2024-25 Safety Net EGMS Application User Guide

2024



Washington Office of Superintendent of **PUBLIC INSTRUCTION**

Revision Log

Changes to this document made after December 17, 2024, will be noted in the table below.

Section	Page	Description of Revision	Revision Date

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This user guide will provide instructions for submitting High-Need Individual and Community Impact Safety Net applications through the Education Grants Management System (EGMS).

If you do not already have login information for EGMS, contact your Local Education Agency's (LEAs) EGMS administrator. The Special Education office has purchased additional licenses with the creation of the Safety Net application in EGMS, but licenses are still limited.

EGMS Log-in

To log into your EGMS account, visit the <u>EGMS Log In website</u>.

List of EGMS Organization Administrators

Please note that screenshots presented in this User Guide are from the test environment and may not reflect how the published announcement looks in EGMS. The EGMS ID and Application Name will often not match what is in EGMS since the screenshots were taken from the test environment.

Navigating the Platform

The Overview, Staff Assignments, Forms and Files, History, and Collab items across the top of the application are referred to as "tabs" within this User Guide. When you are within a tab, there will be a blue underline beneath the tab text.

Application 2024-25 High-Need Individ	ual Safety Net Application		Edit Submit Application
EGMS ID	Status	Application Due Date	
AP-OSPI-4363	Created	03/14/2025	
Complete all Mandat Complete the Budge	on: contact in the Staff Assignments tab ory forms and upload any files that OSPI has i t (Formula applications only) ortunity ID in the Overview tab in light blue to		rss
⊘ - Create	d Sul	O-	O Converted to Award
Overview 🛧 Staff /	Assignments 🛛 🕅 Forms and Files	ව History 🚔 Collab	
. Information			

Within each tab there are sections. These sections can be minimized by clicking the arrow at the beginning of the section header.

Overview	★ Staff Assignments	Forms and Files	3 History	🗠 Collab
Information				
 Opportunity 	Overview			
 Application 	Overview			
▼ OSPI Conta	cts 🛈			Ξ
▼ System Info	rmation			

This user guide is organized by the application tabs and sections within each tab.

In the Forms and Files tab, when you are within a form, you can get out of the form by selecting the back button.

Form Name Worksheet A		Validate Edi	it Back
		Worksheet A	~
Is Form Validated? No	Last Modified By Othello Admin	Last Modified Date 11/01/2023 2:29 PM	

lcons

Look for the lightbulb icon for tips on completing the application.

Ŷ	 Complete Application: Indicate the Fiscal Contact in the Staff Assignments tab Complete all Mandatory forms and upload any files that OSPI has re Complete the Budget (Formula applications only) Please click the Opportunity ID in the Overview tab in light blue tex 		
---	--	--	--

If a section contains an information icon, hover over the icon to see information about the section.

	▲ Peer Reviewers ①
user. Yo	iews allows the application record owner to request a review from another District ou may also give that reviewer edit access to the application, if needed. To create a ask, click on "New".
•	View
•	Edit
. ×	Remove
•	Send for Review
•	Enter Review
•	Delete
•	Undo

Starting an Application

To create a High-Need Individual application in EGMS follow these steps. Please note: the person who will primarily be responsible for completing the application should begin the application. Whoever begins the application will be the application owner. The application owner can be changed, if needed. Qualifying for the Safety Net Opportunity will only occur once.

- 1. Navigate to the Opportunities tab.
- 2. Search for AN-OSPI-1978.
- 3. Select the "View" (eye) icon to go to the opportunity record.

*	Opportunities	Applications	Grants	Monitoring	¢							
,		ication: Click the nool-based Appli	View actio	on to navigate t	o the Publis	hed Funding O	pportunity		portunities in th	e left menu		=
	Opportunity Nam	e				Туре	Pre- Application Required?	Opportunity Release Date	Application Due Date	Status	EGMS ID 🔸	Actions
:	2024-25 High-Nee	d Individual Safet	y Net Appl	ication		Competitive	No	12/03/2024	03/14/2025	Published	AN-OSPI-7465	۲
	Total Records: 1											

4. Select "**Qualify**" to pursue the opportunity. If the system asks if you want to qualify for this opportunity, answer "**Yes**" to proceed.

ñ	Opportunities	Applications Grants	Monitoring 🕓		
	pportunity 024-25 High-Ne	ed Individual Safety N	et Application		Qualify
	EGMS ID AN-OSPI-7465		Status Published	Pre-Application (SAS) Due Date	Application Due Date 03/14/2025
3	1. Form P	ackage Instructions: Files	tab, Download form	anization. If the opportunity is still open, and you want to pursue this oppo package instructions in Opportunity Files oplication to create an application for each school	rtunity, click on "Qualify".view less

5. On the next screen, select "Create Application".

>	Opportunities	Applications Grants Monitor	ng 🕓						
Q III	Opportunity 2024-25 High-Need Individual Safety Net Application								
► ⊘	EGMS ID AN-OSPI-7465	Status Qualified	Pre-Application (SAS) Due Date	Application Due Date 03/14/2025					
	Application" or "C 1. Form Pac	Create Application". kage Instructions : Files tab, Down	rganization. If the opportunity is still open, then the application pro load form package instructions in Opportunity Files Create Application to create an application for each school	cess can begin by selecting "Create Pre-					

6. In the Create Application modal window, select "**Save and Continue**". Once the application has been created, you can find it on the Applications tab in EGMS.

Create Application	×
	Save and Continue
* Required to Save	A Required to Submit
If you create the application, you will be responsible for providi access and submitting the application	ng other users edit
Application Information	
Application Title	
2024-25 High-Need Individual Safety	
Net Application	
	Save and Continue

Completing Your Application

OVERVIEW TAB

Most of the information on the Overview tab comes prefilled from the announcement. The important section is the Application Overview section.

Overview 🖈 Staff Assignments	🗞 Forms and Files 🏾 🔊 History 🛛 🇠 Collab	
- Information		
- Opportunity Overview		
 Application Overview 		
Application Overview	*Total Budget Requested	
	*Total Budget Requested 0.00	

Application Overview Section

This section may be skipped when you begin your initial application. Come back to the Application Overview section when all student applications are complete. The "Total Budget Requested" field will need to be modified to match the "Amount Requested" field on the Special Education – Safety Net Certification form. These fields must match before the LEA application can be submitted to OSPI.

STAFF ASSIGNMENTS TAB

On the Staff Assignments tab Peer Reviewers can be added to your LEA's application. If the application owner wants others in the LEA to assist in the completion of the Safety Net application, they must be added as a peer reviewer. Any contact added in the Application Contacts section will automatically be added to the Peer Reviewer section. The Application Owner must send the review to give the automatically added Peer Reviewers edit access.

Application Contacts Section

Add contacts from your LEA that will need access to the Safety Net Application. The table will prefill with the person who initiated the application.

Adding Contacts

1. Click the "Associate" button.

Add Fiscal Contact: Click the Associate created for this grant.	button and indicate staff Fiscal Contac	cts, these staff member(s) wi	I receive tasks and patifications	6 - 1		
Add Fiscal Contact: Click the Associate button and indicate staff Fiscal Contacts, these staff member(s) will receive tasks and notifications for the payment requests created for this grant. Search Q Showing 0 to 0 of 0 records T						
Showing o to o or o records						
Project Role	Name †	Email	ls User	Actions		
No Records Found						

2. In the Associate Contacts modal window, select the individuals to be added as contacts and then click "Associate". More than one name may be selected and added at the same time.

ssociate	Contacts								
▲ Conta	▲ Contacts Click 'Reset Table' under the menu icon to refresh the table's default values								
Search	Q								
Showing 1	to 1 of 1 records								
	Full Name 🛧	Туре	Email						
~	Olympia Admin	Recipient	olympiaadmin1@yopmail.com						
		Total Records: 1							

3. At least one Application Contact must have Fiscal Contact under Project Role. To assign an Application Contact the Fiscal Contact project role, select the pencil icon under Actions. This will allow you to edit the contact.

Application Contacts Associate									
Add Fiscal Contact: Click the Associate button and indicate staff Fiscal Contacts, these staff member(s) will receive tasks and notifications for the payment requests created for this grant. Search Q Showing 1 to 1 of 1 records T									
Project Role	Name †	Email	Is User	Actions					
Other Olympia Admin olympiaadmin 1@yopmail.com									

4. Once the record has been modified, select "Save".

 Application Contacts 			A	ssociate Save
Add Fiscal Contact: Click the Asso created for this grant.	ociate button and indicate staff Fi	scal Contacts, these staff member(s) will receive	tasks and notifications for	r the payment reques
Search	R.			
Showing 1 to 1 of 1 records				
Project Role	Name †	Email	Is User	Actions
Other	✓ Olympia Admin	olympiaadmin1@yopmail.com	~	C
None Program Contact		Total Records:1		
Fiscal Contact				

Adding a Peer Reviewer

1. Select "New" in the Peer Reviewers section.

⊾ Pee	er Re	eviewers					New					
Reviev eview Peer F	w, the vers wi Reviev eer Re	peer review can edit the Ap ill lose the ability to edit ond	pplication. Once Peer Receive the review is completed	eview is completed, c ed.	etails and Save the window. Note: V ick the Complete Review button to otify the Application Owner of compl * Reco	Submit the Applicati	on. Note: All Peer					
Showin	ng 0 to	0 of 0 records										
	#	Reviewer Name	Description	Due Date	Allow Record Editing	Status	Focus Area					
	#	no no no no na na na		No Records Found								

2. In the Add New Peer Reviewer modal window enter the required information and select **"Save"**. Ensure that "Yes" is selected under Allow Record Editing, or the Peer Reviewer will not be able to edit the application.

