



# 2014 GMS Basic Navigation

NDE Data Conference

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# Activation Codes

|           |                             |  |   |
|-----------|-----------------------------|--|---|
| Available | <a href="#">Edit/Remove</a> | <a href="#">SPED Collaborative Grant</a>     | Service Units Only)   |
| Available | <a href="#">Edit/Remove</a> | <a href="#">SPED Early Dev Network Grant</a> | SPED Early Development Network Regional System Support/Change Grant                               |
| Available | <a href="#">Edit/Remove</a> | <a href="#">Title I Accountability Funds</a> | Federal School Improvement Funds for Schools/Districts Not Meeting Adequate Yearly Progress (AYP) |

Online Enter your Activation Code for access to a Grant by clicking on 'Add' under Request.

| Status    | Request             | Grant Name                 | Note   |
|-----------|---------------------|----------------------------|--|
| Internal  |                     | Dist Ed Incentive Payments | This application is not online in the GMS.                     |
| Available | <a href="#">Add</a> | SPED IDEA Consolidated     | SPED IDEA Consolidated (Base, E-P, Preschool, CEIS, Nonpublic) |
| Available | <a href="#">Add</a> | SPED Sec Transition Grant  | SPED Secondary Transition Innovative Project Grant             |
| Internal  | <a href="#">Add</a> | Technology Plan            | Technology Plan  |
| Available | <a href="#">Add</a> | Title IC - Migrant         | Title IC - Migrant   |

If a Grant is listed as being offline, it is temporarily down for service.

The District Administrator will receive a list of Activation Codes for each of their Districts, for each Grant, and for each level of access. They will distribute the codes to those that need access to those grants. To read more about Activation Codes, go to the Help tab and read "Activation Codes."

There are now two tables on the GMS tab: Available and Online. Available Grants are those for which you have entered codes. Online Grants are those for which you yourself do not have or might not need access.

[Home](#) [Data Collections](#) [GMS](#) [GMS Admin](#) [Manage GMS](#) [Student & Staff \(NSSRS\)](#) [Email Sender](#) [Help Text](#) [NDE Admin](#) [My Profile](#) [Forms](#) [NDE Staff](#) [Help](#) [Viewer Links](#) [Help Desk](#) [Training Videos](#)

## SPED IDEA Consolidated Grants Management System (GMS) Information

**Activation Code**  
  
[Add](#)

This Activation Code is available from your District Administrator.  
[What are the different UserTypes?](#)

| Agency ID | Name | UserType |
|-----------|------|----------|
|-----------|------|----------|

[Return to previous page](#)

This Activation Code is available to the District Administrator on the Portal Website. The District Administrator then distributes them to the appropriate people. and click on the name in Grant Name/Link column to enter the system.

If you have successfully entered a code, the district will show up in the above table. Click on 'Return to previous page' and click on the name in Grant Name/Link column to enter the system.

These codes are 10 characters long, and are Case Sensitive. **They are made up of Numerals and Lower Case Characters.** Codes will not contain any Upper Case letter I's, Upper Case letter O's, or Upper Case letter L's. However, Lower Case letter L's (l) can exist in the codes, and might be confused with number 1's. Please look closely to differentiate between these.

**After you have successfully entered a code,** it will show up in the above table. Click on 'Return to previous page' below and click on the name in Collection Name/Link column to enter the system.

[Edit Maintenance](#)





# Entering the Application

- Home
- Data Collections
- GMS**
- Student & Staff (NSSRS)
- District Admin
- My Profile
- Forms
- Help
- Viewer Links
- Training Videos

## Grants Management System

[Page Help](#)

Available You have access to this online Grant.  
Please proceed by clicking on the name in Grant Name/Link column.

