

SPECIAL EDUCATION
 AND SUPPORT SERVICES
 FINAL FINANCIAL REPORT
 FOR CHILDREN WITH DISABILITIES BIRTH TO AGE FIVE
 School Year _____



County Name _____	County/District Number _____
District Name _____	Phone Number _____
Address _____	
City _____	State _____ Zip Code _____

CERTIFICATION BY SCHOOL DISTRICT OFFICER

I, _____ as _____ of the Board of Education of _____ School District, which is District No. _____, of _____ County, hereby certify that this is an accurate report of the district operated Special Education expenditures that have been paid by this school district for services to eligible verified students with disabilities. I further certify that Special Education costs financed by federal funds other than those generated through the Individuals with Disabilities Education Act (IDEA) are not included in this claim.

 Authorized Signature

 Date

Name of Contact Person _____	E-mail Address _____
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		Birth to Age 2	Ages 3 and 4	Totals
District Owned/Operated Programs (USE WHOLE DOLLARS)				
1.0 Supervisory Services				
1.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
1.2 Clerical Salaries (140)	FTE _____	_____	_____	
1.3 Employee Benefits (200s)		_____	_____	
1.4 In-service (319)		_____	_____	
1.5 Printing/Publications (350)		_____	_____	
1.6 Postage (341)		_____	_____	
1.7 Staff Mileage (670)		_____	_____	
1.8 Subtotal of Lines 1.1 through 1.7	1.8	\$ _____	\$ _____	\$ _____
2.0 Diagnostic Services				
2.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
2.2 Clerical Salaries (140)	FTE _____	_____	_____	
2.3 Paraprofessional Salaries (140)	FTE _____	_____	_____	
2.4 Employee Benefits (200s)		_____	_____	
2.5 In-service (319)		_____	_____	
2.6 Supplies (410)		_____	_____	
2.7 Printing/Publications (350)		_____	_____	
2.8 Postage (341)		_____	_____	
2.9 Textbooks/Instructional Materials (420)		_____	_____	
2.10 Equipment and Maintenance (310 & 530)		_____	_____	
2.11 Staff Mileage (670)		_____	_____	
2.12 Subtotal of Lines 2.1 through 2.11	2.12	\$ _____	\$ _____	\$ _____
3.0 Consultative Services				
3.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
3.2 Employee Benefits (210,220,230,240,250,260)		_____	_____	
3.3 In-service (319)		_____	_____	
3.4 Printing/Publications (350)		_____	_____	
3.5 Postage (341)		_____	_____	
3.6 Staff Mileage (670)		_____	_____	
3.7 Subtotal of Lines 3.1 through 3.6	3.7	\$ _____	\$ _____	\$ _____
4.0 Instructional/Therapy/Counseling Services				
4.1 Professional Salaries (110)	FTE _____	\$ _____	\$ _____	
4.2 Educational Sign Language Interpreter (110) <small>(Title 92, Nebraska Administrative Code, Chapter 51, Section 010.07)</small>	FTE _____	_____	_____	
4.3 Substitute Salaries (120)	FTE _____	_____	_____	
4.4 Paraprofessional Salaries (140)	FTE _____	_____	_____	
4.5 Employee Benefits (200s)		_____	_____	
4.6 In-service (319)		_____	_____	
4.7 Supplies (410)		_____	_____	
4.8 Instructional Materials (420)		_____	_____	
4.9 Library Books/Materials (430)		_____	_____	
4.10 Audio-Visual Materials (450)		_____	_____	
4.11 Equipment and Maintenance (318 & 530)		_____	_____	
4.12 Staff Mileage (670)		_____	_____	
4.13 Subtotal of Lines 4.1 through 4.12	4.13	\$ _____	\$ _____	\$ _____

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	Birth to Age 2	Ages 3 and 4	Totals
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(USE WHOLE DOLLARS)

5.0 Health Protection/Medically Related Expenditures District Operated Programs			
5.1	Health Protection for Staff	\$ _____	\$ _____
5.2	Medically Related Expenses for Child	\$ _____	\$ _____
5.3	Subtotal of lines 5.1 through 5.2	\$ _____	\$ _____

