### **Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 14 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a grant under Section(s) 611 and/or 619 of the Individuals with Disabilities Education Act. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0030. Note: Please do not return the completed *Annual State Application under Part B of The Individuals with Disabilities Education Act as Amended in 2004* to this address.

# ANNUAL STATE APPLICATION UNDER PART B OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004

#### INSTRUCTION SHEET

# **SECTION I**

A. Submission Statement for Part B in IDEA

When completing this section:

- Select and check the appropriate submission statement(s) the State is using for this Federal Fiscal Year (FFY). The third statement is optional and should only be checked if the State chooses to submit policies and procedures to OSEP for review under one or more of the conditions specified in the statement. States are not required to submit policies and procedures to OSEP for review and approval. Possible combinations of 'checked' statements are as follows: 1; 2; 1 and 3; or 2 and 3.
- B. Conditional Approval for FFY 2015 Grant Year

Section I.B is to be completed only if the State received **conditional approval** for the FFY 2015 grant year.

When completing this section:

• Check the appropriate statement(s) found in subsection 1 and/or 2.

## SECTION II

A. Assurances Related to Policies and Procedures

When completing this section:

- Read each assurance (1-25).<sup>1</sup>
- Enter, in the cells found to the left of the assurance, either a <a href="check">check</a> in the cell found in the 'yes' column or a <a href="check">check</a> in the cell found in the 'no' column. The date in the 'no' column is the date on which the State will complete changes in order to provide the assurance. <a href="https://dx.doi.org/10.1001/j.check">At least one cell must be completed beside each assurance</a>.
- B. Other Assurances

When completing this section:

Read each assurance and place a check in the cells labeled 'yes'.

C. Certifications

Instruction Sheet for Part B Annual State Application: FFY 2016 OMB No. 1820-0030/Expiration Date -X-XX-201X

<sup>&</sup>lt;sup>1</sup> An Optional Technical Assistance Checklist – Application Requirements found in PL 108-446 is found at <a href="http://www2.ed.gov/fund/grant/apply/osep/2016apps.html">http://www2.ed.gov/fund/grant/apply/osep/2016apps.html</a>. This checklist is provided to assist States in the completion of OMB Information Collection 1820-0030.

When completing this section:

Read each certification statement and place a check in the cells labeled 'ves'.

#### D. Statement

To complete the assurance and certification statement:

- Enter the name of the State and official name of the State Agency in the appropriate blanks.
- Print the name and title of the authorized representative of the State.
- Sign the signature block.
- Enter the date the assurance and certification statement was signed.

## SECTION III

Description of Use of Funds Under Part B of the Individuals with Disabilities Education Act – 20 U.S.C. 1411(e)(5)

States must provide the Description of Use of Funds by completing and submitting the **Excel Interactive Spreadsheet** with the 2016 Application<sup>2</sup>:

- Enter, in the appropriate cells, the dollar amount that the State is spending for the activity specified in the column to the left.
- The dollar amounts entered in the cells, for administration and for other State activities must be within the dollar amount limitations provided to the State in the spreadsheet.
- Describe, in Section III of the 2016 Application, the process used to get input from LEAs regarding the distribution of amounts among activities to meet State priorities.
- The Excel Interactive Spreadsheet <u>must</u> be submitted as part of the State's application.

## **SECTION IV**

State Administration

States must attach to this application a list identifying any rule, regulation, or policy that is State-imposed (not required by IDEA or Federal regulations). If there are no such State-imposed rules, regulations, or policies, please so indicate. In addition, the State is required to inform local education agencies in writing of such State-imposed rules, regulations or policies.

#### **SECTION V**

Maintenance of State Financial Support

States must provide in whole dollars the total amount of State financial support made available for special education and related services for children with disabilities by year for the State fiscal years included in Section V. "State financial support," as referenced in 34 CFR §300.163, includes all State funds made available for special education and related services for children with disabilities, as those terms are defined in the IDEA, including State funds provided to local educational agencies, to the State educational agency, and to other State agencies for that purpose. See OSEP Memorandum 10-5, *Maintenance of State Financial Support under the Individuals with Disabilities Education Act*, dated December 2, 2009. For purposes of completing this section, a State fiscal year (SFY) is referenced according to the year in which it ends. That is, if a SFY begins on July 1, 2010 and ends on June 30, 2011, then that SFY is considered SFY 2011.

Section V must be certified by the State Budget Officer or his/her authorized representative.

Instruction Sheet for Part B Annual State Application: FFY 2016 OMB No. 1820-0030/Expiration Date -X-XX-201X

<sup>&</sup>lt;sup>2</sup> The Excel Interactive Spreadsheet is a State specific worksheet that provides the State immediate feedback as to whether the amounts it intends to set aside for specific activities are in accordance with the limitations of the IDEA. The 2016 Excel Interactive Spreadsheet will be sent electronically to each State when the FFY 2016 Appropriations become available.