Add New Peer Reviewer	×
	Save
	★ Required to Save
Peer Reviewer	
*Reviewer Name	Description (1)
Olympia Admin Q	Please review the Safety Net application
*Due Date	*Allow Record Editing
03/03/2025	Yes 🗸
Status	·
Created	
	Save

3. Once the reviewer has been added, select the blue arrow icon under Actions to assign the review to the Peer Reviewer.

▲ Pee	▲ Peer Reviewers ③ New									
Peer Review Process (Application Owner): Click the New button, enter required details and Save the window. Note: When the peer review Status is Sent for Review, the peer review can edit the Application. Once Peer Review is completed, click the Complete Review button to Submit the Application. Note: All Peer reviewers will lose the ability to edit once the review is completed. Peer Review Process (Peer Reviewer): Complete any edits to the application. To notify the Application Owner of completed edits, click the Submit Review action in the Peer Reviewers table Search *Records are sorted by Responsibility ascending order Showing 1 to 1 of 1 records										
	#	Reviewer Name	Description	Due Date	Allow Record Editing	Status	Focus Area	Actions		
Ð	1 Olympia Admin Please review the Safety Net apple 03/03/2025 Yes Created									
	Total Records:1									

4. The Peer Reviewer will be able to find the request under their Pending Tasks. Press the green play icon to start the peer review.

Q Search –	▲ Pending Tasks (Assigned To Me) ①						=
Search Q	Search	Q	٢				۲
All	Showing 1 to 10 of 11 records				Page 1 of 2		
All	EGMS ID	Туре	Status	Subject	Assigned By	Due Date	Actions
🚔 Tasks 🛛 🗕 –	AP-OSPI-2895	Review Recipient Application	Not Started	Review Recipient Application for Announcement #AN-OSPI-1834	Bickleton A	03/01/2024	
Tasks –							
Pending Tasks							
Completed Tasks							
Activities							

- 5. Once the peer review has been initiated, the reviewer can review the Safety Net application and make changes to any of the application forms.
- 6. After the Peer Reviewer has made any required edits to the Safety Net application, they can submit their review by selecting the yellow box with a pencil under the Actions column. Once submitted the Peer Reviewer will not be able to make additional edits to the Safety Net application.

	ervie	w 🗙 Staff Ass	signments Rerms and Files	Histon	v 😤 Collab			
	00			•				
hange	e App	lication Owner: Clic	ers edit access, click in the New buttor k the Edit action in the Owner section a s and notifications related to this Applic	and search the n		transfer ownership t	o. Note: The New	Owner will
▼ Application Contacts Associate								
• Pee	er Re	viewers 🕕						New
eview	ers wi	ill lose the ability to e	the Application. Once Peer Review is o dit once the review is completed. viewer): Complete any edits to the app					eer
	er Re	viewers table	٩				the Submit Revie	w action in
seard	er Re		٩			Records are sorted by		
he Pe	er Re		Q Description	Due Date				
he Pe	er Re ^r ch g 1 to	1 of 1 records			*	Records are sorted by	Responsibility as	scending of

7. The default rating for the Peer Review is "passed". Comments on the review must be added before completing the review. Once Save is selected a "Submit Review" button will appear. Once the review is complete, the peer reviewer should select "Submit Review".

Application Review		×	Application Review	×
		Save	Edit	ubmit Review
	* Required to Save 🔒 Required to S	ubmit		
Submit Review: Submitting the Review will notify the Application Owner that you have completed your edits to the Application.			 Submit Review: Submitting the Review will notify the Application Owner that you had completed your edits to the Application. 	ve
Details			i Details	
Rating (1) Passed	Comments (1) Enter your review here.	12	Rating ① Comments ① Passed These are my notes Reviewed by Review Date Olympia Admin 12/03/2024 4:28 PM	
	2	ave	Edit S	ubmit Review

8. The application owner will be able to see the review history in the Peer Reviewers section of the Staff Assignments tab.

Ove	ervie	ew 🕇 Staff Assi	ignments 🔊 🗞 Fo	rms and Files	C History	🙊 Co	llab			
hange	Арр	vers: To give other use olication Owner: Click cess and receive tasks	the Edit action in the	Owner section an	d search the nan			sfer ownership	to. Note: The New	/ Owner will
• Арр	olica	ation Contacts							As	sociate
A Pee	r Re	eviewers								New
Searc	:h	o 1 of 1 records	٩				* Reco	rds are sorted b	y Responsibility a	scending ord
	#	Reviewer Name	Description		Due Date	Allow Re	cord Editing	Status	Focus Area	Actions
Ξ	1	Olympia Admin	Please review the	Safety Net applic	03/03/2025	Yes		Submitted		
		Reviews								≡
	Sh	owing 1 to 1 of 1 record	S							
		Reviewer Rating		Comments			Last Modified D	ate †		
	Passed These are my notes 12/03/2024 4:30 PM									
					Total Record	s:1				
					Total Decender					
					Total Records:	1				

FORMS AND FILES TAB

The Forms and Files tab is where most of the work on the application will be done. This tab includes the application forms and the area where application files will be uploaded.

Application Forms

Please note that there is an application form called Worksheet C Review. LEA users should ignore this form when completing their High-Need Individual Safety Net application. This form will be used by OSPI staff during the application review process.

Worksheet A

Worksheet A is used to determine the LEA's overall capacity. This form compares the LEA's expenditures and revenues. If the LEA is expending more than they are receiving in special education funds, then the application will show capacity. Demonstration of capacity on the Worksheet A is not a guarantee of funding. To view the Worksheet A, select the green eye icon and to edit select the pencil icon.

When the Safety Net Application is released in EGMS in December 2024 the data will not be fully prepopulated in the Worksheet A. Users should wait to complete the Worksheet A until all the prepopulated data is included on the form. If data is entered on the form prior to the prepopulated data being added, the form will overwrite any numbers entered by the LEA when the data is added.

Data used to prepopulate the Worksheet A comes from the F-195 Budget and F-196 Year-End reports submitted to OSPI by each LEA. The F-195 Budget data will prepopulate the Current FY Budgeted and Current FY Budgeted (LEA) columns within the form. LEAs should edit the Current FY Budgeted (LEA) column where appropriate.

Please note:

- In the review for the LEA's conditional award, the lesser of the amounts between the budget and annualized year-to-date expenditures will be used in the analysis. When completing Worksheet A, pay attention to how much is budgeted under the various special education expenditure codes and what is being estimated as the annualized expenditures. The annualized expenditures are calculated by taking the total expenditures for a program code, dividing it by the number of months of the expenditure report and then multiplying by 12. This projects out what your LEA will expend based on what you have already expended thus far in the year. If your annualized expenditures are much higher than what has been budgeted or vice versa, it is recommended that the Worksheet A Reconciliation form be used to provide additional information on the differences between the budgeted numbers and the annualized numbers.
- In the review for the LEA's final award, the annualized year-to-date expenditures will be used in the analysis unless the LEA requests otherwise and provides additional information as to why a different number should be used.
- Expenditures coded to Activity 23 Principal's Office are deducted in the Worksheet A analysis because these are not costs specific to Special Education. These expenditures would be for all students given the nature of the Activity.

There are four tabs within the Worksheet A form (Overview, Expenditures, Enrollment Data, and Special Education Resource Data).

1. Overview

This first section of this tab will prepopulate with your LEA's information. Capacity will initially be calculated based on the data in the Current FY Budgeted (LEA) column. If your LEA does not demonstrate capacity, you may still submit a Safety Net application as it is possible to demonstrate capacity later in the school year. If the form does not appear to be updating after new data is entered in the Current FY Budgeted (LEA) columns, exit the form and reenter.

2. Expenditures

Verify that the prepopulated data is accurate. If the prepopulated data is not accurate, the Current FY Budgeted (LEA) column may be edited.

Lines and Sections that will not prepopulate:

- Line 7 Expenditures for Summer School: Enter all costs associated with summer or supplemental school year programs that <u>are included</u> on Line 6. Exception: Costs for ESY services required by an IEP should not be deducted.
- Line 11 Payments to Other School Districts: Enter all payments to other school districts for students served out of district if these expenditures <u>were included</u> in Line 6. For payments to other school districts, reference Activity 29 expenditures.
- *Number of Months:* Enter the number of months the expenditure reports submitted with your application cover. In most cases 6 should be entered as the February expenditure reports should be included with the application.
- Annualized Year to Date Expenditures Section: Fill this table in based on the Program totals from the expenditure reports submitted with your application. The table will annualize the expenditures when it is saved.

3. Enrollment Data

Lines that will not prepopulate:

• Line 15 – Number of Nonresident Pupils Served: Enter actual or estimated average headcount of

nonresident students served by the district through an inter-district cooperative agreement and reported by the district as nonresident on Form SPI P-223H for each year.

• Line 17 – Number of Resident Pupils Served in Other Districts: Enter the actual or estimated average headcount of resident students served through an inter-district cooperative agreement and reported by the other district as nonresident on Form SPI P-223H for each year.

4. Special Education Resource Data

Lines that will not prepopulate:

- *Line 34 Transfer of Special Ed Funding from Other Districts*: Enter the amount of funding transferred from another LEA that is not included in Revenue Account 7121 Revenue from Other Districts.
- *Line 35 Monetary Donations Designated for Special Education:* Enter the amount of monetary donations received that are designated for Special Education.
- *Line 36 Other Sources*: Enter the amount of other resources available for Special Education, which could include program income. For example, this could include tuition fees for non-disabled peers served in the preschool program.

