

Mississippi Department of Education



Office of Special Education

2017-2018 Extended School Year Application



May 1, 2018

EXTENDED SCHOOL YEAR APPLICATION DIRECTIONS SUMMER 2018

The following information explains the correct completion of each form contained in the application. It should be submitted with the R-6 (Request for Reimbursement). Documentation to substantiate the need of ESY services for each student must be maintained on file within the district. Each local education agency shall ensure that ESY decisions are made in accordance with Part 3, Chapter 74: Special Education – Rule 74.12 and the Extended School Year Handbook. An ESY Checklist has been provided to assist in the completion of the ESY application.

The components of the ESY application are:

Required Forms:

- O-1 - Cover Page Application**
- P-1 - Cover Page Amendment**
- Q-1 - Nonparticipation Assurance Form**
- R-1 - Projected Budget Summary**
- R-2A-E - Projected Budget Narrative**
- R-3 - ESY Private Placement**
- R-4 - ESY Roll**
- R-4A - Extended School Year Services IEP Page**
- R-5 - ESY Service Provider Listing**
- R-6 - Request for Reimbursement Form**
- R-6A - Private Placement Reimbursement Form**

Worksheets:

- S-1 - Summer Schedule for Each Teacher**
- S-2 - Summer Schedule for Each Service Provider**
- S-3 - Bus Transportation**
- S-4 - Parent or Private Contract Transportation**
- S-5 - Itinerant Teacher Travel**
- S-6 - ESY Salary Worksheet**

EXTENDED SCHOOL YEAR APPLICATION CHECKLIST

ESY APPLICATION DIRECTIONS

O-1: COVER PAGE

A cover page must be utilized with each ESY project. When submitting the ESY Application to the Mississippi Department of Education (MDE), this form should be the **FIRST PAGE** of the ESY Application. Complete this form as follows:

Section A - Provide the district's name and code.

Section B - Provide the total number of students served in the ESY program by disability.

Section C - Provide the beginning date and ending date of ESY.

Section D - Certify by Superintendent's original signature the assurances described in this section.

Section E - Provide the estimated overall costs for the ESY program.

R-1: PROJECTED BUDGET SUMMARY

List the total projected budget for each budget category. Totals for each category should match the totals on budget narrative forms R-2A through E.

NOTE: There is no budget category for equipment because equipment may not be purchased from ESY funds.

R-2A through E: PROJECTED BUDGET NARRATIVE

Each budget category has a separate narrative page. Provide a narrative description of the use of funds for each category sufficient to justify the necessity of costs. Examples are provided on each narrative page.

R-3: ESY PRIVATE PLACEMENT

Funding to maintain educational services for students placed in a residential facility based on the need for an ESY service is to be requested on R-3. Continued placement in a private facility must be based on the need to provide a free appropriate public education in accordance with the student's Individualized Education Program (IEP). The student's IEP must indicate the need for ESY services. Tuition rates regarding these placements will be based upon the current year's daily rate for educational services and the facilities' current year's rates for room and board. These rates **must** be based on the tuition rate schedule of the facility to maintain educational services for students based on the need for ESY service.

Since calculating the costs of private placements requires cross-referencing of Educable Child Program files and the project application, MDE staff will calculate the costs of services for placement in the private facility based on information submitted in your Form R-3 along with program files in the Office of Special Education.

Following the calculation of costs for each student, the MDE staff will indicate the specific formulas utilized to estimate the daily costs for services, as well as the total for maintaining educational services based on the need for ESY services on R-1 Projected Budget Page. Also, the total estimated costs would be indicated on the Cover Page. If an increase from the original cost estimate occurs, an amendment to the ESY project must be submitted as instructed under the Reimbursement Section of this document.

To complete form R-3, list the name of each student receiving educational services in a private facility and the student's MSIS ID number. Be sure a current IEP for each student is on file under the Educable Child Program and that the IEP addresses ESY services for the summer session. If such an IEP is not on file at the time of approving the district's application, costs for this type of placement will not be approved without an amendment from the district.

For each student, state the name of the facility in which the student is placed. All currently funded Educable Child Program placements are in approved facilities. If a student is being initially placed in a facility to receive ESY services, check with MDE prior to placement to ensure the facility meets approval status according to regulations. Remember, Federal and State regulations mandate that facilities meet IDEA standards, which require our office to verify compliance and accreditation of the facility. Also, the facility must submit its charges for tuition, room/board and related services. If a student is being initially placed in a facility, the district must submit a letter of justification indicating why placement is necessary, copy of determination of eligibility and a copy of the ESY page from the IEP. For initial placements of students who are wards of the State, a letter of justification addressing why the ESY decision was made after April 15th, a copy of the student's court order, copy of the determination of eligibility and the student's completed ESY page must be submitted. **Provide an explanation for students who were not on the original application but whose names are now being submitted for reimbursement.**

List the beginning date of services, the ending date of services, and the number of calendar days services will be provided.

If the facility will be closed at any time during the ESY timeframe and the student must be transported home, state the dates of the facility closure(s), the mode(s) of transportation, and the costs of the transportation. State transportation funds must be utilized for any such services before calculating and listing this cost. Remember, any trip home due to the closing of the facility at the end of the "regular" school year will be a part of the third quarter cost under the Educable Child Program if the student is currently placed and approved for Educable Child Program funds.

If family therapy is stated as a related service on a student's IEP, transportation costs for the required therapy sessions for parents to participate can be reimbursed. List the dates of therapy participation, the mode(s) of transportation and the costs of the transportation.