| Status    | Activation Code(s)          | Grant Name/Link                | Note  |
|-----------|-----------------------------|--------------------------------|---|
| Available | <a href="#">Edit/Remove</a> | ARRA (SFSF)Stabilization Funds | ARRA - State Fiscal Stabilization Funds   |
| Available | <a href="#">Edit/Remove</a> | ARRA ESEA Consolidated Appl    | ARRA - ESEA Consolidated Application: Titles I-A  |
| Available | <a href="#">Edit/Remove</a> | ARRA IDEA B/Preschl - PAYMENTS | ARRA IDEA B/Preschool - PAYMENTS ONLY   |
| Available | <a href="#">Edit/Remove</a> | ARRA IDEA Part C-Pymts         | ARRA IDEA Part C - PAYMENTS ONLY  |
| Available | <a href="#">Edit/Remove</a> | ARRA McKinney Homeless Grant   | ARRA - McKinney-Vento Homeless Education Assistance Competitive Grant                               |
| Available | <a href="#">Edit/Remove</a> | Career Ed Partnership Grant    | Career Education Partnership Act (CEPA) Grant   |
| Available | <a href="#">Edit/Remove</a> | Dist Ed Equip Reimb Grant      | Distance Education Equipment Reimbursement Grant  |
| Available | <a href="#">Edit/Remove</a> | Early Childhood State Grant    | Early Childhood State Continuation Grant  |
| Available | <a href="#">Edit/Remove</a> | Education Jobs                 | Education Jobs Funds  |
| Available | <a href="#">Edit/Remove</a> | LC LEP and Poverty Plans       | Learning Community LEP and Poverty Plans  |
| Available | <a href="#">Edit/Remove</a> | LEP and Poverty Plans          | LEP and Poverty Plans   |
| Available | <a href="#">Edit/Remove</a> | McKinney Homeless Grant        | McKinney-Vento Homeless Education Assistance Competitive Grant                                      |
| Available | <a href="#">Edit/Remove</a> | NCLB Consolidated Application  | NCLB Consolidated Application:Titles I-A, I-C-Migrant, II-A, II-D, III-LEP, III-Immigrant Ed, IV, V |
| Available | <a href="#">Edit/Remove</a> | Perkins Basic/TP/PostSec       | Perkins Basic/Tech Prep/Post Secondary Grants   |
| Available | <a href="#">Edit/Remove</a> | Perkins Innovation Grant       | Perkins Innovation Competitive Grant  |
| Available | <a href="#">Edit/Remove</a> | SPED Early Dev Network Grant   | SPED Early Development Network Regional System Support/Change Grant                                 |
| Available | <a href="#">Edit/Remove</a> | SPED IDEA Consolidated         | SPED IDEA Consolidated (Base, E-P, Preschool, CEIS, Nonpublic)                                      |
| Available | <a href="#">Edit/Remove</a> | SPED Sec Transition Grant      | SPED Secondary Transition Innovative Project Grant  |
| Available | <a href="#">Edit/Remove</a> | Title I Accountability Funds   | Federal School Improvement Funds for Schools/Districts Not Meeting Adequate Yearly Progress (AYP)   |
| Available | <a href="#">Edit/Remove</a> | Title IC - Migrant             | Title IC - Migrant  |

Online Enter your Activation Code for access to a Grant by clicking on 'Add' under Request.

| Status    | Request             | Grant Name                 | Note   |
|-----------|---------------------|----------------------------|--|
| Available | <a href="#">Add</a> | Allocation Tool-NDE        | Allocation Calculation Tool Menu (NDE Use Only - not available to districts/agencies)        |
| Offline   |                     | Dist Ed Incentive Payments | This application is not online in the GMS.   |
| Available | <a href="#">Add</a> | Grid Tool - NDE Use Only   | Grid Tool (NDE Use Only - not available to districts/agencies)                               |
| Available | <a href="#">Add</a> | Payment Administration-NDE | Payment Administrative Windows (NDE Use Only - not available to districts/agencies)          |
| Available | <a href="#">Add</a> | SPED Collaborative Grant   | Special Education Collaborative NDE/ESU Grant (available for Educational Service Units Only) |



