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| --- | --- | --- |
| Person Responsible |  |  |
| Case Manager | 1. Would the item be purchased for a general education student? | Yes No |
| Case Manager | 1. Would the service be delivered to general education students? | Yes No |
| Case Manager | 1. Do general education students receive the same services and use the same sort of equipment? | Yes No |
|  | If you answered “yes” to questions 1 through 3, it is not an appropriate use of special education funds. |  |
|  | If you answered “no”, continue to question 4. |  |
| Case Manager | 1. Is this expenditure eligible for MA reimbursement?   MA – contact Third Party Billing Coordinator at (check on email for MA) | Yes No |
| Case Manager | 1. What was the need that initiated the request and how was it determined that the cost was allowable, necessary, and reasonable? | Yes No |
| Case Manager | 1. Does the student or program need the item to access general education curriculum? Explain. | Yes No |
| Case Manager | 1. Is the purchase consistent with the needs of the student or program? Do you have a measurable goal? (data driven, targeting areas or weakness) | Yes No |
| Case Manager | 1. Do the staff have the capacity to use the purchased good? | Yes No |
| Case Manager | 1. What training, if any, is necessary? Provide costs. |  |
| Case Manager | 1. Does the student or program need the item or is there surplus already available? | Yes No |
| Case Manager | 1. Is the item or service to be purchased identified on the IEP(s)?   Document here: | Yes No |
| Case Manager | 1. Is this expenditure eligible for MA reimbursement?   MA – contact Third Party Billing Coordinator at (check on email for MA) | Yes No |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Signature Date |  |
| Principal | Consult with the Business Office to determine if the expenditure is consistent with federal cost principles and the Uniform Grant Guidance (UGG)? |  |
| Principal signs and forwards to the Assistant Director. | \*I understand the student or program need to purchase the item or service.  \*I understand that this expenditure supports the students, supplements the program, and does not supplant funds.  \*I understand this expenditure may require additional staff training.  \_\_\_Yes, I understand and support.  \_\_\_No, I understand, but do not support  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Principal Signature Date |  |
|  |  |  |
| Business Manager signs and forwards to the Superintendent. | We will follow the state approved procurement procedures.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Business Manager Signature Date |  |
| Superintendent signs. | I support this expenditure and will allocate general education funds if special education funds are not appropriate.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Superintendent Signature Date |  |

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| Business Manager | 1. Describe the procurement process used: |  |
| Business Manager | 1. Does the purchase order, invoice, packing slip document the special education need? (responsible person or location, signature of the case manager and date) |  |