Worksheet A Budget Reconciliation

This is an optional form that LEAs can use to provide more information on their expenditures. This form compares the LEA's budgeted expenditures and the anticipated year-to-date program expenditures based on information from the LEA's detailed expenditure reports.

In the review for the LEA's conditional award, the lesser of the amounts between the budgeted and annualized year-to-date amounts will be used in the analysis. However, if there is a 10% difference between budgeted expenditures and annualized year to date expenditures the LEA may provide an explanation of the differences if the LEA would like reviewers to consider using the higher amount. If no explanation is provided between the budgeted and annualized expenditures, the lesser number will be used in the analysis for the district's demonstration of capacity for Safety Net funding.

In the review for the LEA's final award, the annualized year-to-date expenditures will be used unless the LEA requests otherwise and provides an explanation as to why a different number should be used.

The data in this form will populate based on the data from the LEA's F-195 budget. If there is no data in the form, the data has not yet been loaded into the Safety Net application and you should hold on completing this form.

To complete the Worksheet A Budget Reconciliation:

- 1. On the Overview tab of the form, add the month of the expenditure report submitted with the LEA's application. For High-Need Individual applications this should be February. The months to date field will calculate based on the month selected.
- 2. Any additional comments should be entered on the Overview tab as well.
- 3. Select "Save".

Form Name Worksheet A Budget Reconciliation		Cancel Save Worksheet A Budget Reconciliation
Is Form Validated? No	Last Modified By Test5 OSPITestAccount05	Last Modified Date 10/05/2023 8:06 PM
		* Required to Save 🛛 🛕 Required to Submit
Overview Program 21 Pro	ogram 24	
 Organization and Application In 	formation	
▲ Overview		
	e is a 10% difference between budgeted expenditures a e budgeted and annualized expenditures, the lesser nur ty for Safety Net funding.	
Month of Expense Report February	~	
Months to Date Additional Comments Add any additional information here.	<i>li</i>	

4. Navigate to the Program 21 tab of the form. Use the pencil icon to add the year-to-date (YTD) expenditures from any Activity and Object code combination that has budgeted information. In the YTD column, add the amount expended in the Activity/Object combination from the LEA expenditure report. Select "Save". Upon saving, the form will calculate the difference between the Budgeted amount and the Annualized YTD amount. Explanations can be added to any row available; however, if you want to utilize this form to provide additional information as to why a higher amount (either budgeted of AYTD) should be used, an explanation should be included for rows with a difference that is greater than 10%.

m Name orksheet A Bu	udget Reconciliati	on			Complete Form		
					Worksheet A Budget Recon	ciliation	
Form Completed	?		Last Modified By	/ Last	Modified Date		
C	Olympia Admin			n 12/0	12/03/2024 7:05 PM		
Overview	Program 21	Program 2	24				
		-					
ana nata Eve	andituraa aadad ta Aat	6.46.22 Del	includia Office are deducted	in the Markahast A analysis because these are not as	ata ana sifia ta Chasial Education. T	been overenditur	
				in the Worksheet A analysis because these are not cos	sts specific to Special Education. T	hese expenditur	
uld be for all st	udents given the natu	re of the Acti	ivity.				
	5						
	-						
	-						
	-			* Records are sort	ed by Activity ascending order. Obi	ect ascending or	
Program 21	-				ed by Activity ascending order, Obj	_	
	-	YTD	Annualized YTD	* Records are sorte Difference Between Budgeted and AYTD	ed by Activity ascending order, Obj Explanation of Difference	ect ascending of Actions	
Program 21	-	YTD	Annualized YTD			_	
Program 21 Object †	-	YTD	Annualized YTD \$0.00			_	
Program 21 Object † Activity : 21	Budgeted	YTD		Difference Between Budgeted and AYTD		_	
Object † Activity : 21 2	Budgeted \$570,549	YTD	\$0.00	Difference Between Budgeted and AYTD		Actions	
Program 21 Object † Activity : 21 2 3	Budgeted \$570,549 \$449,501	YTD	\$0.00 \$0.00	Difference Between Budgeted and AYTD -100.00% -100.00%		Actions	

Program 2	21							Save
						* Records are sorted by	Activity ascending order, Objec	t ascending
Object †	Budgeted		YTD	Annualized YTD	Difference Betwee	een Budgeted and AYTD	Explanation of Difference	Actio
Activity : 21								
2	\$570,549		350,000	\$0	00	-100.00%		D
Program 2	21				~			•
						* Records are sorted by	Activity ascending order, Object	ascending
Object †	Budgeted	YTD	Annua	lized YTD	Difference Between	Budgeted and AYTD E	xplanation of Difference	Actions
Activity : 21								_
2	\$570,549	\$350,000.00		\$700,000.00		22.69%		ø
Program 2	21					* Records are sorted by A	ctivity ascending order, Object a:	Save scending of
Object †	Budgeted		YTD	Annualized YTD	Difference Betwee	en Budgeted and AYTD	Explanation of Difference	Actions
Activity : 21								
2	\$570,549	3	50,000	\$700,000.0	0	22.69%	Enter your explanation of the difference here. An example of an explanation is: Incurred additional salary costs that were not anticipated when the budget	ຽ
							was created.	

5. Edit each Program tab with relevant information and save. As this form is not required, validation is not required prior to submission of the LEA's application.

Worksheet C Student Overview

Student applications must start on the Worksheet C Student Overview form. In order to complete other Worksheet C forms, new students must be added on the Student Overview form. This is the only form where student applications can be deleted.

Please Note:

• Dates must be entered in the mm/dd/yyyy format (including lead zeros). If the date is not entered in this format, when you navigate out of the field, the date will revert to the current day's date.

BEFORE YOU START ENTERING MULTIPLE STUDENT APPLICATIONS, CONSIDER THESE FACTORS!

- Each student record includes and LEA Calendar as part of the record. The student application that has the LEA Calendar section completed first will then be used to prepopulate any student records added manually with the New button.
- The LEA calendar will not populate any student records added using the Upload Excel feature.
- The LEA calendar will not populate any student records added using the Load Past Year Student Information feature.

Add Students Using New Button

To add a new student record:

1. Navigate to the Worksheet C Student Overview form on the Forms and Files tab. It is recommended that you enter the form using the "View" button (green eye).

Application	Instructions						
Forms							
Search	Q						
owing 1 to 9 of 9 Sequence	Form Name	Is Form	Mandatory?	Last Modified By	Last Modified Date	Version	Actions
Number	Form Name	Completed?	wanuatory :	Last modified by	Last mounied Date	Version	Actions
	Worksheet A	Yes	Yes	Olympia Admin	12/03/2024 6:36 PM	FY25	۲
2	2 Worksheet A Budget Reconciliation	No	No	Olympia Admin	12/03/2024 7:05 PM	FY25	۲
	8 Worksheet C Student Overview	No	Yes	Olympia Admin	12/03/2024 7:37 PM	FY23	۲
4	Worksheet C IEP Staff and Other Staff Costs	No	No	Olympia Admin	12/03/2024 1:52 PM	FY23	۲
ł	Worksheet C ESY Staff and Other Staff costs	No	No	Olympia Admin	12/03/2024 1:52 PM	FY23	۲
(Worksheet C Student Summary	No	Yes	Olympia Admin	12/03/2024 1:52 PM	FY25	۲
ī	7 Special Education - Safety Net Certification	No	Yes	Olympia Admin	12/03/2024 1:52 PM	FY23	۲
8	B Special Education - ESY Certification	No	No	Olympia Admin	12/03/2024 1:52 PM	FY25	۲
	Worksheet C Review	No	No	Olympia Admin	12/03/2024 7:37 PM	FY25	۵ ک

2. In the Student Information section, select "New".

		Worksheet C Student Overview
Form Validated?	Last Modified By	Last Modified Date
10	Olympia Admin	12/03/2024 7:37 PM
 Organization and Application 	Information	
Organization Name	Application ID	Application Title
Olympia School District	AP-OSPI-4356	2024-25 High-Need Individual Safety Net Application
Organization Code 34111	Last Submitted Date	
 Student Information 		New Load Past Year Student Information Download in Excel Upload Excel
Application. Note: Please complete the Click the 'Download in Excel' button to	e remaining information for each student. download the Excel template that you use t heet in the download. After entering the Stu	nd Date of Birth of all students from the previous year Safety Net o enter Student(s) information. For instructions entering Student dent information in Excel, save the Excel on your computer. Next, click
Search Q	e mormation for each student.	
Showing 0 to 0 of 0 records		
		Actions
SSID †		

Complete the required fields in the Overview modal window and select "Save and Continue".

Important Notes:

- Fields marked with a red asterisk are required to save.
- This section will still be editable after saving so if information changes after the initial creation of the student application record, you may go in and update as necessary.
- If the response in the "Does Student Receive ESY?" field is "In-District" or "Both", the number of weeks is required to be entered.
- Note that the field for the number of weeks of ESY has been moved from the bottom of the form to the top of the form.
- Once the form is saved, additional tables will open for the general LEA calendar as well as student-specific calendars for each IEP. The section will be editable based on what was entered in the "How many IEPs associated with the application?" field. If one is selected, the Current IEP section would be required to be completed. If two is selected, the Current IEP and 1st Previous IEP sections would be required to be completed. The number of IEPs associated with the application can be revised later if necessary.
- If Out of District of Both is selected in the "Is student served in-district or out of district?" dropdown information about the out of district placement needs to be added to the <u>Worksheet C</u> <u>Student Summary form</u> in the Out of District Placement Information section.