# Types of Applications

- Formula
- Competitive
- Plans
- Payments Only
  - currently unavailable



# Create a New Year

Select an Application - Windows Internet Explorer

http://164.119.54.188/INDEGMSWebv02/staticpages/orgselect.aspx

NEBRASKA DEPARTMENT OF EDUCATION  
Grants Management System

District Name: SANDHILLS PUBLIC SCHOOLS ESU/County District: 10-005-0071-13

Application Select [Instructions](#)

Year: 2012

Select an application from the list(s) below and press one of the following buttons:

**This Organization has not created any Applications**

TEST user ID: abace\_da

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*Solutions*

For additional information please contact the Nebraska Department of Education  
[Contact Us](#)

# Application Select Page



## NEBRASKA DEPARTMENT OF EDUCATION Grants Management System

District Name: EDUCATIONAL SERVICE UNIT 07

ESU/County District: 07-000-0007-00

Application Select

[Instructions](#)

[Return to Organization Select](#)

### Action Buttons

Select an application from the list(s) below and press one of the following buttons:

Open Application

Payments

Review Checklist

CC Override

Create GAN Now

Application Year

| Select                | Application / Amendment              | Original Submit Date | NDE Final Approval Date                                  | Status         | Status Date              | Consulting               |
|-----------------------|--------------------------------------|----------------------|--|----------------|--------------------------|--------------------------|
| <b>2013-2014</b>      |                                      |                      |  |                |                          |                          |
| <input type="radio"/> | 14-NCLB-4201-00 Amendment 1          | 02-28-2014           | 03-06-2014   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 14-NCLB-4201-00 Original Application | 10-09-2013           | 12-05-2013   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <b>2012-2013</b>      |                                      |                      |  |                |                          |                          |
| <input type="radio"/> | 13-NCLB-4201-00 Amendment 3          | 09-20-2013           | <small>Date Application was originally submitted</small> | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 13-NCLB-4201-00 Amendment 2          | 07-11-2013           | 07-18-2013   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 13-NCLB-4201-00 Amendment 1          | 03-26-2013           | 05-02-2013   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 13-NCLB-4201-00 Original Application | 11-10-2012           | 11-25-2012   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <b>2011-2012</b>      |                                      |                      |  |                |                          |                          |
| <input type="radio"/> | 12-NCLB-4201-00 Amendment 3          | 10-23-2012           | 10-26-2012   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 12-NCLB-4201-00 Amendment 2          | 09-11-2012           | 09-12-2012   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 12-NCLB-4201-00 Amendment 1          | 08-17-2012           | 08-23-2012   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 12-NCLB-4201-00 Original Application | 01-12-2012           | 02-17-2012   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <b>2010-2011</b>      |                                      |                      |  |                |                          |                          |
| <input type="radio"/> | 11-NCLB-4201-00 Amendment 8          | 11-03-2011           | 11-03-2011   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 11-NCLB-4201-00 Amendment 7          | 08-24-2011           | 09-07-2011   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 11-NCLB-4201-00 Amendment 6          | 07-27-2011           | 08-12-2011   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 11-NCLB-4201-00 Amendment 5          | 07-13-2011           | 07-21-2011   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 11-NCLB-4201-00 Amendment 4          | 03-21-2011           | 03-21-2011   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |
| <input type="radio"/> | 11-NCLB-4201-00 Amendment 3          | 03-10-2011           | 03-25-2011   | Final Approved | <a href="#">View GAN</a> | <input type="checkbox"/> |

Radio Button



# Review Checklist

**Applicant:** 01-014-0008-13 HARTINGTON PUBLIC SCHOOLS  
**Application:** 2011-2012 NCLB Consolidated - 00  
**Cycle:** Amendment 1

Do not use drop down list to navigate on Review Checklist.