R-4: ESY Roll

To complete Form R-4 for each student receiving ESY services, list:

- Name
- MSIS ID number
- Age
- Disability
- Total number of days the student will receive ESY instruction
- Total number of hours for ESY services per student
- Place an "X" to indicate whether the decision to provide ESY services was based on the need to maintain critical skills (C/S) and/or to maintain skills due to regression without recoupment (R/R) of mastered skill(s) within ten (10) weeks of instruction in the next school year, or there are extenuating circumstances (E/C). MUST MATCH decision in IEP
- Location of services
- Name of teacher(s) providing ESY instruction to include those at the private facility
- Place an "X" to indicate whether an aide is to be utilized to assist in providing services
- Related services to be provided (i.e., OT, PT, Speech/Language, etc.)
- Name of person providing related services
- Place an "X" to indicate whether transportation is necessary by bus or private carrier (P/C)
- Compute the total number of students in ESY

Remember that the amount of time, date(s), and/or location of services will vary based on individual student needs.

R-4A: Extended School Year Services Page

To complete the Extended School Year Services page of the IEP (referred to as R-4A):

- List the name of the student
- List the Summer Session
- List the Determination Date
- Indicate criterion used in determining eligibility
- Indicate if student meets criteria for ESY services
- List the Short Term Instructional Objectives (STIOs) for academic skills and/or related services
- Indicate if the STIOs are a transition activity
- Indicate the methods of measurement and the physical location of where services will be provided
- Indicate any related services, number of weeks, days, location, amount of time per day and beginning and ending dates

R-5: ESY SERVICE PROVIDER LISTING

To complete Form R-5, list all service providers (including private service providers and private placement personnel) who will be providing ESY instruction/services. Indicate the position of each person listed (i.e., teacher, aide, bus driver, OT, custodian, etc.). List the license number for each teacher and each service provider. A copy of the license for each teacher and service provider which includes your private school placement personnel must be submitted with your ESY packet. Copies of licenses must also be provided for those personnel who are providing services through an agency. Ensure the license is valid through the duration of your ESY program. Before reimbursement will be processed, copies of valid licenses must be on file. List the number of students served by each provider and total number of hours each provider will work during ESY.

R-6: REQUEST FOR REIMBURSEMENT

When all costs for ESY services have been expended, report **actual** costs using the Request for Reimbursement, Form R-6. The Request for Reimbursement is to be submitted, along with Form R-6A, at the completion of the ESY Program.

Please submit the forms to:

Mississippi Department of Education
Office of Special Education
Attn: Roscoe Jones
Post Office Box 771
Jackson, MS 39205-0771

R-6A PRIVATE PLACEMENT REIMBURSEMENT

To complete the R-6A Form, list the names of all of the students that were in Private Placement. Highlight or bold type the names of the students who were not originally listed in the approved ESY application and attach the appropriate documentation (Refer to Page 4). Indicate “Yes” or “No” if the student was not in the original application and provide an explanation as to why the student was not previously listed. The entry date is the date the student begins ESY services and the exit date is when ESY services ended. If the student exits prior to the end of his/her ESY program, list the reason why the student did not complete the ESY program and the number of days the student participated in the program. For each student, list the transportation and educational reimbursable amounts.

The R-6 and R-6A must be submitted no later than September 28, 2018.

Amendments to the project are only required if actual expenditures in Attachments R-2A through R-2E are greater than ten percent (10%) of the approved projected budget. If this occurs, submit the Amendment Request Application Cover Page with an original superintendent’s signature, a revised Projected Budget Page (Form R-1) and the revised Projected Budget Narratives to reflect all of the changes. Once the amendment has been approved, you will be sent a copy of the approved application cover page. Amendments must be submitted to the Office of Special Education no later than **July 11, 2018**.

Mississippi Department of Education

Q-1: NONPARTICIPATION ASSURANCE FORM

Submit this form if **no** student within the district is eligible for ESY services based on the decisions of IEP Committees. Such decisions must be made in accordance with regulations and the unique needs of each individual student with a disability. Documentation supporting such decisions must be maintained on file in the district. If no services are to be provided, this form must be completed and submitted no later than **May 1, 2018**. An original superintendent's signature is required. A facsimile cannot be accepted as written documentation. Fill in the name of the school district, district code, the date and return the assurance to the Office of Special Education.

SUPPLEMENTAL FORMS

These forms are to be used as worksheets and kept on file in the district.

S-1: SUMMER SCHEDULE FOR EACH TEACHER

Complete this form for each teacher who will provide ESY services. Indicate the specific date(s) that instruction will be provided by the individual and the number of hours of instruction for each date(s). If a teacher travels to provide itinerant services, list the number of hours/minutes of travel time. Remember, actual mileage shall be calculated from the official duty station and back or the actual miles traveled, whichever is less. The most direct route to a destination should be claimed for reimbursement purposes. Also, total the number of days of instruction and the number of hours of instruction. Total the amount of travel, if applicable.

S-2: SUMMER SCHEDULE FOR EACH SERVICE PROVIDER

Complete this form for each private service provider. List the specific date(s) of instruction and the number of hours of service for each date(s). Based on the contract between the district and the provider, travel time for itinerant services may be included in the number of hours of service. If the district has agreed to pay for travel time, add the amount of travel AND instruction time and indicate the sum in the column titled "Number of Hours Per Date". Also, total the number of days and the number of hours of services.

S-3: ESY BUS TRANSPORTATION

List the driver of each bus and students to be transported. Complete the formula for each bus to be used in the ESY program. The miles per day multiplied by the number of days will give the total number of miles. Next, multiply the total number of miles by the rate per mile (gas, oil, and maintenance) to obtain the total cost.

S-4: ESY PARENT OR PRIVATE CONTRACT TRANSPORTATION

Complete S-4 if students are to be transported by parent or private contract. List the driver of each car or private carrier and the name of the student. Complete the formula as indicated in S-3 above for each car or private carrier. Remember, that the number of days utilized in the formula should not exceed the number of days being served.