		Save and Continue
		* Required to Save 🛛 🛕 Required to Subm
Overview		
	lete the fields in the Overview section then Say	ve and Continue *Last Evaluation Date 🛈
SSID Number	*Disability Category	
	None	✓ mm/dd/yyyy
Date of Birth	*Grade	*Last IEP Date 🕕
mm/dd/yyyy	None	✓ mm/dd/yyyy
ge as of Submission	Medicaid Eligibility	*How many IEPs associated with the application?
	None	✓None ✓
s Student served in-district or out of district?	*Does Student Receive ESY? (1)	Enter the number of weeks the resident student is served
None	None	✓ in ESY in the current school year.
lumber of Days in standard school year with properly prmulated IEP		
ransition Plan Required?		
Vas Student involved in a complaint or due process th ncluded a corrective action plan?	at	
None	~	
Additional Comments;		
	11	

3. Enter information in the "LEA Calendar" section. This is LEA-level calendar. This data only needs to be entered once on the very first student application. All other applications added using the "New" button will prepopulate with the data entered into the first student application. While the data will prepopulate

this calendar from the first application created, you can modify the "LEA Calendar" section on subsequent applications. The LEA calendar will only load in applications created using the "New" button.

Note, if you select the pencil icon on all the months you need to enter data in, you can tab through the cells to edit each month. Selecting the circular arrow icon will delete what you've entered and take you out of edit mode for that month. Once the calendar has been filled in select **"Save"**.

LEA Calendar		Save
	* Records are sorted b	y SortNumberOverviewForm ascendir
Month	# of Days(Per Cale	endar) Actions
August		0
September	0	5
October	0	C
November	0	C
December	0	C
January	0	Ċ
February	0	Ċ
March	0	c
April	0	5

- 4. For each IEP section that applies to the student application enter:
 - a. IEP start date
 - b. IEP end date

	Save
	* Required to Save 🔒 A Required to Submit
▼ Overview	
▼ LEA Calendar	Ξ
▲ Current IEP	
Enter the number of days the resident student is served with the Current IEP in the current school year. Note: Sum of the Current IEP number of days and the six Previous IEPs number of days should equal the number of days in the school year, unless there is a lapse in service between IEPs.	
Stat Date mm/dd/yyyy	End Date mm/dd/yyyy

c. Calendar days – note that the calendar section must be saved separately from the IEP dates.

Current IEP				
	mber of days and the six Previous IEPs of year, unless there is a lapse in service			
tart Date		End Date		
11/06/2023		06/14/2024		
Current IEP 🚯			* Records are sorted by S	SortNumberOverviewForm ascending
Month			# of Days Student Enrolled	SortNumberOverviewForm ascending Actions
Month September			# of Days Student Enrolled	Actions
Month			# of Days Student Enrolled	Actions
Month September October		14	# of Days Student Enrolled	Actions
Month September		14 15	# of Days Student Enrolled	Actions
Month September October November			# of Days Student Enrolled	Actions

d. ESY number of weeks if the student is served in-district for ESY.

▲ ESY	
Enter the number of weeks the resident student is served in ESY in the current school year.	

Once all this information is entered, select **"Save"** at the top of the overview modal window. The student's record has been created and you can now navigate to the other Worksheet C forms. Please note, that the Student Overview form can be modified after it is created if necessary.

The number of weeks associated with each calendar will be included on the Worksheet C IEP Staff and Other Staff Costs form.

w Worksheet C IEP Staff and Other	Staff Costs	
		View Student Overview View Student Summary View ESY Form
 Overview 		
SID Number 111111111		
Current IEP 1/06/2023	To 06/14/2024	Current Number of Weeks 27.00
Ist Previous IEP 09/06/2023	To 11/03/2023	1st Previous Number of Weeks 9.00

Add Students Using the Load Past Year Student Information Feature

In the Worksheet C Student Overview form, there is a button to load the student information from the LEA's previous year application. When this button is selected, the application will import the SSID, Disability Category, and Date of Birth for all students included in your LEA's previous year application.

Form Name Worksheet C Student Overview		Complete Form Edit Back Worksheet C Student Overview
Is Form Validated? No	Last Modified By Olympia Admin	Last Modified Date 12/03/2024 7:37 PM
▼ Organization and Application Informat	ion	
Student Information		New Load Past Year Student Information Download in Excel Upload Excel
Load Past Year Student Information: This will loa for each student.	ad the SSID, Disability Category, and Date of Birth of all student:	from the previous year Safety Net Application. Note: Please complete the remaining information

Click the 'Download in Excel' button to download the Excel template that you use to enter Student(s) information. For instructions entering Student information, refer to the Instructions sheet in the download. After entering the Student information in Excel, save the Excel on your computer, Next, click the 'Upload Excel' button to upload the Information for each student.

Things to Consider:

- This button will not work if a student included in the previous year's application has already been added to the Worksheet C Student Overview form.
- Using the Load Past Year Student Information button will import all student records from the previous year, but the calendar sections will be blank. So, the LEA Calendar information will need to be entered manually entered if this feature is used.
- After loading the past year student information, the student records will need to be edited to add: any demographic data that is not included; the calendar; and, IEP information.
- Follow steps 3 through 5 in the <u>Add Students Using New Button section</u> for information about how to add remaining information required.

Add Students Using the Upload Excel feature

In the Worksheet C Overview form, there is a button to load student records using an Excel upload. Using this feature will load the following information:

- SSID
- Disability Category
- Last Evaluation Date
- Date of Birth
- Grade
- Last IEP Date
- Medicaid Eligibility
- How many IEPs associated with the application? (1-7)
- Is Student served in-district or out of district
- Does Student Receive ESY
- Was Student involved in a complaint or due process that included a corrective action plan?
- Additional Comments
- <u>Download the Worksheet C Overview Upload Template</u>. This template contains the required formatting
 as well as pick lists for fields that require specific entries. Do not change the column headers within this
 file. If pasting data into the template, use Paste Values to ensure that the correct formatting is used.
 Some fields will prevent the data from loading if the data is in an incorrect format.

Form Name Worksheet C Student Overview		Complete Form Edit Back Worksheet C Student Overview
Is Form Validated? No	Last Modified By Olympia Admin	Last Modified Date 12/03/2024 7:37 PM
Organization and Application Information	วท	
Student Information		New Load Past Year Student Information Download in Excel
for each student. Click the 'Download in Excel' button to download		nts from the previous year Safety Net Application. Note: Please complete the remaining information ion. For instructions entering Student information, refer to the Instructions sheet in the download. button to upload the Information for each student.

Things to Consider:

- Using the Upload Excel feature will load all the student records, but the calendar sections will be blank. So, the LEA Calendar information will need to be entered manually entered if this feature is used.
- After loading the past year student information, the student records will need to be edited to add the calendar, and IEP information.
- Follow steps 4 through 5 in the <u>Add Students Using New Button section</u> for information about how to add remaining information required.

When all student applications are complete, validate the form.

Form Name Worksheet C Student Overview		Validate Edit Back Worksheet C Student Overview ✓
Is Form Validated?	Last Modified By	Last Modified Date
No	Othello Admin	11/06/2023 8:51 AM

Worksheet C IEP Staff and Other Staff Costs

There are two functions to this form:

- 1. Add staff information to be used in your applications.
- 2. Add staff member to individual student applications.

Before staff can be manually added to an individual student application, they must be added in the "Staff Information" section. Staff can be added individually in this section, or an <u>Excel upload can be done to upload</u> <u>multiple staff at the same time</u>. There are three possible staff scopes for this section:

- IEP staff with this scope can only be added to the Worksheet C IEP Staff and Other Staff Costs form.
- ESY staff with this scope can only be added to the Worksheet C ESY Staff and Other Staff Costs form.
- Both staff with this scope can be added to both the IEP and ESY Staff and Other Staff Costs forms.

All three staff scope types may be entered on the Worksheet C IEP Staff and Other Staff Cost form.

Required Fields for IEP Staff Scope:

- Name,
- Staff Scope
- Staff Type

- Additionally, the following fields are required for each staff type:
 - Special Education Teachers (Certificated):
 - Annual Special Education Base Salary
 - Annual Caseload in minutes for all students
 - Special Education Classified Staff:
 - Position
 - IEP Hourly Rate
 - District Educational Staff Associates (ESAs):
 - Position
 - Annual Special Education Base Salary
 - Contract Hours
 - Contracted Staff (ESAs and Teachers):
 - Position
 - IEP Hourly Rate

Required Fields for **ESY** Staff Scope:

- Name
- Staff Scope
- Staff Type
- Additionally, the following fields are required for each staff type:
 - Special Education Teachers (Certificated):
 - ESY Hourly Rate
 - Special Education Classified Staff:
 - Position
 - ESY Hourly Rate
 - District Educational Staff Associates (ESAs):
 - Position
 - ESY Hourly Rate
 - Contracted Staff (ESAs and Teachers):
 - Position
 - ESY Hourly Rate

To add a new staff member:

1. Select "New" in the Staff Information section.

Form Name Worksheet C IEP Staff and Other Staf	f Costs	Validate Edit Back Edit Back Edit Comparison Edit Back Edit Edit
Is Form Validated? No	Last Modified By Othello Admin	Last Modified Date 10/24/2023 11:35 AM
Organization and Application Inf	ormation	
Organization Name Othello School District	Application ID AP-OSPI-2892	Application Title Safety Net Application Testing - Final
Organization Code 01147	Last Submitted Date	
		Download in Excel Upload Excel
▲ Staff Information		Download in Excel Upload Excel Load Previous Staff Data New

2. Fill in the fields required for the type of staff being added.

Name †	Staff Scope	•	Staff Type	Annual Special Education Base Salary	Annual Caseload in Minutes for all students	Position	IEP Hourly Rate	ESY Hourly Rate	Contract Hours	Actions
Field is required	✓ Field is require		✓ Field is required			~			0.00	×

3. Select "Save" when all required fields have been entered. You will now be able to associate this staff with individual student records.

