

**UTAH STATE BOARD OF EDUCATION
STANDARD APPLICATION FOR FINANCIAL ASSISTANCE**

Special Education Services

1. AGENCY NAME AND ADDRESS (w/zip code)

a. Department/Division

b. Phone Number (w/area code)

2. DATE APPLICATION SUBMITTED

3. EXPENDITURE PERIOD

a. Beginning Date of Project

b. Ending Date of Project

4. PROJECT DIRECTOR

a. Name of Person Supervising This Project

b. Email Address

c. Phone Number (w/area code)

d. Fax Number (w/area code)

5. IMMEDIATE SUPERVISOR

a. Name of Person the Project Director Reports to

6. NAME OF PROGRAM

a. Descriptive Title of Project

7. AMOUNT REQUESTED FOR FUNDING

(for continued financial support for subsequent years, the USBE reserves the right to renew pending successful performance and availability of funding)

The agency certifies to the best of its knowledge and belief, the data in this application is true and correct. The agency will agree to meet all of the requirements, including the project's objectives outlined within the narrative section of this application. The agency will also agree to comply with all other applicable State Finance Regulations as well as applicable Federal EDGAR Administrative Regulations.

Signature of Superintendent or Financial Officer

Return Application To:

Utah State Board of Education
Attn Leah Voorhies
250 E 500 S
PO Box 144200
Salt Lake City UT 84114-4200
Ph: (801) 538-7757 Fax: (801) 538-7991

FOR USBE USE ONLY
Date Application Received:
Program Content Reviewed By/Date:
Budget Reviewed By/Date:

PART I – BUDGET INFORMATION

NOTE: Amounts on this page will be auto-filled from the information entered in Part II – Detail of Budget Information.

DISTRICT/AGENCY NAME

NAME OF PROGRAM

For detailed information on Object Code Definitions, an expanded version can be found in USBE’s School Finance & Statistics Workshop Binder under Chart of Accounts. This binder is provided to District Business Administrators each year.

BUDGET CATEGORIES (OBJECT CODES)	AMOUNTS
A. Salaries (100)	
B. Employee Benefits (200)	
C. Purchased Professional and Technical Services (300)	
D. Purchased Property Services (400)	
E. Other Purchased Services (excluding travel and construction services) (500)	
F. Travel (580)	
G. Supplies and Materials (600)	
H. Other (exclude indirect costs, audit costs, and property) (800)	
I. Total Direct Costs - Sum of Lines A through H	
J. Other - Audit Costs (800)	
Sum of Lines I and J (Total must equal amount available. Adjust your figures in PART II, not on this page.)	

C. PURCHASED PROFESSIONAL AND TECHNICAL SERVICES (300) – Purchased services which, by their nature, can be performed only by persons with specialized skills, knowledge, and/or services. Included are the services of accountants, architects, auditors, consultants, dentists, lawyers, medical personnel, etc. (*list substitutes hired for permanent positions under “salaries”*). This area will also include *any associated expenses* paid to the service provider such as travel, per-diem, and miscellaneous items.

Provide details such as:

1. Name of consultant, presenter, and/or substitutes for non-permanent positions (*not on payroll*);
2. Amount per hour/day to be paid per person, name of services (i.e., consultant fee, stipend, etc.), associated expenses (i.e., travel, per diem, miscellaneous items); and
3. The purpose of the service, as well as products and/or evaluations expected.

DESCRIPTION	AMOUNT
Subtotal C	

D. PURCHASED PROPERTY SERVICES (400) – Amounts paid for services, rendered by organizations or personnel not on payroll of the LEA/Agency, to operate, repair, maintain, insure, and rent property owned and/or used by the LEA/Agency.

DESCRIPTION	AMOUNT
Subtotal D	

E. OTHER PURCHASED SERVICES (500) – Amounts paid for services rendered by organizations or personnel *not on payroll* of the LEA/Agency, **AND other than** Professional and Technical Services (300) **or** Purchased Property Services (400). This would also include expenses for meeting facilities, conference hotels (which may include *direct-billed items* for group meals and lodging provided to participants, equipment, space charges, and miscellaneous). Also, any travel and per-diem expenses for participants.

DESCRIPTION	AMOUNT
Subtotal E	

F. TRAVEL (580) – Expenditures for transportation, meals, hotel, and other expenses associated with staff (**on payroll**) travel for the LEA/Agency. Payments for per-diem in lieu of reimbursements for subsistence (room and board) are also charged here.

Provide details such as:

- Names of staff (on payroll) who will be conducting activities for this project and will be drawing from this funding source.

DESCRIPTION	AMOUNT
Subtotal F	

G. SUPPLIES AND MATERIALS (600) – Amounts paid for items of an expendable nature that are consumed, worn out, or deteriorated in use. Items that lose their identity through fabrication or incorporation into different or more complex units or substances are considered supply expenditures. Amounts paid for non-equipment items and with reasonable care and use may be expected to last for more than one year, are considered material expenditures. Computer programs (software) included.

DESCRIPTION	AMOUNT
Subtotal G	

H. OTHER OBJECTS (800) – Amounts paid for goods and services not otherwise classified above such as, dues and fees, judgments against the LEA/Agency, interest on bonds or notes, etc. Exclude indirect costs, audit costs, and property.

DESCRIPTION	AMOUNT
Subtotal H	

I. TOTAL DIRECT COSTS – Sum of amounts A-H (**this field will auto-calculate**).

Subtotal I	
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J. OTHER (800) – Audit Costs (not part of the direct costs associated with federally funded projects).

DESCRIPTION	AMOUNT
Subtotal J	

PART III - PROGRAM NARRATIVE

ABSTRACT

Summarize, in brief, descriptive terms, the purpose of the proposed program. State the general intent including the specific population to be involved. Include kind and amount of service to be delivered and how this proposal will relate to the achievement of your goals. For a multiple agency application, please list all agencies that will benefit from this proposal.

STATEMENT OF NEED

Identify the educational problems this project will address and demonstrate the need for assistance in solving these problems. Supporting documentation or input from concerned parties other than the applicant may be included. Any relevant data based on planning studies should be included.

CAPABILITY OF APPLICANT

Describe the resources and background that will be required by the applicant to complete this project.

DISSEMINATION

Describe how the project outcomes will be shared with partners and the USBE.