S-5: ITINERANT TEACHER TRAVEL

If a teacher is providing home-based or community-based services to a student(s), indicate the teachers' and students' names and complete the formula as indicated in S-3. Remember that the number of days utilized in the formula should not exceed the total number of days served for students receiving services in a home or community-based setting.

S-6: ESY SALARY WORKSHEET

Personnel Providing Services

In Section A, specify the name and position of each individual who will be paid a salary under this ESY project, including teachers, aides, contractual personnel, administrators and bus drivers. Also, indicate by stating yes or no if fringe benefits will be paid for each individual listed.

In Section B, utilizing the corresponding number of the individual(s) listed in Section A, compute each individual's salary. The rate formula for teachers must be based on the Mississippi Adequate Education Program (MAEP) salary, excluding the local supplement, for the 2017-2018 school year and the number of hours of instruction provided. **Administrative salaries** must be based on 2017-2018 contract period and the salary paid during the previous regular school year. **Teacher aides, janitors, bus drivers and bus aides** must be reimbursed at no more than the hourly rate paid during the regular school year. Salaries for **other personnel (physical therapist, occupational therapist, etc.)** should be computed at no more than the rate of pay per hour used to compute the salary for the regular school year. Due to rate increases of private providers, it may be necessary to pay more for services in the summer than the amount paid during the regular school year.

The following formulas must be used in determining salary rates:

Teacher's Salary Rate

The total MAEP salary is \$ _____, excluding the local supplement, divided by _____ instructional days in the regular year, divided by _____ instructional hours per day in the regular year. The ESY hourly rate of pay will be \$ _____.

Administrator's Salary Rate

The administrator is on a _____ month contract that began _____, 2017, and ends _____, 2018. The total salary of \$ _____ for the regular year is divided by _____ number of days in the regular year, divided by _____ hours per day in the regular year. The hourly rate of pay will be \$ _____. The ESY contract begins _____, 2018 and ends _____, 2018, and will pay for _____ days, _____ hours per day, for a total salary of \$ _____.

Contractual (teacher aide, therapist, janitorial) Salary Rate

The hourly rate of \$ _____ is based on the rate the district paid during the regular school year.

Contractual (private provider) Salary Rate

The daily rate of \$ _____ is based on current rate of provider.

Driver's or Bus Aide's Salary Rate

The daily rate is the regular salary \$_____ divided by _____ instructional days in the regular school year. Salaries are to be computed at no more than the daily rate paid during the regular school year.

The following examples are situations in which salaries may be paid through the ESY project:

- (a) A school normally closed must be opened for three ESY classes operating a half-day (4 hours per day) from July 5 to July 16. The principal of that school is on a ten-month contract (ending June 30) and is **NOT** expected to work during July. If the principal is required to be on duty in that building while the three ESY classes are meeting, the salary for that administrator may be paid through ESY project. The salary for 10 days, 4 hours per day, would be calculated based on the principal's hourly salary for the regular ten months and the 40 hours of ESY duty. Fixed charges would be calculated based on the percentage paid during the regular school term. ESY funding cannot be considered a method to pay part of a principal's salary for the summer.
- (b) Janitorial services are not normally provided during the summer for the building that must be open for ESY classes. Classes will operate for ten days (2 weeks), two hours each day. Estimates are that it will take a janitor one hour per day, two days per week, to clean the classrooms and a restroom. It is allowable to include in the budget that janitor's salary and fixed charges for the two hours per week at the hourly rate paid during the school year.

After calculating the salary rate, enter the amount in (a). Indicate the total number of hours or total trips in (b). The total number of hours must match the total indicated for the individual on Form R-4. For a bus driver(s) or a bus aide(s), be sure the number of hours are appropriate for the number of days and miles indicated on Form S-3. Multiply [(a) times (b)] these totals to obtain the total salary amount and enter this amount in (c). If fringe benefits will be paid, complete (d) through (f). Fixed charges are to be calculated based on the percentage paid during the regular school term. Add the amounts in (c) through (f) in order to obtain the total salary amount and enter the sum in (g).

The **TOTAL** number of hours for each individual providing instruction should match the total number of hours addressed on Form S-1 and Form S-2. A total of all personnel services should be indicated.

COVER PAGE

**EXTENDED SCHOOL YEAR APPLICATION
SUMMER 2018 (SY 2017-2018)**

A. SCHOOL DISTRICT:	DISTRICT CODE:
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B. STUDENT INFORMATION

Disability Category	Number Served
Autism (AU)	
Deaf/Blind (D/B)	
Developmentally Delayed (DD)	
Emotional Disability (EmD)	
Hearing Impairment (HI)	
Intellectual Disability (ID) [EMR,TMR,S/P]	
Language/Speech Impairment (S/L)	

Disability Category	Number Served
Multiple Disabilities (MD)	
Orthopedic Impairment (OI)	
Other Health Impairment (OHI)	
Specific Learning Disability (SLD)	
Traumatic Brain Injury (TBI)	
Visually Impaired (VI)	
TOTAL	

C. Beginning Date for ESY _____ Ending Date for ESY _____
Time Session Starts _____ Time Session Ends _____

D. ASSURANCES

As Superintendent of this district, I certify by my signature that:

1. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
2. All students with disabilities receiving an ESY meet criteria established in accordance with regulations and documentation is on file to support the decisions by the IEP Committee(s).
3. The specific skills to be maintained are clearly identified on the student's IEP, as requiring the provision of an ESY.
4. No expenditure(s) which would have been incurred if there were no ESY is (are) included in this budget. Documentation to support expenditures will be maintained on file for audit inspection.