**Consolidated Application**  
 NCLB Consolidated - 4201  
[Printer-Friendly](#)  
[Click to Return to Organization Select](#)  
[Click to Return to Application Select](#)

| NCLB Original Application Checklists |                             |         |           |           | Amendment Checklist |                     |         |          |
|--------------------------------------|-----------------------------|---------|-----------|-----------|---------------------|---------------------|---------|----------|
| NCLB                                 | Improvement Plans Checklist | Title I | Title IIA | Title IID | Title III LEP       | Title III Immigrant | Title V | Title ID |

**NCLB Review Checklist - All Grants**

Your application has been reviewed by the following Department of Education staff:

**NDE Staff Name:** Nancy Rowch  
**NDE Staff Phone:** 402 471 2477  
**NDE Staff E-Mail:** nancy.rowch@nebraska.gov  
**Current Status of NCLB application:** [dropdown]  
**Date Application was Reviewed:** [text box]

Check to indicate NCLB programs needing revisions. Refer to each program's review checklist to see reviewer's comments.

- The applicant has identified needs, goals and the NCLB funds that will be used to support them.  
 [dropdown]  
 Check to add comment.
- If not all teachers meet NCLB qualified teacher criteria, the district has described a plan for helping all teachers reach NCLB qualified status.  
 [dropdown]  
 Check to add comment.
- The district addressed the issue of identifying students in homeless situations.  
 [dropdown]  
 Check to add comment.
- The district addressed offering assistance to students in homeless situations.  
 [dropdown]  
 Check to add comment.
- The district identified homeless shelters and described the consultation for services, if applicable.  
 [dropdown]  
 Check to add comment.

# Review Checklist

**Applicant:** 10-024-0001-14 LEXINGTON PUBLIC SCHOOLS Consolidated Application  
NCLB Consolidated - 4201

**Application:** 2013-2014 NCLB Consolidated - 00 [Printer-Friendly](#)

**Cycle:** Amendment 1 [Close Browser](#)

|   |                        |                |
|---|------------------------|----------------|
| NCLB<br>Original Application Checklists | Amendment<br>Checklist | Communications |
| Amendment<br>Review Checklist           |                        |                |

## NCLB Amendment Review Checklist - All Grants

Your application has been reviewed by the following Department of Education staff:

NDE Staff Name:

NDE Staff Phone:

NDE Staff E-Mail:

Current Status of NCLB application:

Date Application was Reviewed:

Check to indicate NCLB programs needing revisions. Refer to each program's review checklist to see reviewer's comments.

Title I - see #1 below

All programs having staff listed on the staff pages have a matching amount on the budget pages.

Check to add comment.

1. Title IA - Disadvantaged

Check to add comment.

Revisions needed to Title I Operational Equipment page - total of operational equipment does not match the 400 object code total on the Budget Detail page. Please revise the budget detail page to match the total of your estimated operational equipment.