 Staff Information 					Downle	oad in Excel Up	bload Excel Load Pre	evious Staff Data New	Save
Instructions:		vnload the Excel template that you			- () - (() - (((land Africantestantester	
		r computer. Next, click the 'Upload		mation. For instructions enterin	g staff information, refe	er to the instruction	ons sheet in the down	load. After entering the	сап
Name, Staff Scope and S	taff Type are Requ	iired							
For Staff Scope IEP:									
		Certificated): Name, Annual Specia Staff: Name, Position, and IEP Hou	1. Contract (1. Co	Annual Caseload in minutes for a	ill students are Required	1			
		sociates (ESAs): Name, Position, And IEP Hou	, ,	alany and Contract Hours are De	autra d				
		eachers): Name, Position, and IEP		alary, and contract hours are ke	equired				
Tor stan type contracted		cacheraj, Hame, Fosicion, and Er	nouny nate are negared						
For Staff Scope ESY:									
For Staff Type Special Ed	ucation Teachers (Certificated): Name and ESY Hour	ly Rate are Required						
For Staff Type Special Ed	ucation Classified	Staff: Name, Position, and ESY Hou	urly Rate are Required						
For Staff Type District Ed	ucational Staff Ass	sociates (ESAs): Name, Position, ar	nd ESY Hourly Rate are Require	ed .					
For Staff Type Contracted	d Staff (ESAs and To	eachers): Name, Position, and ESY	Hourly Rate are Required						
		Q							
							* Records a	re sorted by Created Date	ascending or
Name 1	Staff	Staff Type	Annual Special	Annual Caseload in	Position	IEP Hourly	ESY Hourly	Contract Hours	Actions
	Scope		Education Base Salary	Minutes for all students		Rate	Rate		
Special Education									
Teacher	IEP 🗸	Special Education Teach	70,000	300,00¢	~			0.00	×

To Add Staff to Individual Student Application

1. In the Student Information section of the form, enter the student record by selecting the green eye icon.

orm Name /orksheet C IEP Staff and Other Staff (Costs	Validate Edit Back Edit Edit Control of the staff Edit Control of the staff Edit Edit <thedit< th=""> <thedit< th=""> <thedit< th=""></thedit<></thedit<></thedit<>
ls Form Validated? No	Last Modified By Othello Admin	Last Modified Date 10/24/2023 11:35 AM
NU		10/24/2023 11:33 AWL
 Organization and Application Infor 	nation	
▲ Student Information		Download in Excel Upload Excel
		nt(s) IEP information. For instructions entering IEP information, refer to the Instructions xt, click the 'Upload Excel' button to upload the IEP Information for each student.
Search Q		7
Showing 1 to 2 of 2 records		
SSID †	Actions	
111111111	View Student Overview View	v Student Summary View ESY Form
2222222222	 View Student Overview View 	v Student Summary View ESY Form
	Total Records:	2

2. Go to the section of the staff type that is being added and select **"Associate"**. In this example we will be adding a special education teacher.

Spec	ial Educat	tion Teachers (Certific	cated)					Associate
						* Records are so	rted by Last Modifie	d Date ascending or
IEP	Name	Annual Special Education Base Salary	Annual Caseload in Minutes for all students	Cost per Minute	MPW of direct service provided to this student per IEP	Number of weeks staff member served student	Benefit Rate	Total Cost for this student
				No	Records Found			

3. In the associate modal window, select the staff member you are trying to add and select "Save".

ew			
Special Ed	ducation Teachers (Certifica	ated) associate window	Hit I TETILUS HUILUELUI TEEKS
▲ Asso	ociate		Save
Search. Showing	 1 to 1 of 1 records	Q	
	Name	Annual Special Education Base Salary	Annual Caseload in Minutes for all students
	Special Education Teacher	\$70,000.00	300,000.00
_		Total Records: 1	

4. The staff member will now be editable in the student's record. Select the pencil icon to edit the staff member in the student record. The fields identified as required must be entered before saving. The other fields that are prefilled may be updated; however, these changes will only be reflected in the student application. Updating values in a student application will not update the staff member's information in the staff table or in other student applications. Once all fields have been completed, select **"Save"**.

Special Edu	cation Teachers (Certific	cated)							ave
						* Recor	ds are sorted by Last I	Modified Date asce	nding or
IEP	Name	Annual Special Education Base Salary	Annual Caseload in Minutes for all students	Cost per Minute	MPW of direct service provided to this student per IEP	Number of weeks staff member served student	Benefit Rate	Total Cost for this student	Action
✓ Field is required	Special Education Teacher	70,000	300,000	0.2333	Field is required	Field is required	1.3838	\$0	c

- 5. Repeat these steps for all staff that should be included on the student application. This staff information will roll-up onto the Worksheet C Student Summary form.
- 6. When all student applications are complete, validate the form.

Form Name Worksheet C IEP Staff and Other	Staff Costs	Validate Edit Back Worksheet C IEP Staff and Other Staff Costs
ls Form Validated?	Last Modified By	Last Modified Date
No	Othello Admin	10/24/2023 11:35 AM

Worksheet C ESY Staff and Other Staff Costs

This form functions like the Worksheet C IEP Staff and Other Staff Costs form. You can add staff members in

the staff information section on either form. The process of adding staff members to this form is the same as it is in the Worksheet C IEP Staff and Other Staff Costs form.

When all student applications are complete, validate the form.

Is Form Validated? Last Modified By Last Modified Date No Othello Admin 11/06/2023 11:21 AM	Form Name Worksheet C ESY Staff and Oth	ner Staff costs	Validate Edit Back Worksheet C ESY Staff and Other Staff costs

Worksheet C Student Summary

Costs from the Worksheet C IEP Staff and Other Staff Costs form will populate the IEP Information Summary section. Costs from the Worksheet C ESY Staff and Other Staff Costs form will populate the In District ESY Costs section.

This form is where the following costs are entered:

Out of District Placement Information

If an application includes out-of-district placement costs the Worksheet C Overview form must indicate that the student is served out of district.

×

To add out of district placement information

1. Select "New" to add a row to the section. More than one row can be added at the same time.

			Edit	View Student Overview	View IEP Form View ESY For
Worksheet C	Summary Totals				
Adjustment C	omments				
IEP Informatic	n Summary				=
Out of District	Placement Information				New
				* Records are sorted by La	st Modified Date ascending orde
Description	Out of District Location	Start Date	End Date	Total Dollars	Expended for this Student
			cords Found		

2. Enter the required information, and "Save".

				* Records are sorted by Last Modified Date as	cending or
Description	Out of District Location	Start Date	End Date	Total Dollars Expended for this Student	Actions
Regular SY 🗸 🗸	CHILD x -	09/06/2023	06/21/2024	100,000	×
Extended SY 🗸	CHILD x v	07/08/2024	08/23/2024	20,000	×
Total				\$0	

Note: If the Out of District Location dropdown is not showing any results, close the modal window you are currently in. Go to the form list and select the Worksheet C Summary. Once in the Worksheet C Summary form, enter the student record using the green eye icon, not the edit pencil.

If there is a placement you need to be added to the list, email <u>safety.net@k12.wa.us</u> to request the addition.

3. Once rows have been added the red trashcan icon may be selected to delete the record from the student application.

				* Records are sorted by Last Modified Date as	cending or
Description	Out of District Location	Start Date	End Date	Total Dollars Expended for this Student	Actions
Regular SY	CHILD	09/05/2023	06/13/2024	\$100,000	<i>i</i>
Extended SY	CHILD	07/07/2024	08/22/2024	\$20,000	۵ 🍆
Total				\$120,000	

Contracted 1:1 Providers

- 1. To calculate the cost of a 1:1 Contracted Provider, complete the Contracted 1:1 Cost and Billing Calculator Excel template posted to the <u>OSPI website</u>. Once the form has been completed, enter the Adjusted Amount from the form into the Contracted 1:1 Providers section in EGMS.
- 2. Select "New" to add a row to the section. More than one row can be added at the same time.

Contract	ted 1 : 1 Provider		New				
* Records are sorted by Last Modified Date ascending order							
Name	Position / Description	Annual Hours for this student	Total Dollars Expended for this Student				
No Records Found							

Enter the required information and **"Save"**. Note, annual hours can be calculated by multiplying the minutes per week for the provider by the number of weeks in the school year and then dividing by 60.

er		New	Save
		* Records are sorted by Last Modified Date asce	ending orde
Position / Description	Annual Hours for this student	Total Dollars Expended for this Student	Actions
1:1 Paraeducator	1,080	54,00¢	×
		\$0	
	No Records Found		
	Position / Description	Position / Description Annual Hours for this student 1:1 Paraeducator 1,080	* Records are sorted by Last Modified Date ascent Position / Description Annual Hours for this student Total Dollars Expended for this Student 1:1 Paraeducator 1,080 54,000 \$0 \$0 \$0

For more information on how to complete this form see the <u>1:1 Contracted Provider instructions</u> within this User Guide.

Transportation Information

Transportation costs associated with student applications should be added to this section.

In most cases student transportation costs should be calculated on the Transportation Reimbursement Calculator. **This form will not be available until mid-February** as the data needed to complete the form is not available until that time. This form uses the LEA reimbursement percentage to calculate the excess transportation costs that can be included on the Safety Net application.