Superintendent's Signature

Date

E. ESTIMATED OVERALL COSTS:	
Salaries	\$ _____
Travel	\$ _____
Contractual Services	\$ _____
Materials/Supplies/Commodities	\$ _____
Private Placement	\$ _____
Other	\$ _____
Total	_____

APPROVAL:

MDE Staff Consultant	Date
Director, Division of District Fiscal Services	Date
Office Director, District Fiscal Services	Date

<p>PROJECTED APPROVAL AMOUNT:</p> <p>\$ _____</p>
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COVER PAGE AMENDMENT

EXTENDED SCHOOL YEAR AMENDMENT REQUEST NUMBER _____ SUMMER 2018 (SY 2017-2018)

A. SCHOOL DISTRICT: _____	DISTRICT CODE: _____
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B. STUDENT INFORMATION

Disability Category	Number Served
Autism (AU)	
Deaf/Blind (D/B)	
Developmentally Delayed (DD)	
Emotional Disability (EmD)	
Hearing Impairment (HI)	
Intellectual Disability (ID) [EMR,TMR,S/P]	
Language/Speech Impairment (S/L)	

Disability Category	Number Served
Multiple Disabilities (MD)	
Orthopedic Impairment (OI)	
Other Health Impairment (OHI)	
Specific Learning Disability (SLD)	
Traumatic Brain Injury (TBI)	
TOTAL	

C. Beginning Date for ESY _____ Ending Date for ESY _____

D. ASSURANCES

As Superintendent of this district, I certify by my signature that:

1. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
2. All students with disabilities receiving an ESY meet criteria established in accordance with regulations and documentation is on file to support the decisions by the IEP Committee(s).
3. The specific skills to be maintained are clearly identified on the student's IEP, as requiring the provision of an ESY.
4. No expenditure(s) which would have been incurred if there were no ESY is (are) included in this budget. Documentation to support expenditures will be maintained on file for audit inspection.

Superintendent's Signature

Date

E. ESTIMATED OVERALL COSTS:	
Salaries	\$ _____
Travel	\$ _____
Contractual Services	\$ _____
Materials/Supplies/ Commodities	\$ _____
Private Placement	\$ _____
Other	\$ _____
Total	\$ _____

APPROVAL:

MDE Staff Consultant Date

Director, Division of District Fiscal Services Date

Office Director, District Fiscal Services Date

PROJECTED APPROVAL AMOUNT:

\$ _____

NONPARTICIPATION ASSURANCE FORM

School Year 2017-2018

School District: _____ **District Code:** _____

As Superintendent of this district, I certify by my signature that there are no students eligible for Extended School Year Services based on IEP committee decisions. Documentation is on file supporting the decision that ESY services are not necessary.

Superintendent's Signature

Date

Mail to:

Mississippi Department of Education
Office of Special Education
P. O. Box 771
Jackson, MS 39205-0771
Attn: Office of District Fiscal Services

DUE DATE: May 1, 2018

**ESY
PROJECTED BUDGET SUMMARY
Summer 2018 (SY 2017-2018)**

DISTRICT NAME: _____

Expenditures	Amount
Expenditures must be thoroughly explained in the Budget Narrative.	
Salaries, Wages, Fees and/or Fringes:	\$
Travel:	\$
Contractual Services:	\$
Materials/Supplies/Commodities:	\$
Private Placement:	\$
Other: (Utilities)	\$
Total Projected Budget:	\$

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

Describe the budget items for each category. Documentation should be on file in the district to justify the necessity and reasonableness of each item. These pages may be reproduced as needed.

Salaries/Fringes		
Use the section below to provide a description of the planned use of funds for salaries, wages, and/or fringe benefits. Certified Personnel listed here are also listed on the R-4. All Personnel listed here are listed on the R-5. Personnel are to be listed in alphabetical order.		
Name of Personnel	Position	Amount Requested
1. Sarah Johnson	Teacher	\$3,046.63
2. Betty Lyle	Teacher Assistant	\$1,001.53
3. John Smith	Bus Driver	\$ 683.00
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
Total Salaries/w fringes		\$4,731.16

Example

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

Describe the budget items for each category. Documentation should be on file in the district to justify the necessity and reasonableness of each item. These pages may be reproduced as needed.

Salaries/Fringes		
Use the section below to provide a description of the planned use of funds for salaries, wages, and/or fringe benefits. Certified Personnel listed here are also listed on the R-4. All Personnel listed here are listed on the R-5.		
Name of Personnel	Position	Amount Requested
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
Total for Salaries, Wages, Fees and/or Fringes:		\$

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

TRAVEL/TRANSPORTATION		
Use the section below to provide a detailed description of the planned use of funds for travel or transportation. Private Placement Cost should not be included. Private Placement Cost should be included on the R-3.		
Travel:	# Students Served:	Amount Requested:
<i>Example: Mileage for Sarah Johnson to provide homebound services to Steve Jackson.</i>	1	\$ 32.75
Transportation:		
<i>Example: District School Bus Private Carrier</i>		\$ 3,794.00 346.00
Total for Travel:		\$ 4,172.75

Example

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

TRAVEL/TRANSPORTATION		
Use the section below to provide a detailed description of the planned use of funds for travel/transportation. Private Placement Costs should not be included. Private Placement Costs should be included on the R-3.		
Travel:	# Students Served:	Amount Requested:
Transportation:		
Total for Travel:		\$

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

CONTRACTUAL SERVICES					
Use the section below to provide a detailed description for the planned use of funds for contractual services to include travel cost. Personnel listed are also listed on the R-4 and R-5.					
Contractual Personnel	Service Provided	Number of Hours	Rate	Number of Students Served	Amount Requested
1. Mary Allen	Speech	15	\$25.00	5	\$375.00
2. Central Hospital	PT	16	\$75.00	10	\$1,200.00
3. Central Hospital	OT	10	\$75.00	5	\$750.00
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
Total for Contractual Services:					\$2,325.00