# Review Checklist

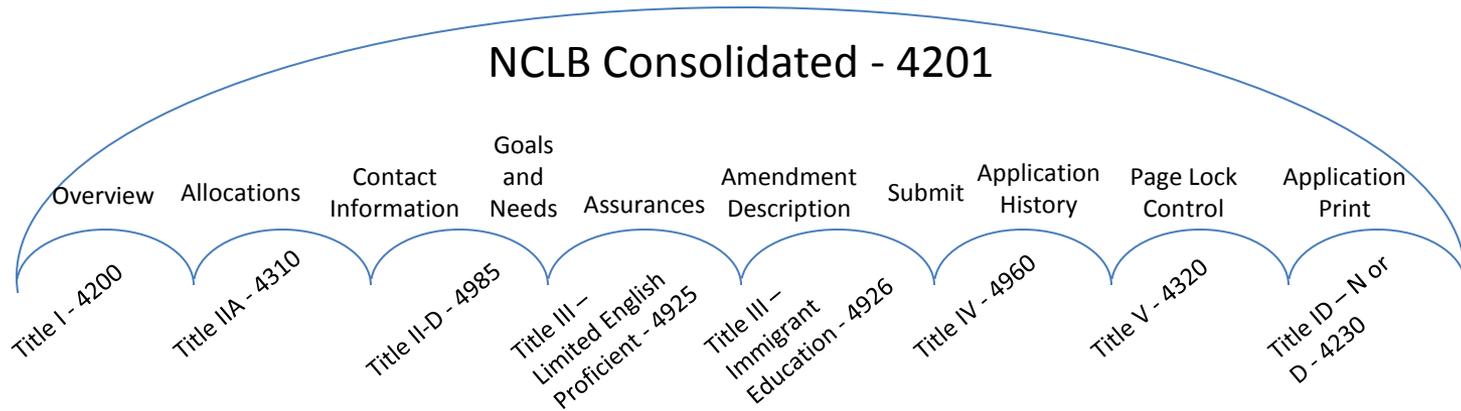
|   |                        |                |
|---|------------------------|----------------|
| NCLB<br>Original Application Checklists   | Amendment<br>Checklist | Communications |
| <b>NCLB - Communications</b>  |                        |                |
| <p>Grant reviewers can enter comments and/or upload periodic communications throughout the grant year. If comments are entered, save the page prior to uploading a document. You can upload a document by attaching a file with the 'Browse' button. Click on the 'Browse' button, select the document to upload and click 'open'. When the file name is listed in the text box, press the 'Upload' button. When complete, the file name will be shown in green. Save the page.</p> |                        |                |
| Grant Reviewer Comments:  |                        |                |
| <div style="border: 1px solid black; padding: 5px; min-height: 150px;">test</div>   |                        |                |
| <span style="color: green;">Upload File Feature Error 6-28-12 cvk.docx</span>   |                        |                |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Upload"/>   |                        |                |
| <input type="button" value="Save Page"/>  |                        |                |

TEST user ID: ktaylor



# Umbrella Grant

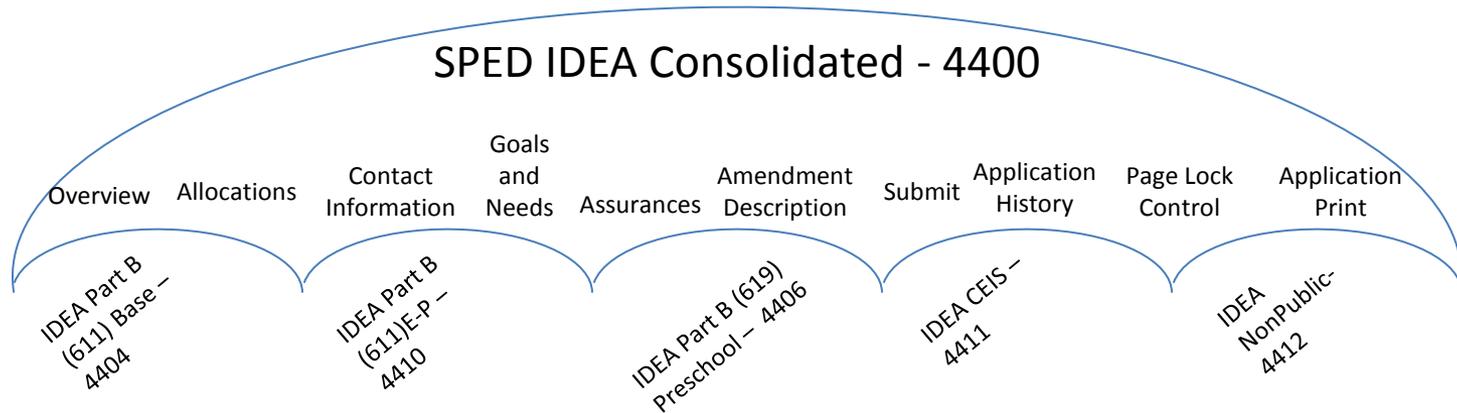
## NCLB Consolidated -4201



- Titles IID, IV, and V are not funded.

