Local Educational Agency (LEA) CARRYOVER Waiver Request Form

Print Name of LEA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Superintendent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_

Superintendent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of FY \_\_\_\_\_\_ (waiver year) Allocation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*(This amount can be found in box A on Carryover memo from Grants Accounting.)*

Amount of FY \_\_\_\_\_\_ (waiver year) funds obligated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This amount can be found in box C on Carryover memo from Grants Accounting.)*

Amount of funds requested to be waived \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This amount can be found in box F on Carryover memo from Grants Accounting.)*

1. Rationale for requesting waiver: *(Describe the specific conditions that existed during the fiscal year that prohibited the LEA from meeting the expenditure requirements.)*
2. Strategies implemented to ensure future compliance: *(Describe the specific steps the LEA has taken to ensure full compliance of future allocations.)*
3. Budget Narrative:

**SAMPLE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategy** | **Amount to be spent** | **School-based-if applicable**  **(Name the School)** | **LEA**  **(if applicable)** | **Timeline for Expenditure** |
| Two academic coaches to assist teachers | $150,000 | Sample Elementary School | N/A | July 1, 2019 to September 30, 2019 |

**Districts may submit the Local Educational Agency (LEA) Carryover Waiver Request by mail or email:**

1. **Mail the original waiver request [Local Educational Agency (LEA) Carryover Waiver Request Form] AND the completion report letter received from Regina Hailey to:**

**Title I, Part A Program Manager**

**Georgia Department of Education**

**1858 Twin Towers East**

**205 Jesse Hill Jr. Drive, SE**

**Atlanta, Georgia 30334**

* **Email the waiver request (Local Educational Agency (LEA) Carryover Waiver Request Form) AND the completion report letter received from Regina Hailey as a scanned PDF to: Dr. Ken Banter, Title I Program Manager, at** [kbanter@doe.k12.ga.us](mailto:kbanter@doe.k12.ga.us)