6.0 District Contracted Programs (362-363)			
(List and Identify Approved Providers of Page 3)			
6.1	Supervision Services & Mileage	\$ _____	\$ _____
6.2	Diagnostic Services & Mileage	\$ _____	\$ _____
6.3	Consultant Services & Mileage	\$ _____	\$ _____
6.4	Instruction Therapy/Counseling Services & Mileage	\$ _____	\$ _____
6.5	Educational Sign Language Interpreter	\$ _____	\$ _____
6.6	Health Protection for Staff	\$ _____	\$ _____
6.7	Medically Related Expenditures for Child	\$ _____	\$ _____
6.8	In-service	\$ _____	\$ _____
6.9	Paraprofessional	\$ _____	\$ _____
6.10	Health Services	\$ _____	\$ _____
6.11	Total Birth to Age Five Contracted Services (Lines 6.1 through 6.10)	\$ _____	\$ _____

7.0 Allowable Facility Costs			
7.1	Operation of Plant (2610)	\$ _____	\$ _____
7.2	Maintenance of Plant (2610)	\$ _____	\$ _____
7.3	Line 7.1 Plus Line 7.2	\$ _____	\$ _____
7.4	Total Facility Square Footage	\$ _____	\$ _____
7.5	Cost Per Square Foot (Line 7.3 divided by Line 7.4)	\$ _____	\$ _____
7.6	Total Square Footage, Birth to Age Five	\$ _____	\$ _____
7.7	Line 7.5 Times 7.6	\$ _____	\$ _____
7.8	Leased Facility Cost	\$ _____	\$ _____
7.9	Not Assigned	\$ _____	\$ _____
7.10	Total Allowable Facility Cost (Lines 7.7, 7.8 and 7.9)	\$ _____	\$ _____

8.0 Summary			
8.1	District Owned and Contracted Services (Add Lines 1.8, 2.12, 3.7, 4.13, 5.3, 6.11 and 7.10)	\$ _____	\$ _____
8.2	Deductions:		
8.2a	Tuition Received	\$ _____	\$ _____
8.2b	Receipts, Wards of State	\$ _____	\$ _____
8.2c	Total Deductions (Line 8.2a through 8.2b)	\$ _____	\$ _____
8.3	Total Special Education (Line 8.1 minus Line 8.2c)	\$ _____	\$ _____

9.0 Funding Summary			
Provide source of funding reported on Line 8.3			
9.1	IDEA "611" BASE: funds used for allowable special education expenditures for Children Below Age Five. (First Priority)	\$ _____	\$ _____
9.1a	N/A	\$ N/A	\$ N/A
9.2	IDEA "619" BASE and/or "619" ENROLLMENT/POVERTY funds used for allowable special education expenditures for children ages 3 and 4.	\$ _____	\$ _____
9.3	IDEA "611" ENROLLMENT/POVERTY funds used for allowable special education expenditures for Children Below Age Five included in Section 1.0-7.0.	\$ _____	\$ _____
9.4	N/A	\$ N/A	\$ N/A
9.5	Local District Funds: District funds for Below Age Five Expenditures included in Section 1.0 – 7.0.	\$ _____	\$ _____
9.6	Total Funding: (Line 9.1 through Line 9.5 = Line 8.3)	\$ _____	\$ _____

10.0 Support Services/Flexible Funding Birth to Age Five Project			
School districts must have an approved Birth to Age Five SPED program application and final report on file at NDE in order to receive payment for support service/flex funding.			
10.1	Support Services/Flex Funding Total	\$ _____	\$ _____

SPED-FFR Return Original to NDE; Make Copy and Retain in School District

Return to:
 Nebraska Department of Education
 Financial Services
 P.O. Box 94987
 Lincoln, NE 68509-4987

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NDE (06-025)
 Revised 07/2017
 Date Due: October 31

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TUITION RECEIVED FROM CONTRACTING DISTRICT

- Complete this section if an entry was made on Line 8.2a

SUPPLEMENTARY REPORT OF EXPENDITURES

Contracting District	Total		A	B	C	D	E
County No./District No.	FTE	Tuition Amount	List Names of Personnel Paid (Last name first, first name and middle initial)	NDE Staff ID Number	FTE	Indicate Type of Staff According to Following Identification: 1. Professional 2. Paraprofessional 3. Clerical 4. Substitute(s) 5. Educational Sign Language Interpreter	Identify Amount of Salary Paid to Each Individual (Subtotal for each type of service)
Total							

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