# Umbrella Grant

## SPED IDEA Consolidated -4400



# Under Every Application

- Overview – Describes the program
- Program Information – Specific questions for the Program
- Staff – District Specific Staff
- Equipment/Capital Outlay – Operational Equipment and/or Capital Outlay
- Budget – Budget Detail and Budget Summary
- Page Lock Control – Lock and Unlock Pages

# Suggested Navigation

Move Left to Right through the tabs

- Umbrella
  - Overview
  - Allocations
  - Contact Information
  - Goals and Needs
- Program Specific Pages

# Suggested Navigation

- Back to Umbrella
  - Assurances
  - Amendment Description (Only on Amendments)
    - End of Year Report (if applicable)
  - Submit
  - Application History
  - Page Lock Control
  - Application Print



# Navigation of Applications


NEBRASKA D  
Grants Management

**Applicant:** 02-011-0001-13 TEKAMAH-HERMAN COMMUNITY SCHS  
**Application:** 2013-2014 SPED IDEA Consolidated - 00  
**Cycle:** Original Application

SPED IDEA Consolidated - 4400  
 SPED IDEA Consolidated - 4400  
 IDEA Part B (611) Base - 4404  
 IDEA Part B (611) E-P - 4410  
 IDEA Part B (619) Preschool - 4406  
 IDEA CEIS - 4411  
 IDEA NonPublic - 4412

| Overview | Allocations | Contact Information | Goals and Needs | Assurances | Amendment Description | Submit | Application History | Page Control          | Print |
|----------|-------------|---------------------|-----------------|------------|-----------------------|--------|---------------------|-----------------------|-------|
|          | Goal 1      |                     | Goal 2          |            |                       | Goal 3 |                     | IDEA NonPublic - 4412 |       |

**Special Education IDEA Consolidated Part B - Goal 1**

Fields marked with an asterisk \* are required.

**Goal 1 - Assist with providing services to public school preschool children with disabilities. Funds must be used to meet IFSP/IEP student goals.**

*The goal listed above will appear on the Budget Detail page of EACH program checked on the bottom of this page.*

**\*Check only the funding source, for which you retain an allocation, that will support the listed goal above. A goal is only required if federal funds from one of the listed programs below will support it. If the goal above will not be financially supported by one or more of the listed programs, you MUST mark the Not Applicable checkbox.**

- 611 Base
- 611 Enrollment/Poverty (E/P)
- 619 Preschool
- Not Applicable

TEST user ID: ktaylor

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Allocations

# Allocations Tab

Allocations

[Instructions](#)

| Grant Award Notification         |                |              |                     |                |                     |
|----------------------------------|----------------|--------------|---------------------|----------------|---------------------|
|                                  | IDEA-Base-4404 | IDEA-EP-4410 | IDEA-Preschool-4406 | IDEA-CEIS-4411 | IDEA-NonPublic-4412 |
| <b>Current Year Funds</b>        |                |              |                     |                |                     |
| Allocation                       | \$49,409       | \$61,910     | \$0                 | \$19,645       | \$0                 |
| ReAllocated (+)                  | \$0            | \$0          | \$0                 | \$0            | \$0                 |
| Released (-)                     | \$0            | \$0          | \$0                 | \$0            | \$0                 |
| <b>Total Current Year Funds</b>  | \$49,409       | \$61,910     | \$0                 | \$19,645       | \$0                 |
| <b>Prior Year(s) Funds</b>       |                |              |                     |                |                     |
| Carryover (+)                    | \$0            | \$0          | \$0                 | \$0            | \$0                 |
| ReAllocated (+)                  | \$0            | \$0          | \$0                 | \$0            | \$0                 |
| Released (-)                     | \$0            | \$0          | \$0                 | \$0            | \$0                 |
| <b>Total Prior Year(s) Funds</b> | \$0            | \$0          | \$0                 | \$0            | \$0                 |
| <b>Sub Total</b>                 | \$49,409       | \$61,910     | \$0                 | \$19,645       | \$0                 |
| <b>Adjusted Sub Total</b>        | \$49,409       | \$61,910     | \$0                 | \$19,645       | \$0                 |

**Optional:** CEIS is an option left to district discretion. Funds may be transferred from CEIS to E/P in whole or partial amounts. Once funds are transferred out of CEIS, they may not be returned.