Example

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

CONTRACTUAL SERVICES					
Use the section below to provide a detailed description for the planned use of funds for contractual services to include travel cost. Personnel listed here are also listed on the R-4 and R-5.					
Contractual Personnel	Service Provided	Number of Hours	Rate	Number of Students Served	Amount Requested
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
Total for Contractual Services					\$

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

Materials/Supplies/Commodities			
Use the section below to provide a detailed description of the planned use of funds for the purchase of materials/supplies/commodities.			
Item	Quantity	Unit Cost	Amount Requested
1. Potato chips	1 case	\$10.00 per case	\$10.00
2. Cookies	1 case	\$13.00 per case	\$13.00
3. Apples	1 case	\$40.00 per case	\$40.00
4. Disposable Diapers	4 boxes	\$23.99 per box	\$95.96
5. Pens	10 boxes	\$2.00 per box	\$20.00
6. Copier Paper	1 case	\$59.99 per case	\$59.99
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
Total for Materials/Supplies/Commodities:			\$ 238.95

Example

**ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)**

Materials/Supplies/Commodities

Use the section below to provide a detailed description of the planned use of funds for the purchase of materials/supplies/commodities.

Item	Quantity	Unit Cost	Amount Requested
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
Total for Materials/Supplies/Commodities:			\$

ESY PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)

Other	
Use the section below to provide a description of the planned use of funds for other expenses incurred for Extended School Year. Other expenses should be clearly stated.	
Other:	Amount Requested:
<i>Example: Electricity for 3 classrooms at Central Elementary for 15 days</i>	\$ 1,308.00
Total for Other:	\$ 1,308.00

Example

ESY
PROJECTED BUDGET NARRATIVE
Summer 2018 (SY 2017-2018)

Other

Use the section below to provide a description of the planned use of funds for other expenses incurred for Extended School Year. Other expenses should be clearly stated.

Other:	Amount Requested:
Total for Other:	\$

**ESY PRIVATE PLACEMENT
Summer 2018 (SY 2017-2018)
EDUCATIONAL**

Alphabetical order:	Disability	MSIS #	IEP Approval Date	Name of Facility	Beginning Date of Services	Ending Date of Services	# Days Served	Daily Rate	Amount	MDE USE
Student Name										
1										
2										
3										
4										
5										
6										
7										
8										

RESIDENTIAL

Alphabetical order:	Disability	MSIS #	IEP Approval Date	Name of Facility	Beginning Date of Services	Ending Date of Services	# Days Served	Daily Rate	Amount	MDE USE
Student Name										
1										
2										
3										
4										
5										
6										
7										
8										

**ESY PRIVATE PLACEMENT
Summer 2018 (SY 2017-2018)
TRANSPORTATION**

Student Name		Date(s) of Facility Closure	Date(s) of Therapy Participation	Mode(s) of Transportation	Cost(s) <i>**Only Amounts Included for Private Placement Total**</i>	MDE USE
1						
2						
3						
4						
5						
6						
7						
8						
MDE USE ONLY						
Educational Total:		Residential Total:		Transportation Total:		Overall Total:
Extended School Year Consultant			Date	Director, Division of District Fiscal Services		Date

**ESY
STUDENT ROLL
Summer 2018 (SY 2017-2018)**

List all students served in ESY (including those students in private placement - R-3).

NAME OF STUDENT	MSIS ID NUMBER	AGE	DISABILITY	TOTAL DAYS SERVED	TOTAL HRS SERVED	JUSTIFI-CATION			LOCATION OF SERVICES	TEACHER	AIDE		RELATED SERVICES	PROVIDER	TRANSPOR-TATION		
						C/S	R/R	E/S			Y	N			BUS	P/C	
1	Steve Jackson	0000001	9	MR	15	45		X		Homebound.	Sarah Johnson			OT	Jayson Smith		
														PT	Courtney Shaifer		
														L/S	Mary Allen		
2	Aubree Hicks	0000002	7	AU	15	45	X			Central Elem	Tammy Jones	X		OT	Jayson Smith	X	
3																	
4																	
5																	

Example

TOTAL NUMBER OF STUDENTS SERVED	
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**ESY
STUDENT ROLL
Summer 2018 (SY 2017-2018)**

List all students served in ESY (including those students in private placement). Complete form R-3 for students served through private placement.

NAME OF STUDENT	MSIS ID NUMBER	AGE	DISABILITY	TOTAL DAYS SERVED	TOTAL HRS SERVED	JUSTIFI-CATION			LOCATION OF SERVICES	TEACHER	AIDE		RELATED SERVICES	PROVIDER	TRANSPOR-TATION	
						C/S	R/R	E/S			Y	N			BUS	P/C
1																
2																
3																
4																
5																
TOTAL NUMBER OF STUDENTS SERVED																

INDIVIDUALIZED EDUCATION PROGRAM (IEP) School Year: _____
 Public Agency/School District: _____ Student's Name: _____

EXTENDED SCHOOL YEAR (ESY)

This child attends a twelve (12) month program.

Determination of ESY Decision **Determination Date:** _____

*All of the following criteria used in determining eligibility **must** be considered:*

- Regression-Recoupment:** Refers to a child's loss of a skill on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.
- Critical Point of Instruction 1:** Refers to the need to maintain a child's critical skill to prevent a loss of general education class time or an increase in special education service time.
- Critical Point of Instruction 2:** Refers to a point in the acquisition or maintenance of a critical skill during which a length break in instruction would lead to a significant loss of progress.
- Extenuating Circumstances:** Refers to special situations that jeopardize the child's receipt of a FAPE unless ESY services are provided.

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the child needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

The type or severity of the child's disability must cause the skills learned by the child during the regular school year to be significantly jeopardized if he/she does not receive ESY.

This child's situation **MEETS** criteria for ESY Services.
 This child's situation **DOES NOT MEET** the criteria for ESY Services.