When to use this form:

- A student is transported to an out of district placement daily
 - If on a school bus, use the RSY District tab of the Excel workbook.
 - If the student is transported by a contracted provider, use the RSY Contracted tab of the Excel workbook. If a student is transported by a contracted provider, include the PO, contract, and invoicing specific to the student in the application files.
 - If the student is transported by their parent via an in-lieu-of transportation agreement, use the RSY Contracted tab of the Excel workbook. The in-lieu-of transportation agreement should be included in the application files as well as any other documentation related to cost (reimbursement requests, invoicing, etc.).
- A student is transported for ESY whether in district or out of district
 - o If on a school bus use the ESY District tab of the Excel workbook.
 - If the student is transported by a contracted provider use the ESY Contracted tab of the Excel workbook.
 - If the student is transported by their parent via an in lieu of transportation agreement use the ESY Contracted tab of the Excel workbook.
- 1. To enter information into this section, select **"New"** and enter the information from the Transportation Cost Calculator.

▲ Transportation Information		New Save
	* Records are sorted by Last Modifi	ed Date ascending order
Position / Description	Total Dollars Expended for this Student	Actions
▼ Field is required	Field is required	×
Total	\$0	
	No Records Found	

2. More than one entry can be complete for regular school year transportation or ESY transportation. Regular school year and ESY transportation must be entered on separate rows of this section.

		* Records are sorted by Last Modifi	ed Date ascending
Position / Description	-	Total Dollars Expended for this Student	Actions
Transportation - ESY		\$500	e 🖉 🖗
Transportation - Out of District for Regular School Year only		\$300	e 🖉 🖉
Transportation - Out of District for Regular School Year only		\$700	۵ 💉
Total		\$1,500	

Other Costs Associated with Student for Current School Year

This section should be used for costs that do not fall within the other sections of the Worksheet C. The three categories of costs that can be entered in this section are:

- Equipment/Supplies
- Assistive Technology
- Other

Please Note: **DO NOT** enter costs for out of district placements, contracted 1:1 providers, or ESD contracts in this section.

1. Enter the Cost Type, Description, and Total Dollars Expended for this Student and select "Save".

Other Costs associated with s	student for current school year	New S	ave
		* Records are sorted by Last Modified Date asce	nding o
Cost Type	Position / Description	Total Dollars Expended for this Student Action	ns
Equipment / Supplies	Field is required	Field is required	
Assistive Technology	Field is required	Field is required	
Other	Field is required	Field is required	
Total		\$0	
	1	o Records Found	

Threshold

The last section of this form is the threshold section. This is where you will edit the threshold if necessary. Enter a 0 for months that the student was not enrolled and receiving special education services for that month. Updating this will prorate the threshold.

1. To edit a month, select the pencil icon next to the month, update the FTE and "Save".

Threshold		Save
inter 1 for each month enrolled and served o	on count date	* Records are sorted by Sort Order ascendir
Month	FTE	Actions
Oct	0	<u> </u>
Nov	1	1

2. Once the threshold section is updated, it will update the threshold at the top of the Worksheet C Summary form.

 Worksheet C Summary Totals
SSID Number 1111111111
Grand Total
\$125,658.00
State Threshold \$39,158.00
FTE Average 0.89
State Threshold Multiplied by FTE Avg \$34,850.62

When all student applications are complete, validate the form.

Form Name Worksheet C Student Summary		Validate Edit Back Worksheet C Student Summary •
Is Form Validated?	Last Modified By	Last Modified Date
No	Othello Admin	10/26/2023 9:01 AM

Special Education – Safety Net Certification

This form should not be completed until you are finished with your individual student applications. Once all student applications have been completed and you are ready to submit your Safety Net application, copy the amount listed on the Certification form and insert it on the Overview tab of the main application. Once this has been done, fill out the Superintendent, Special Education Director, and Business Manager names on the form. Select the three lines at the top of the screen and then select download as PDF. Print the PDF and have the Superintendent, Special Education Director, and Business Manager sign and date by their typed name. Add the dates signed to the Special Education – Safety Net Certification form and then select Complete Form. A copy of the sign PDF can be scanned and uploaded under Application Files.

Â	Opportunities	Applications	Grants	Monitoring	
	Form Name Special Educati o	on - Safety Ne	t Certific	ation	Complete Form Edit Back Special Education - Sa Download As PDF
	Is Form Validated? No			Last Modifie Renton Ac	

Special Education – ESY Certification

This form is not required for initial application submission. This form will not be available until the Conditional Award letters are sent out in June. Once the letters are sent, your Safety Net application will be reopened so that you can complete the ESY Certification form. This form will populate with all student applications with ESY costs included in the request.

To complete this form, check the box next to each SSID of the students receiving ESY. If the student did not receive ESY leave the box unchecked. The ESY cost will be deducted from award total for the student application.

Worksheet C Review

This form is not required for LEAs to complete. This form will be utilized by OSPI staff to track reviews and note adjustments to applications.

Excel Application Forms

These forms are calculated in an Excel template as there is not a corresponding EGMS form.

Download the Medicaid Reimbursement Calculator.

Medicaid Cost Calculator Form

If a student is Medicaid eligible and receiving services from a provider that is eligible to bill, this calculator should be completed for the student application. Information from the student's IEP should be used to complete the form. This form should be calculated based on the number of weeks in the school year, not the number of weeks billed for thus far in the school year. An exception to this would be if the student started receiving the service later in the school year, or if the student entered the LEA later in the school year.

1. To complete this form, add the SSID on row 11.

	А	В	С	D	E	F	G	Н	I	J
1			м	edicaid Reim	bursement C	alculator				
2				Rates effe	ctive - 7/1/20.	23				
3		Dist	ricts are responsible for all dat	a entry and c	alculation ve	rification as	well as upda	ating billi	ng rates.	
4										
5	How to use this o	alculato	ir:							
6	1. Locate the Coc	le that o	orresponds to the service being	provided.						
	2. If the service b	illing un	it is Flat Rate, insert Encounters	s per Week ar	nd # of Week	s Receiving	Services.			
8	3. If the service b	illing un	it is in minutes, insert Duration (of Encounter	in Minutes, E	incounters p	oer Week and	d # of We	eks Receivin	g Services.
	4. The MEDICAIE	D REIME	BURSEMENT CALCULATOR will	automaticall	y compute all	totals.				
10										
1.		Ente	r SSID here							
C				Maximum	Duration of	Encounters	# of Weeks	Billing	Total	Medicaid
10	Service	Code	Brief Description	Allowable	Encounter in	Per Week	Receiving	Unit in	Encounters	Reimbursement
12				Fee	Minutes		Services	Minutes		

- 2. Fill out any applicable services LEA has submitted Medicaid billing on behalf of the student if those services are claimed on the student application. Update duration of encounter in minutes (if allowable), encounters per week, and number of weeks the student has been receiving the services.
- 3. Enter the Total from row 105 into the Worksheet C Summary form in EGMS. The form in EGMS will calculate the Medicaid deduction at 70 percent of the total from the calculator.

10										
11	Enter SSID here									
12	Service	Code	Brief Description	Maximum Allowable	Duration of Encounter in Minuter	Encounters	# of Weeks Receiving	Billing Unit in Minutes	Total Encounters	Medicaid Reimbursement
105				70% of this	Total (for use on Worksheet C Summary) 70% of this total will be calculated in the Worksheet C Summary form in the EGMS application					
100 107										

▲ Worksheet C Summary Totals

SSID Number 1111111111

Grand Total \$124,358.00

State Threshold

\$39,158.00

FTE Average

1.00

State Threshold Multiplied by FTE Avg

\$39,158.00

Medicaid Reimbursement Grand Total

1,000.00

Medicaid revenue attributable to this student

\$700.00

Contracted 1:1 Provider Form

Any contracted 1:1 nurse, 1:1 paraeducator, 1:1 interpreter, or 1:1 behavior technician should be reported on this tab.

Download the Contracted 1:1 Cost and Billing Calculator.

Hourly Rate Contractors

1. Enter the SSID number, Provider Name, and Position in row 6 of the form. Enter the provider's hourly rate on row 7. Please note, if the provider works for a company, please also include the company name. in the provider name field so that the contract information can be located in the application files.

	A	В	с	D	E	F	G	н	1	J
1	Contracted 1:1 Cost and Billing Calculator - For providers who have an hourly rate									
2	2 3 Use this form to calculate costs for contracted 1:1 paraeducators, 1:1 interpreters, 1:1 nurses, or 1:1 behavior technicians									
	Enter data in g		ts for contracto	eo i:i paraeouo	cators, 1:1 inter	preters, 1:1 nu	rses, or 1:1 Den	avior techniciai	15	
÷	circer data in g	reen cens.								
6	SSID		Provider Name				Position			
7		# of days per calendar	MPW in IEP for direct services	# of IEP hours (MPW/60/5)	Potential Hours for Month (# of days*# of hours)	Amount billed per month based on invoices for direct services	Hours billed per invoice (Amt billed per invoice/hourly rate)	Hourly Rate=		

- 2. In Column B, enter the number of days per the calendar.
- 3. In Column C, insert the MPW noted on the student's IEP for the contracted 1:1.
- 4. In Column F, report the amount billed by the contract agency each month through February. If invoices have not been received through February, complete the form using all the invoices received to date. Additionally, if invoices through February have not been received, change the number of days per calendar column to reflect the number of days for which you have invoices.

This billing percentage will be used to determine projected billing through the end of the year. If the amount is less than 94 percent, an adjusted amount will be used on Worksheet C.