| Funds Available for Transfer |                |              |                     |                |                     |
|------------------------------|----------------|--------------|---------------------|----------------|---------------------|
|                              | IDEA-Base-4404 | IDEA-EP-4410 | IDEA-Preschool-4406 | IDEA-CEIS-4411 | IDEA-NonPublic-4412 |
| Applicable Percentage        | 0%             | 0%           | 0%                  | 100%           | 0%                  |
| Current Year                 | \$0            | \$0          | \$0                 | \$19,645       | \$0                 |
| From IDEA-CEIS-4411 (+)      |                | 100          |                     |                |                     |
| <b>Total Transfer</b>        | \$0            | \$100        | \$0                 | (\$100)        | \$0                 |

| Release Remaining Funds to NDE       |                |              |                     |                |                     |
|--------------------------------------|----------------|--------------|---------------------|----------------|---------------------|
|                                      | IDEA-Base-4404 | IDEA-EP-4410 | IDEA-Preschool-4406 | IDEA-CEIS-4411 | IDEA-NonPublic-4412 |
| Net Adjustment                       | \$0            | \$100        | \$0                 | (\$100)        | \$0                 |
| <b>Total Available for Budgeting</b> | \$49,409       | \$62,010     | \$0                 | \$19,545       | \$0                 |

Releases entire amount to NDE if checked



Allocations

# Allocations Tab

Grant Award Notification  
Grant Award Notification - 1

|                                  | TitleI-4200        | TitleIIA-4310      | TitleIID-4985 | TitleIII-LEP-4925 | TitleIII-IE-4926 | TitleIV-4960 | TitleV-4320 | TitleID-4230     |
|----------------------------------|--------------------|--------------------|---------------|-------------------|------------------|--------------|-------------|------------------|
| 1/22/2014                        |                    |                    |               |                   |                  |              |             |                  |
| <b>Current Year Funds</b>        |                    |                    |               |                   |                  |              |             |                  |
| Allocation                       | \$9,039,141        | \$1,090,587        | \$0           | \$318,559         | \$0              | \$0          | \$0         | \$108,581        |
| ReAllocated (+)                  | \$0                | \$0                | \$0           | \$0               | \$0              | \$0          | \$0         | \$0              |
| Released (-)                     | \$0                | \$0                | \$0           | \$0               | \$0              | \$0          | \$0         | \$0              |
| <b>Total Current Year Funds</b>  | \$9,039,141        | \$1,090,587        | \$0           | \$318,559         | \$0              | \$0          | \$0         | \$108,581        |
| <b>Prior Year(s) Funds</b>       |                    |                    |               |                   |                  |              |             |                  |
| Carryover (+)                    | \$0                | \$0                | \$0           | \$23,175          | \$0              | \$0          | \$0         | \$50,636         |
| ReAllocated (+)                  | \$8,361            | \$0                | \$0           | \$4,647           | \$0              | \$0          | \$0         | \$0              |
| Released (-)                     | \$0                | \$0                | \$0           | \$0               | \$0              | \$0          | \$0         | \$0              |
| <b>Total Prior Year(s) Funds</b> | \$8,361            | \$0                | \$0           | \$27,822          | \$0              | \$0          | \$0         | \$50,636         |
| <b>Sub Total</b>                 | <b>\$9,047,502</b> | <b>\$1,090,587</b> | <b>\$0</b>    | <b>\$346,381</b>  | <b>\$0</b>       | <b>\$0</b>   | <b>\$0</b>  | <b>\$159,217</b> |
| <b>Multi-District</b>            |                    |                    |               |                   |                  |              |             |                  |
| Transfer In (+)                  | \$0                | \$0                | \$0           | \$0               | \$0              | \$0          | \$0         | \$0              |
| Transfer Out (-)                 | \$0                | \$0                | \$0           | \$0               | \$0              | \$0          | \$0         | \$0              |
| Administrative Agent             |                    |                    |               |                   |                  |              |             |                  |
| <b>Adjusted Sub Total</b>        | <b>\$9,047,502</b> | <b>\$1,090,587</b> | <b>\$0</b>    | <b>\$346,381</b>  | <b>\$0</b>       | <b>\$0</b>   | <b>\$0</b>  | <b>\$159,217</b> |

