, Therapeutic and Other Direct Service Staff on Salary

- If needed, additional forms are available at the end of this application

Project/ Activity Number	Job Title	Salary (amount ASEP expects to pay this employee in 2014-15)	FTE at ASEP During Year	Salary Charged to Project	Percent of Salary Charged to Project
Total Salaries (service staff on salary):					

Code 15H: Pedagogical, Therapeutic and Other Direct Service Staff Paid Hourly

- If needed, additional forms are available at the end of this application

Project/ Activity Number	Job Title	Hourly Rate	Total Expected Hours at ASEP in Year	Hours Charged to Project	Salary Charged to Project	Percent of Hours Charged to Project
Total Salaries (service staff paid hourly):						

Code 16S: Support Staff on Salary

- If needed, additional forms are available at the end of this application

Project/ Activity Number	Job Title	Salary (amount ASEP expects to pay this employee in 2014-15)	FTE at ASEP During Year	Salary Charged to Project	Percent of Salary Charged to Project
Total Salaries (support staff on salary):					

Code 16H: Support Staff Paid Hourly

- If needed, additional forms are available at the end of this application

Project/ Activity Number	Job Title	Hourly Rate	Total Expected Hours at ASEP in Year	Hours Charged to Project	Salary Charged to Project	Percent of Hours Charged to Project
Total Salaries (support staff paid hourly):						

Code 20: Equipment

Project/ Activity Number	Item	Quantity	Unit cost	Total Cost	Amount Charged to Project	Percent of Total Cost Charged to Project
Total Equipment:						

Code 40: Purchased Services

Project/ Activity Number	Description of Item	Provider of Service	Describe How You Calculated Cost for IDEA (e.g. 5 sessions@\$800/day)	Amount Charged to Project
Total Purchased Services:				

Proposed Budget Summary for IDEA Vendor Funding

Category	Code	Sub-Total Staff Costs	Total
Service Staff on Salary	15S		
Service Staff Paid Hourly	15H		
Support Staff on Salary	16S		
Support Staff Paid Hourly	16H		
Equipment	20		
Purchased Services	40		
Supplies and Materials	45		
Travel Expenses	46		
Employee Benefits	80		
Grand Total			

CHIEF ADMINISTRATOR'S CERTIFICATION

I certify that I have reviewed this proposed budget and narrative, that the proposed expenditures are for the benefit of NYC DOE's students with disabilities, and that, if approved, the incurred costs will not be reported in any other requests for funding, including as reimbursement through program tuition.

Signature: _____ Date: _____

Name (typed): _____ Title (typed): _____

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