

**2016-17 APPLICATION UNDER SECTION 51a(6) OF THE  
STATE SCHOOL AID ACT**

**DIRECTIONS**

Complete a separate narrative report for each rule for which the district is making a claim. Specify whether the fiscal and program information is based on actual or estimated data. Additional pages may be used if necessary. **(Note: Districts making claims under rules 1738, 1740, 1744 and 1749 must complete the classroom schedule page.)**

1. Rule number under which the claim is being made R 340.17\_\_\_\_\_.

Title of Rule\_\_\_\_\_

2. Did your district apply and receive funds for the 1987-88 school year?

Yes      No

If yes, please describe any changes in program, staff or costs from those approved last year.

3. Describe the program change required by the rule and the action(s) required to implement it that create a "net increase in necessary costs." If applying for reimbursement under R 340.1745, please include the district's projected total speech and language caseload for the year of application. Identify if the data on students and personnel is actual or estimated?

4. Describe how the "net increase in necessary costs" was determined and include fringe benefits in your projected costs. Please do a separate cost projection for each individual staff member and identify each staff member by name, position and FTE. Also, please prorate projected costs where applicable.



**INTERMEDIATE SCHOOL DISTRICT REVIEW AND  
VERIFICATION OF A CLAIM UNDER SECTION 51a(6)  
OF THE STATE SCHOOL AID ACT\***

**DIRECTIONS**

Review the rule number and claim being made for each rule. After reviewing the data, meet with the local district to determine if all options and alternatives for implementing the revised rules have been considered and that the application is consistent with the "Criteria and Procedures for Reviewing Claims under Section 51a(6) of the State School Aid Act." Complete a separate page for each rule.

1. This report pertains to \_\_\_\_\_ (District's Name)  
claim under R 340.17\_\_\_\_\_.

2. Date received from the local district. \_\_\_\_\_

Was the program in question in full compliance (no deviations, waivers or violations) for the 1986-87 school year? Yes      No

3. If not, specify the areas of noncompliance and reasons why district received deviations, waivers or violations. Include the date the district came into full compliance.

**\* This page is ONLY for ISD review of LEA claims.**

**INTERMEDIATE SCHOOL DISTRICT REVIEW AND  
VERIFICATION OF A CLAIM UNDER SECTION 51a(6)  
OF THE STATE SCHOOL AID ACT\* (continued)**

4. Based on the data available to the intermediate school district, does the request meet the criteria established under Section 51a(6)? Yes      No
- If not, list the criteria that have not been met.

5. Describe specific options reviewed to assure that all "no cost" or "low cost" options have been considered and the proposal is the most cost effective option.

**CERTIFICATION**

I certify that the intermediate school district staff have reviewed the local district application and has discussed alternatives and options recommended by the intermediate school district with the local district and that a copy of the completed form has been returned to the local district.

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Superintendent or Authorized Official Signature

Date Signed

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Contact Person

Phone (Area Code/Local No.)

Email Address

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Date Completed

**\* This page is ONLY for ISD review of LEA claims.**