Document the basis for the decision. Documentation of how the decision was made *MUST* be in the child's file.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/B) <i>These must be existing measurable annual goals or STIO/Bs except for situations as described in the note above.</i>	TA	MOM	Report of Progress	
			CLP	PAG

TA = Transition Activity	Methods of Measurement (MOM)		Report of Progress
	OBS = Observation CRT = Criterion Reference Test CBM = Curriculum Based Measure	WS = Work Samples D/P = Demonstration/Performance Other: _____	CLP = Current Level of Performance PAG = Progress on Annual Goal <i>See Annual Goal page for codes</i>

A **Progress Report** will be given to parents every _____ week(s) or at the end of the child's ESY services on _____

Types of Service	# of Weeks	Duration/ Frequency	Area <i>(See Special Education and Related Service page for code)</i>	Location	Start Date	End Date
Educational Services						
Related Services**						
Transportation						
Other: _____						
Other: _____						

** Any related services provided (except transportation) **must** have a corresponding measurable annual goal or STIO/B.

**ESY
PROJECTED SERVICE PROVIDER LISTING
Summer 2018 (SY 2017-2018)**

(Personnel listed on R-2A, R-2C, and R-4 are also listed here)

SERVICE PROVIDER NAME	POSITION	LICENSE #	# STUDENTS	TOTAL HRS
<i>Mary Allen</i>	<i>Speech Path.</i>	<i>0001234</i>	<i>6</i>	<i>25</i>
<i>Jayson Smith</i>	<i>Occupational Therapist</i>	<i>OT1235</i>	<i>1</i>	<i>8</i>
<i>Courtney Shaifer</i>	<i>Physical Therapist</i>	<i>PT 5312</i>	<i>6</i>	<i>10</i>
<i>Sarah Johnson</i>	<i>Teacher</i>	<i>112568</i>	<i>10</i>	<i>25</i>
<i>Betty Lyle</i>	<i>Teacher Assistant</i>	<i>NA</i>	<i>1</i>	<i>8</i>
<i>Joan Smith</i>	<i>Bus Driver</i>	<i>NA</i>	<i>25</i>	<i>50</i>

Example

**ESY
PROJECTED SERVICE PROVIDER LISTING
Summer 2018 (SY 2017-2018)**

(Personnel listed on R-2A, R2C, and R-4 are also listed here)

SERVICE PROVIDER NAME	POSITION	LICENSE #	# STUDENTS	TOTAL HRS

REQUEST FOR REIMBURSEMENT

EXTENDED SCHOOL YEAR
Summer 2018 (SY 2017-2018)

DISTRICT NAME: _____ **DISTRICT CODE:** _____

ACTUAL ESY EXPENDITURES

Salaries	\$
Travel	\$
Contractual Services	\$
Materials/Supplies/Commodities	\$
Private Placement	\$
Other	\$
Total	\$

FOR MDE USE ONLY	
Approved for Payment:	
\$ _____ _____ ESY Coordinator Date	
_____ Division Director Date Program Management	
_____ Office Director Date Fiscal Management	

B. STUDENT INFORMATION

Disability Category	Number Served
Autism (AU)	
Deaf/Blind (D/B)	
Developmentally Delayed (DD)	
Emotional Disability (EmD)	
Hearing Impairment (HI)	
Intellectual Disability (ID) [EMR,TMR,S/P]	
Language/Speech Impairment (S/L)	

Disability Category	Number Served
Multiple Disabilities (MD)	
Orthopedic Impairment (OI)	
Other Health Impairment (OHI)	
Specific Learning Disability (SLD)	
Traumatic Brain Injury (TBI)	
Visually Impaired (VI)	
TOTAL	

As Superintendent of this district, I certify by my signature below and that to the best of my knowledge:

1. This application for reimbursement represents the **actual cost** of operating ESY for the 2018 summer session. Sufficient documentation is available for audit inspection.
2. The students with disabilities served met the ESY criteria established in accordance with the Mississippi Department of Education regulations and the educational services provided are specified in each student's Individualized Education Program.
3. No expenditure(s) which would have been incurred if there had not been ESY is (are) included for reimbursement. Documentation to support expenditures is on file for audit inspection.

 SUPERINTENDENT'S SIGNATURE

 DATE

Mail to:
Mississippi Department of Education
Office of Special Education
Post Office Box 771
Jackson, MS 39205-0771

DUE DATE: September 28, 2018

PRIVATE PLACEMENT REIMBURSEMENT FORM
Summer 2018 (SY 2017-2018)

R-6A

District/Facility Name _____

District Code _____

Alphabetical order: Student Name Last name, First name	Beginning Date of ESY Services	Ending Date of ESY Services	Exit Reason	Number of Days Served	Transportation Rate	Transportation Cost	Educational Rate	Educational Cost	Total Amount	Student Listed in the Original Application	Explanation of why student is added after submission
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
Total											

**ESY WORKSHEET
SUMMER SCHEDULE FOR EACH TEACHER
Summer 2018 (SY 2017-2018)**

NAME OF TEACHER:								
JUNE			JULY			AUGUST		
DATES OF INSTRUCTION	NUMBER OF HOURS OF INSTRUCTION PER DATE	NUMBER OF HOURS OF TRAVEL PER DATE	DATES OF INSTRUCTION	NUMBER OF HOURS OF INSTRUCTION PER DATE	NUMBER OF HOURS OF TRAVEL PER DATE	DATES OF INSTRUCTION	NUMBER OF HOURS OF INSTRUCTION PER DATE	NUMBER OF HOURS OF TRAVEL PER DATE