	А	в	с	D	E	F	G	н	
					Potential	Amount billed	Hours billed		
		# of days per	MPW in IEP for	# of IEP hours	Hours for	per month	per invoice		
		calendar	direct services	(MPM/60/5)	Month	based on	(Amt billed per		
		carendar	direct services	(111 11/00/3)	(# of days*# of		invoice/hourly		
7					hours)	direct services	rate)	Hourly Rate=	
8	August			0.0	0.00		#DIV/0!		
9	September			0.0	0.00		#DIV/0!		
10	October			0.0	0.00		#DIV/0!		
11	November			0.0	0.00		#DIV/0!		
12	December			0.0	0.00		#DIV/0!		
13	January			0.0	0.00		#DIV/0!		
14	February			0.0	0.00		#DIV/0!		
15		0			0.00		#DIV/0!		
16									
17						Billing %	#DIV/0!		
10									

5. Enter the minutes per week of direct services from the student IEP and the number of weeks for that IEP. These rows will calculate the maximum potential amount of the services. If the billing percentage is less that 94 percent, the amount will be adjusted. The adjusted amount should be included in the <u>Contracted 1:1 Providers section of the Worksheet C Summary</u> form in the EGMS application.

18							
19		Hourly rate	MPW in IEP for direct services	Hours per week	# of weeks (# of days/5)	Maximum Potential	
20	Potential - current IEP	\$0		0.00		\$0	
21	Potential - 1st previous IEP	\$0		0.00		\$0	
22	Potential - 2nd previous IEP	\$0		0.00		\$0	
23	Potential - 3rd previous IEP	\$0		0.00		\$0	
24	Potential - 4th previous IEP	\$0		0.00		\$0	
25	Potential - 5th previous IEP	\$0		0.00		\$0	
26	Potential - 6th previous IEP	\$0		0.00		\$0	
27			Potent	ial cost for 23	-24 school year	\$0	
28					Billing %	#DIV/0!	
28 29 30				Ad	ljusted amount	\$0	This will only adjust based on the billing percentage the billing percentage is less than 94%.
30							when binning percentage is less than 94%.

Daily Rate Contractors

1. Enter the SSID number on row 7; Provider Name and Position in row 8; and the provider's daily rate on row 8. Please note, if the provider works for a company, please also include the company name in the provider name field so that the contract information can be located in the application files.

	A	В	С	D	E	I	F	G		
1	1 Contracted 1:1 Cost and Billing Calculator - For providers who have a daily rate									
2										
3	3 Use this form to calculate costs for contracted 1:1 paraeducators, 1:1 interpreters, 1:1 nurses, or 1:1 behavior technicians.									
4	4 Enter data in green cells									
5	SSID									
6	Provider Name				Position					
7		# of days per calendar	MPW in IEP	Amount billed per month based on invoices for direct services	Days billed per invoice (Amt billed per invoice/hourly rate)		Daily Rate=			

- 2. In Column B enter the number of days per the calendar.
- 3. In Column C insert the MPW noted on the student's IEP for the contracted 1:1.
- 4. In Column D, report the amount billed by the contract agency each month through February. If invoices have not been received through February, complete the form using all the invoices received to date. Additionally, if invoices through February have not been received, change the number of days per calendar column to reflect the number of days for which you have invoices.

A	В	С	D	E
7	# of days per calendar	MPW in IEP	Amount billed per month based on invoices for direct services	Days billed per invoice (Amt billed per invoice/hourly rate)
8 August				#DIV/0!
9 September				#DIV/0!
10 October				#DIV/0!
11 November				#DIV/0!
12 December				#DIV/0!
13 January				#DIV/0!
14 February				#DIV/0!
15	0			#DIV/0!
16			Billing %	#DIV/0!

5. Enter the minutes per week of direct services from the student IEP and the number of days for that IEP. These rows will calculate the maximum potential amount of the services. If the billing percentage is less that 94 percent, the amount will be adjusted. The adjusted amount should be included in the <u>Contracted 1:1 Providers section of the Worksheet C Summary</u> form in the EGMS application.

A	В	С	D	E	F	G
17					_	
	Daily rate	MPW in IEP	# of days	Maximum		
18	· ·			Potential		
19 Potential - current IEP	\$0			\$0		
20 Potential - 1st previous IEP	\$0			\$0		
21 Potential - 2nd previous IEP	\$0			\$0		
22 Potential - 3rd previous IEP	\$0			\$0		
23 Potential - 4th previous IEP	\$0			\$0		
24 Potential - 5th previous IEP	\$0			\$0		
25 Potential - 6th previous IEP	\$0			\$0		
26	Poter	ntial cost for 23	-24 school year	\$0		
27			Billing %	#DIV/01		
28		A	djusted amount	+-		on the billing percentage if
29					the billing percentage is le	ss than 94%.

Transportation Cost Calculator Form

This form will not be available until mid-February. This is because the data that is used in the template is not available until mid-February. The form cannot be published any sooner than mid-February. Please note, that if your LEA is receiving <u>Transportation Safety Net funding</u> that is used for the student included with your Safety Net application, your LEA would not be eligible to receive transportation funding as part of the Safety Net award.

Instructions for this form will be added to this User Guide when the form is made available.

Using the Staff Upload Template

This template includes formatting that will highlight required fields based on the information entered. When using this template, do not change the column headers or tab names within the Excel workbook.

Download the Worksheet C Staff Information Upload Template.

Uploading this file will only add new records to the Staff Information Section. Modifying data in the upload template and reloading the data will not modify the staff information that is already in the application. Deleting staff from the upload file and reloading the data will not remove the staff member from the staff list in the application.

Required Fields for IEP Staff Scope:

- Name,
- Staff Scope
- Staff Type
- Additionally, the following fields are required for each staff type:
 - Special Education Teachers (Certificated):
 - Annual Special Education Base Salary
 - Annual Caseload in minutes for all students
 - Special Education Classified Staff:
 - Position
 - IEP Hourly Rate
 - District Educational Staff Associates (ESAs):
 - Position
 - Annual Special Education Base Salary
 - Contract Hours
 - Contracted Staff (ESAs and Teachers):
 - Position
 - IEP Hourly Rate

Required Fields for **ESY** Staff Scope:

- Name
- Staff Scope
- Staff Type
- Additionally, the following fields are required for each staff type:
 - Special Education Teachers (Certificated):
 - ESY Hourly Rate
 - Special Education Classified Staff:
 - Position
 - ESY Hourly Rate
 - District Educational Staff Associates (ESAs):
 - Position
 - ESY Hourly Rate
 - Contracted Staff (ESAs and Teachers):
 - Position
 - ESY Hourly Rate

The diagram below highlights which fields are required based on the information entered in the Staff Scope and Staff Type columns.

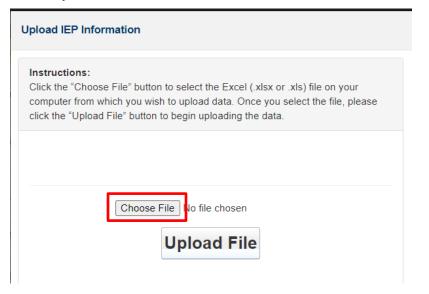
			Annual Special	Annual Caseload		IEP	ESY	
			Education Base	in Minutes for all		Hourly	Hourly	Contract
Name	Staff Scope	Staff Type	Salary	students	Position	Rate	Rate	Hours
	IEP	Special Education Teachers (Certificated)						
	ESY	Special Education Teachers (Certificated)						
	Both	Special Education Teachers (Certificated)						
	IEP	Special Education Classified Staff						
	ESY	Special Education Classified Staff						
	Both	Special Education Classified Staff						
	IEP	District Educational Staff Associates (ESAs)						
	ESY	District Educational Staff Associates (ESAs)						
	Both	District Educational Staff Associates (ESAs)						
	IEP	Contracted Staff (ESAs and Teachers)						
	ESY	Contracted Staff (ESAs and Teachers)						
	Both	Contracted Staff (ESAs and Teachers)						

Uploading the Template

- 1. Go to the Worksheet C IEP Staff and Other Staff Costs form in the application. Note, this file may also be uploaded in the Worksheet C ESY IEP Staff and Other Staff Costs form.
- 2. In the Staff Information Section select "Upload Excel".

Form Name Worksheet C IEP Staff and Other \$	Staff Costs	Validate Edit Back Edit Back Edit Worksheet Clep Staff and Other Staff Costs Image: Clep Staff and Other Staff And Other Staff Costs Image: Clep Staff and Other Sta
Is Form Validated? Yes	Last Modified By Test5 OSPITestAccount05	Last Modified Date 10/05/2023 8:06 PM
	lu fermundin a	
 Organization and Application 	Information	
Organization and Application Student Information	Information	Download in Excel Upload Excel

3. Choose your file.



4. Select "Upload File".

Upload IEP Information							
Instructions: Click the "Choose File" button to select the Excel (.xlsx or .xls) file on your computer from which you wish to upload data. Once you select the file, please click the "Upload File" button to begin uploading the data.							
Choose File WorksheetCileTEST.xlsx							
The file has been attached. Click the Begin Upload button.							

This upload file can also be uploaded to the Worksheet C ESY Staff and Other Staff Costs.

Using the Student Upload Template *IEP Student Upload*

Download the IEP Student Upload Template.

Once a student record has been added to the application through the Worksheet C Overview form, an upload template can be used to load multiple staff entries into a student IEP record at the same time. This upload is completed in the Worksheet C IEP Staff and Other Staff Costs form.

Staff included in this student upload do not have to be included in the Staff Information table to be loaded; however, adding new staff through the student upload will not add staff to the Staff Information table.

Uploading this file will only add new records to the Student Information Section. Modifying data in the upload template and reloading the data will not modify the student information that is already in the application. Deleting entries from the upload file and reloading the data will not remove the staff member from the staff list in the application.

Columns that require specific entries include drop-down menus with those options.

