

GRANT FOR HIGH COST FUND

Georgia Department of Education Division for Special Education Services and Supports

SYSTEM: Valley School System		School Year: 2020-21	
System Contact: Sally Smart		Phone #: XXX XXX-XXX	
		Email address: ssmart@valley.k12.ga.us	
<input checked="" type="checkbox"/> Initial Grant <input type="checkbox"/> Continuation Grant		Ward of the State Y() N(X)	
Student's Name: Harry Doe		Date of Birth: 8/1/2010	
Student's Primary Disability: Traumatic Brain Injury (TBI) spell out disability area		Secondary Disability: Speech and Language (SL)	
Father's/Guardian's/Surrogate's Full Name: John Doe		Mother's/Guardian's/Surrogate's Full Name: Mary Doe	
Home Address:		Home Address:	
123 Main Street	Anywhere, GA	Same	
(Street)	(City)	(Street)	(City)
30000	706-333-5555	Same	
(Zip)	(Phone)	(Zip)	(Phone)
PROVIDE THE SPECIFIC and/or PROPRATED COST BREAKDOWN TO MEET THE UNIQUE NEEDS OF THIS HIGH COST CHILD. Complete the Cost Worksheet Summary included in the grant application to calculate the amounts for the line item cost totals listed below. (Total cost of over \$27,000 should be used as the minimum to be considered in the application.			
1 Special Education Services		\$ 98,020	
2 Related Services		\$ 14,543	
3 Other costs		\$ 6,600	
4 TOTAL COST of Child		\$ 119,163	
5 Minus 3X annual cost		- \$ 27,000	
6 Minus third- party funds (ex. Health insurance, Medicaid) – if none indicate NA		- \$ 2,500	
TOTAL Allowable GHCF (Line 4 minus line 5 and 6)		\$ 89,663	

COST WORKSHEET SUMMARY Use this worksheet to itemize the totals recorded on page 1 of the GHCF application. <i>All services calculated for cost must be included in the student's IEP.</i>		
Category of Expenditure	Description of Service Provided	Amount
1) Special Ed Services	One to One Special Education Teacher – 5 hours daily w/period of planning (190 days - Full time salary & benefits)	\$56,000
(Ex- Teacher Costs, Materials/ Supplies specific to the child)	One to One behavior aide- 6.5 hours daily (Full time salary& benefits for 180 days)	\$22,500
	Assistive technology communication device (list product names - Dynovox)	\$8,000
	Contracted Speech Therapist – 1 hour daily X 180days +2hours for May and June(12 hours) = 192 X \$60/hour	\$11,520
Total	Transfer this amount to Line 1 – Special Ed Services – Page 1	\$98,020
2) Related Services	Transportation on special education bus - 40 miles daily (Driver & monitor salary/benefits (\$20 + \$15/hour X 3 hours/day X 180days =18,900/6 students on bus =\$3150. Operation =1.29*/mile X 40X 180=6,649/6 students. <i>*use district mileage cost</i>	\$ 3,150 \$ 1,548
(Ex- Transportation, OT, PT	Contracted OT – 1 hour weekly (\$45/hour X 35 weeks) + 6 weeks for May and June	\$1,575 \$ 270
Nursing Services)	Nursing services – temperature monitored twice daily/seizure medication routine and on call for administering emergency procedures for seizures lasting more than 3 minutes (School nurse regular duties for former but due to frequency of seizures assess 10% of salary of \$80,000=1/2 day per week).	\$8000
Total	Transfer this amount to Line 2- Related Services – Page 1	\$14,543
3) Other Costs	Behavior specialist conducting FBA (30 hours)– updates 1 day(8 hours) monthly – coordinates home/school management (Hourly teacher rate is \$50/hour for 7.5 hour day=10 months X 8 hours monthly= 80+30+12 hours for May and June = 122 X \$50).	\$6,100
(Ex-Consultations, Training	Staff and parent training – for implementation of management (10 hours). Above specialist conducts training for parents, teacher, aide, and bus staff within monthly time. Purchase of training materials specific for this child.	\$500
Costs, Independent Evals)		
Total	Transfer this amount to Line 3 – Other Costs – Page 1	\$6,600
6) Third party funds	System bills Medicaid for OT, Speech and Nursing services	\$2,500
(Ex- Health Ins., Medicaid)		
Total	Transfer this amount to Line 6- Third Party Costs - Page 1	\$2,500

Provide a copy of the student's current Individual Education Program (IEP) outlining the services for the high cost child. Please provide the necessary IEPs (multiple IEPs may be needed) to span the full grant period through the application submission date.

Beginning Date: August 15, 2019
See attached IEP(s)

Ending Date: August 14, 2020

DRAFT