TOTAL NUMBER OF DAYS		TOTAL HOURS OF INSTRUCTION		TOTAL TRAVEL HOURS	
GRAND TOTAL OF HOURS OF INSTRUCTION AND TRAVEL					

ESY WORKSHEET SUMMER SCHEDULE FOR EACH TEACHER Summer 2018 (SY 2017-2018)

NAME OF TEACHER: Jane Doe								
JUNE			JULY			AUGUST		
DATES OF INSTRUCTION	NUMBER OF HOURS OF INSTRUCTION PER DATE	NUMBER OF HOURS OF TRAVEL PER DATE	DATES OF INSTRUCTION	NUMBER OF HOURS OF INSTRUCTION PER DATE	NUMBER OF HOURS OF TRAVEL PER DATE	DATES OF INSTRUCTION	NUMBER OF HOURS OF INSTRUCTION PER DATE	NUMBER OF HOURS OF TRAVEL PER DATE
June 1,	3		July 2,3	3				
4,5,6,7,8	3		5,6	3				
11,12,13,14,15	3		9,10,11,12,13	3				
18,19,20,21,22,	3		16,17,18,19,20	3				
25,26,27,28,29	3		23,24,25,26,27	3				

Example

TOTAL NUMBER OF DAYS	40	TOTAL HOURS OF INSTRUCTION	120	TOTAL TRAVEL HOURS	0
-----------------------------	----	-----------------------------------	-----	---------------------------	---

ESY WORKSHEET
SUMMER SCHEDULE FOR EACH SERVICE PROVIDER
Summer 2018 (SY 2017-2018)

NAME: _____

JUNE		JULY		AUGUST	
DATES OF SERVICE	NUMBER OF HOURS PER DATE	DATES OF SERVICE	NUMBER OF HOURS PER DATE	DATES OF SERVICE	NUMBER OF HOURS PER DATE

TOTAL NUMBER OF DAYS		TOTAL HOURS OF SERVICES	
-----------------------------	--	--------------------------------	--

**ESY WORKSHEET
SUMMER SCHEDULE FOR EACH SERVICE PROVIDER**
Summer 2018 (SY 2017-2018)

NAME Jane Doe

JUNE		JULY		AUGUST	
DATES OF SERVICE	NUMBER OF HOURS PER DATE	DATES OF SERVICE	NUMBER OF HOURS PER DATE	DATES OF SERVICE	NUMBER OF HOURS PER DATE
June 1,	3	July 2,3	3		
4,5,6,7,8	3	5,6	3		
11,12,13,14,15	3	9,10,11,12,13	3		
18,19,20,21,22,	3	16,17,18,19,20	3		
25,26,27,28,29	3	23,24,25,26,27	3		
TOTAL NUMBER OF DAYS	40	TOTAL HOURS OF SERVICES	120		

**ESY WORKSHEET
BUS TRANSPORTATION
Summer 2018 (SY 2017-2018)**

Use the following formulas to calculate bus transportation costs. If the driver is transporting more than one student, the names of all students can be listed on one line.

TRANSPORTATION BY BUS

Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	\$ _____
Total Cost	=	\$ _____

Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	\$ _____
Total Cost	=	\$ _____

Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	\$ _____
Total Cost	=	\$ _____

**ESY WORKSHEET
BUS TRANSPORTATION
Summer 2018 (SY 2017-2018)**

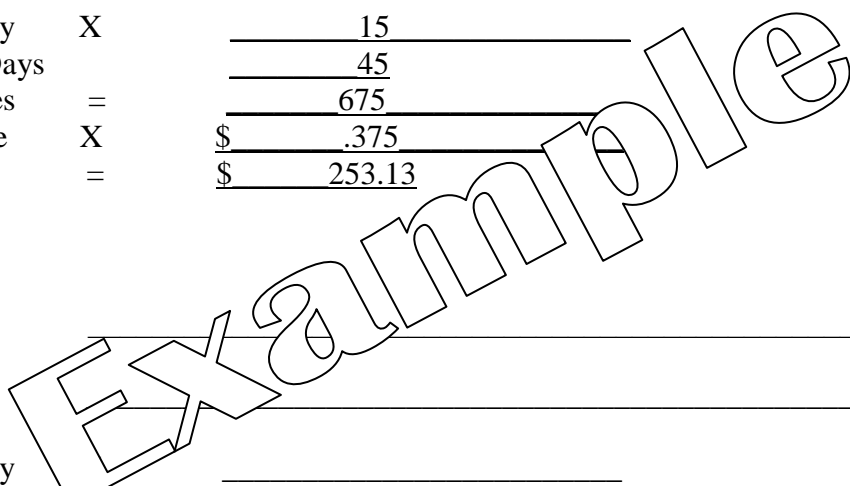
Use the following formulas to calculate bus transportation costs. If the driver is transporting more than one student, the names of all students can be listed on one line.

TRANSPORTATION BY BUS

Driver's Name: Joan Smith

Student's Name: John, Rick, Joe, Sue, Eric and Sharon

Miles per Day	X	<u>15</u>
Number of Days		<u>45</u>
Total Number of Miles	=	<u>675</u>
Rate per Mile	X	<u>\$.375</u>
Total Cost	=	<u>\$ 253.13</u>



Driver's Name: _____

Student's Name: _____

Miles per Day		_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	<u>\$ _____</u>
Total Cost	=	<u>\$ _____</u>

Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	<u>\$ _____</u>
Total Cost	=	<u>\$ _____</u>

ESY WORKSHEET
PARENT OR PRIVATE CONTRACT TRANSPORTATION
Summer 2018 (SY 2017-2018)

Use the following formulas to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

Driver's Name: _____

Student's Name: _____

Miles per Day	X		
Number of Days			
Total Number of Miles	=		
Rate per Mile	X	\$	
Total Cost	=	\$	

Driver's Name: _____

Student's Name: _____

Miles per Day	X		
Number of Days			
Total Number of Miles	=		
Rate per Mile	X	\$	
Total Cost	=	\$	

