

**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
<b>District Owned/Operated Programs</b>				
(USE WHOLE DOLLARS)				
<b>1.0 Supervisory Services</b>				
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	\$ _____	\$ _____	\$ _____
<b>2.0 Diagnostic Services</b>				
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	\$ _____	\$ _____	\$ _____
<b>3.0 Consultative Services</b>				
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	\$ _____	\$ _____	\$ _____
<b>4.0 Instructional/Therapy/Counseling Services</b>				
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	5.3 \$ _____	\$ _____	\$ _____

**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)	6.11 \$ _____	\$ _____	\$ _____

**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	_____	_____	
<b>8.2c</b>	<b>IDEA Grant Funding (Total Line 9.2)</b>	_____	_____	
8.2d	Total Deductions (Line 8.2a through 8.2c)	8.2d \$ _____	\$ _____	\$ _____

**8.3 Total Special Education (Line 8.1 minus Line 8.2d)**

8.3	\$ _____	\$ _____	\$ _____
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**9.0 IDEA Enrollment/Poverty Funding**

ALLOCATE IDEA (Enrollment/Poverty) FUNDING TO ONE OR MORE OF THE FOLLOWING CATEGORIES:

9.1	Allocated IDEA Funding to the increase of existing Birth to Age Five SPED program allowable excess costs over the previous school year. (Costs included in sections 1.0 through 7.0 and allowable/reimbursable per 92NAC51)	\$ _____	\$ _____	\$ _____
9.2	Allocated IDEA Funding to new and/or expanded Birth to Age Five SPED program allowable excess costs or continuation of previous school year IDEA funded Birth to Age Five SPED programs (Costs included in sections 1.0 through 7.0 and allowable/reimbursable per 92NAC51)	\$ _____	\$ _____	\$ _____
9.3	Allocated IDEA Funding to allowable Birth to Age Five SPED program costs, however <b>not</b> reimbursable per 92NAC51. (Costs <b>not</b> included in sections 1.0 through 7.0 and allowable, but not reimbursable per 92NAC51). Attach a description of the expenditures reported on line 9.3.	\$ _____	\$ _____	\$ _____

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

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NDE (06-008)  
 Revised 05/00  
 Date Due: October 31

County Name and Number	County/District Number	District Name
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**TUITION RECEIVED FROM CONTRACTING DISTRICT**

**SUPPLEMENTARY REPORT OF EXPENDITURES**

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

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)	Social Security 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							

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