The following columns are required for each row:

- SSID
- Staff Type
- IEP
- Name

Staff Type must be one of the following values:

• Special Education Teachers (Certificated)

- Special Education Classified Staff
- District Educational Staff Associates (ESAs)
- Contracted Staff (ESAs and Teachers)

For Staff Type "Special Education Teachers (Certificated)" the following columns are also required:

- Annual Special Education Base Salary
- Annual Caseload in Minutes for all students
- MPW of direct service provided to this student per IEP
- Number of weeks staff member served student

For Staff Type "Special Education Classified Staff" the following columns are also required:

- MPW of direct service provided to this student per IEP
- IEP Hourly Rate
- Position
- Number of weeks staff member served student
- Number of Students served at the same time

For Staff Type "District Educational Staff Associates (ESAs)" the following columns are also required:

- Annual Special Education Base Salary
- MPW of direct service provided to this student per IEP
- Position
- Number of weeks staff member served student
- Number of Students served at the same time

For Staff Type "Contracted Staff (ESAs and Teachers)" the following columns are also required:

- MPW of direct service provided to this student per IEP
- IEP Hourly Rate
- Position
- Number of weeks staff member served student
- Number of Students served at the same time

IEP must be one of the following values:

- Current
- 1st previous
- 2nd previous
- 3rd previous
- 4th previous
- 5th previous
- 6th previous

Position must be one of the following values:

- 1:1 Behavior Technician
- 1:1 Braillist
- 1:1 Bus Assistant
- 1:1 Interpreter
- 1:1 Nurse
- 1:1 Paraeducator
- APE Teacher
- Audiologist
- BCBA
- Contracted Teacher
- COTA

- Counselor
- 0&M
- OT
- PT
- PTA
- Shared Behavior Technician
- Shared Braillist
- Shared Bus Assistant
- Shared Interpreter
- Shared Nurse
- Shared Paraeducator
- SLP
- SLPA
- TOD
- VI

The diagram below highlights which fields are required based on the information entered in the Staff Type column.

				Annual Special	Annual Caseload	MPW of direct service			Number of weeks	Number of Students	
				Education Base	in Minutes for all	provided to this student	IEP Hourly		staff member	served at the same	Contract
SSID	Staff Type	IEP	Name	Salary	students	per IEP	Rate	Position	served student	time	Hours
	Special Education Teachers (Certificated)										
	Special Education Classified Staff										
	District Educational Staff Associates (ESAs)										
1	Contracted Staff (ESAs and Teachers)										

Uploading the Template

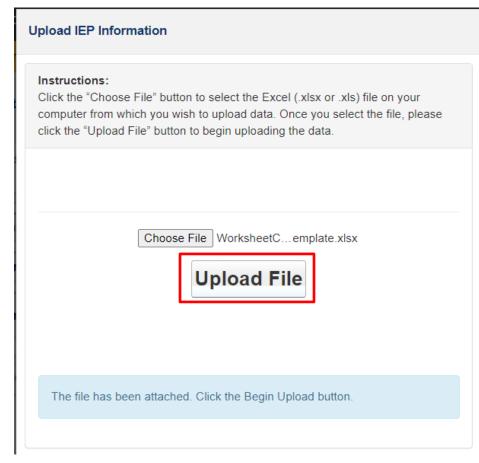
- 1. Go to the Worksheet C IEP Staff and Other Staff Costs form in the application. Note, this file may also be uploaded in the Worksheet C ESY IEP Staff and Other Staff Costs form.
- 2. In the Staff Information Section select "Upload Excel".

Form Name Worksheet C IEP Staff and Other Staff C	Costs	Validate Edit Back Worksheet C IEP Staff and Other Staff Costs
ls Form Validated? No	Last Modified By North Thurston Admin	Last Modified Date 09/22/2023 11:36 AM
 Organization and Application Information 	mation	Download in Excel Upload Excel

3. Choose your file.

Instructions:	
	ose File" button to select the Excel (.xlsx or .xls) file on your which you wish to upload data. Once you select the file, please
	ad File" button to begin uploading the data.
	Choose File II o file chosen
	Upload File
	oproduitile

4. Select "Upload File".



ESY Student Upload

Download the Worksheet C ESY Upload Template.

Once a student record has been added to the application through the Worksheet C Overview form, an upload template can be used to load multiple staff entries into a student ESY record at the same time. This upload is completed in the Worksheet C ESY Staff and Other Staff Costs form.

Staff included in this student upload do not have to be included in the Staff Information table to be loaded; however, adding new staff through the student upload will not add staff to the Staff Information table.

Uploading this file will only add new records to the Student Information Section. Modifying data in the upload template and reloading the data will not modify the student information that is already in the application. Deleting entries from the upload file and reloading the data will not remove the staff member from the staff list in the application.

Columns that require specific entries include drop-down menus with those options.

The following columns are required for each row:

- SSID
- Staff Type
- Name

Staff Type must be one of the following values:

- Special Education Teachers (Certificated)
- Special Education Classified Staff
- District Educational Staff Associates (ESAs)
- Contracted Staff (ESAs and Teachers)

For Staff Type "Special Education Teachers (Certificated)" the following columns are also required:

- ESY Hourly Rate
- MPW of direct service provided to this student per IEP
- Number of weeks staff member served student
- Number of Students served at the same time

For Staff Type "Special Education Classified Staff" the following columns are also required:

- ESY Hourly Rate
- MPW of direct service provided to this student per IEP
- Number of weeks staff member served student
- Number of Students served at the same time
- Position

For Staff Type "District Educational Staff Associates (ESAs)" the following columns are also required:

- ESY Hourly Rate
- MPW of direct service provided to this student per IEP
- Number of weeks staff member served student
- Number of Students served at the same time
- Position

For Staff Type "Contracted Staff (ESAs and Teachers)" the following columns are also required:

- ESY Hourly Rate
- MPW of direct service provided to this student per IEP
- Number of weeks staff member served student
- Number of Students served at the same time
- Position

Position must be one of the following values:

- 1:1 Behavior Technician
- 1:1 Braillist
- 1:1 Bus Assistant
- 1:1 Interpreter
- 1:1 Nurse
- 1:1 Paraeducator
- APE Teacher
- Audiologist
- BCBA
- Contracted Teacher
- COTA
- Counselor
- 0&M
- OT
- PT
- PTA
- Shared Behavior Technician
- Shared Braillist
- Shared Bus Assistant
- Shared Interpreter
- Shared Nurse
- Shared Paraeducator
- SLP
- SLPA

- TOD
- VI

3.

The diagram below highlights which fields are required based on the information entered in the Staff Type column.

			ESY Hourly	MPW of direct service provided to this	Number of weeks staff member	Number of Students served at the same	
SSID	Staff Type	Name	Rate	student per IEP	served student	time	Position
	Special Education Teachers (Certificated)						
	Special Education Classified Staff						
	District Educational Staff Associates (ESAs)						
	Contracted Staff (ESAs and Teachers)						

- 1. Go to the Worksheet C IEP Staff and Other Staff Costs form in the application. Note, this file may also be uploaded in the Worksheet C ESY IEP Staff and Other Staff Costs form.
- 2. In the Staff Information Section select "Upload Excel".

Form Name Worksheet C ESY Staff and Other St	taff costs	ValidateEditBackWorksheet C ESY Staff and Other Staff costs
Is Form Validated? No	Last Modified By North Thurston Admin	Last Modified Date 11/17/2023 8:59 AM
		11/1//2023 6.39 AW
 Organization and Application In 	formation	
✓ Student Information		Download in Excel Upload Excel
Choose your file.		
Upload ESY Information		
	to select the Excel (.xlsx or .xls) file on your h to upload data. Once you select the file, ple to begin uploading the data.	ase
Choose F	ile No file chosen	
	Upload File	

4. Select "Upload File".

Upload ESY Information
Instructions: Click the "Choose File" button to select the Excel (.xlsx or .xls) file on your computer from which you wish to upload data. Once you select the file, please click the "Upload File" button to begin uploading the data.
Choose File WorksheetCemplate.xlsx
The file has been attached. Click the Begin Upload button.

Application Files

This section is where all supporting documentation such as IEPs will be uploaded. Application files can either be uploaded individually, or files can be grouped together and uploaded in a zip file. The file naming conventions listed below should be used for individually loaded documents, or documents uploaded as part of a zip file. The naming conventions listed below ensure we are able to access and review student documents.

The naming conventions specified in our guidelines must be followed to ensure we are able to access and review application documents.

1. Select "Add Files"

Application Files		Add Files
Search	Q	T

 Choose a file or drag a file to the "Upload File" area of the modal window. In most cases, "Other Supporting Documents" should be selected. In the description box, add the SSID of the student application if the file is specific to a student. Select "Upload" to add the file to your application files.

d File	
Upload File from Computer	Upload File from Library
Classification	
Select file classification	▲
* Upload File	
Upload single file up to 2 GB	
Description	
	Upload Cancel
	Carcel

HISTORY TAB

The History tab of the application shows field history for the main tabs of the application. It does not include field history for the individual forms within the application; however, on the History tab, a PDF snapshot document will be available for download once you submit your application to OSPI.

COLLAB TAB

The Collab tab is where messages can be sent through the application. The application will also save system generated emails here when they are sent.

The Collab tab is where the Conditional Award and Final Award letters will be sent to applicants after the respective Safety Net Committee meetings.

SUBMITTING AN APPLICATION

Once your application is complete and ready to submit, select the **"Submit Application"** button. This will submit your application to OSPI. Once your application is submitted, you will no longer be able to edit your application.

*	Opportunities	Applications	Grants	Monitoring	
	oplication afety Net Appli	cation Testing	g - Final		Edit Submit Application
	EGMS ID AP-OSPI-2892			Status Created	Application Due Date 03/08/2024

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