Driver's Name: _____

Student's Name: _____

Miles per Day	X		
Number of Days			
Total Number of Miles	=		
Rate per Mile	X	\$	
Total Cost	=	\$	

**ESY WORKSHEET
PARENT OR PRIVATE CONTRACT TRANSPORTATION
Summer 2018 (SY 2017-2018)**

Use the following formulas to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

Driver's Name: Mrs. Ellis

Student's Name: Sharon Ellis

Miles per Day	X	<u>15</u>
Number of Days		<u>45</u>
Total Number of Miles	=	<u>675</u>
Rate per Mile	X	<u>\$.375</u>
Total Cost	=	<u>\$ 253.13</u>

Example

Driver's Name: _____

Student's Name: _____

Miles per Day		_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	<u>\$ _____</u>
Total Cost	=	<u>\$ _____</u>

Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	<u>\$ _____</u>
Total Cost	=	<u>\$ _____</u>

ESY WORKSHEET
ITINERANT TEACHER TRAVEL
Summer 2018 (SY 2017-2018)

Use the following formulas as needed to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

TRAVEL BY ITINERANT TEACHER

Driver's Name: _____

Student's Name: _____

Miles per Day	X		
Number of Days			
Total Number of Miles	=		
Rate per Mile	X	\$	
Total Cost	=	\$	

Driver's Name: _____

Student's Name: _____

Miles per Day	X		
Number of Days			
Total Number of Miles	=		
Rate per Mile	X	\$	
Total Cost	=	\$	

Driver's Name: _____

Student's Name: _____

Miles per Day	X		
Number of Days			
Total Number of Miles	=		
Rate per Mile	X	\$	
Total Cost	=	\$	

**ESY WORKSHEET
ITINERANT TEACHER TRAVEL
Summer 2018 (SY 2017-2018)**

Use the following formulas as needed to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

TRAVEL BY ITINERANT TEACHER

Driver's Name: Jerry Clark

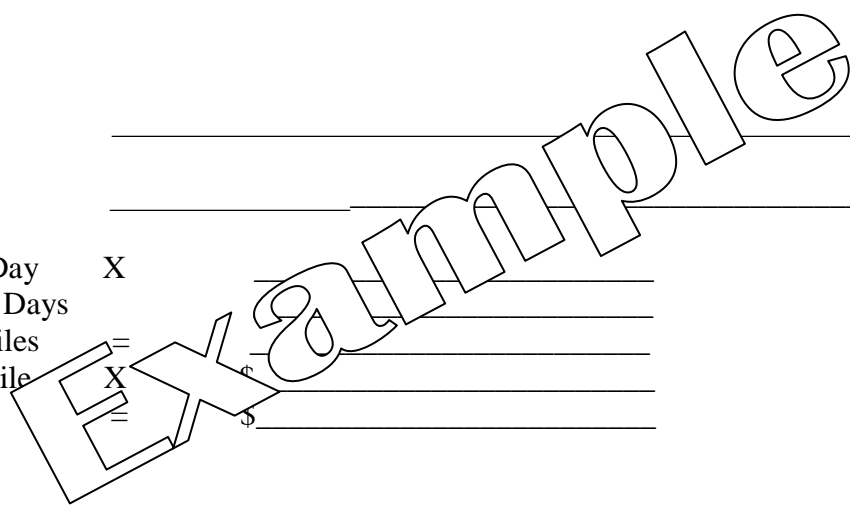
Student's Name: Eric and Sharon

Miles per Day	X	<u>15</u>
Number of Days		<u>45</u>
Total Number of Miles	=	<u>675</u>
Rate per Mile	X	<u>\$.375</u>
Total Cost	=	<u>\$ 253.12</u>

Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	<u>\$</u> _____
Total Cost	=	<u>\$</u> _____



Driver's Name: _____

Student's Name: _____

Miles per Day	X	_____
Number of Days		_____
Total Number of Miles	=	_____
Rate per Mile	X	<u>\$</u> _____
Total Cost	=	<u>\$</u> _____

ESY SALARY WORKSHEET
Summer 2018 (SY 2017-2018)

A. PERSONNEL

NAME	POSITION	FRINGE BENEFITS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. SALARY CALCULATION FOR EACH SERVICE PROVIDER

Compute each salary using the formula for each individual.

PERSONNEL 1.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 2.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 3.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 4.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 5.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 6.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 7.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 8.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

ESY SALARY WORKSHEET
Summer 2018 (SY 2017-2018)

B. PERSONNEL

NAME	POSITION	FRINGE BENEFITS
1. Dan R.	Teacher	Yes
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Example

C. SALARY CALCULATION FOR EACH SERVICE PROVIDER

Compute each salary using the formula for each individual.

PERSONNEL 1.	a) Hourly Rate, Session Rate, or Daily Rate	\$ <u>24.28</u>
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ <u>45</u>
	c) Total Salary [multiply (a) times (b)]	\$ <u>1092.60</u>
	d) <u>7.65</u> % Social Security times (c) =	\$
	<u>83.58</u>	
	e) <u>9.75</u> % Retirement times (c) =	\$ <u>106.53</u>
	f) _____ % Workman's Compensation times (c) =	\$
	g) Total (Add c+d+e+f)	\$ <u>1282.71</u>

PERSONNEL 2.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 3.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 4.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 5.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 6.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 7.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____

PERSONNEL 8.	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	b) Total # of Hours, Sessions, or Days	\$ _____
	c) Total Salary [multiply (a) times (b)]	\$ _____
	d) _____ % Social Security times (c) =	\$ _____
	e) _____ % Retirement times (c) =	\$ _____
	f) _____ % Workman's Compensation times (c) =	\$ _____
	g) Total (Add c+d+e+f)	\$ _____