Complete the section below to notify the SEA that the applicant is transferring or flexing funds per the provisions of the State and Local Transferability Act. Guidance on Transferability is available at <http://www.ed.gov/programs/transferability/finalsummary04.doc>. Guidance on REAP/Flex is available at <http://www.ed.gov/policy/elsec/quad/reaap03guidance.doc>.

| Funds Available for Transfer/Flex        | TitleI-4200 | TitleIIA-4310    | TitleIID-4985 | TitleIII-LEP-4925 | TitleIII-IE-4926 | TitleIV-4960 | TitleV-4320 | TitleID-4230 |
|--|-------------|------------------|---------------|-------------------|------------------|--------------|-------------|--------------|
| Applicable Percentage                    | 0%          | 30%              | 0%            | 0%                | 0%               | 0%           | 0%          | 0%           |
| Current Year                             | \$0         | \$327,176        | \$0           | \$0               | \$0              | \$0          | \$0         | \$0          |
| Cap for Carryover                        |             |                  |               |                   |                  |              |             |              |
| <b>Total Available for Transfer/Flex</b> | <b>\$0</b>  | <b>\$327,176</b> | <b>\$0</b>    | <b>\$0</b>        | <b>\$0</b>       | <b>\$0</b>   | <b>\$0</b>  | <b>\$0</b>   |
| From TitleIIA-4310 (+)                   | 0           |                  |               |                   |                  |              |             |              |
| <b>Total Transfer/Flex</b>               | <b>\$0</b>  | <b>\$0</b>       | <b>\$0</b>    | <b>\$0</b>        | <b>\$0</b>       | <b>\$0</b>   | <b>\$0</b>  | <b>\$0</b>   |

|                                       |                          |                          |                          |                          |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Release Remaining Funds to NDE</b> | <input type="checkbox"/> |
| <b>Net Adjustment</b>                 | \$0                      | \$0                      | \$0                      | \$0                      | \$0                      | \$0                      | \$0                      | \$0                      |
| <b>Total Available for Budgeting</b>  | <b>\$9,047,502</b>       | <b>\$1,090,587</b>       | <b>\$0</b>               | <b>\$346,381</b>         | <b>\$0</b>               | <b>\$0</b>               | <b>\$0</b>               | <b>\$159,217</b>         |
|                                       | TitleI-4200              | TitleIIA-4310            | TitleIID-4985            | TitleIII-LEP-4925        | TitleIII-IE-4926         | TitleIV-4960             | TitleV-4320              | TitleID-4230             |

Calculate Totals

Save Page

Releases entire amount to NDE if checked

4/14/2014



Allocations

# Allocations Tab

|  |           |                 |
|--|-----------|-----------------|
| <b>Grant Award Notification</b>              |           |                 |
| <a href="#">Grant Award Notification - 2</a> | 6/30/2012 |                 |
| <a href="#">Grant Award Notification - 1</a> | 8/26/2011 |                 |
|  |           | EC-3540         |
| <b>Current Year Funds</b>                    |           |                 |
| Allocation                                   |           | \$45,937        |
| ReAllocated (+)                              |           | \$0             |
| Released (-)                                 |           | \$0             |
| <b>Total Current Year Funds</b>              |           | <b>\$45,937</b> |
| <b>Prior Year(s) Funds</b>                   |           |                 |
| Carryover (+)                                |           | \$0             |
| ReAllocated (+)                              |           | \$0             |
| Released (-)                                 |           | \$0             |
| <b>Total Prior Year(s) Funds</b>             |           | <b>\$0</b>      |
| <b>Sub Total</b>                             |           | <b>\$45,937</b> |
| <b>Multi-District</b>                        |           |                 |
| Transfer In (+)                              |           | \$0             |
| Transfer Out (-)                             |           | \$0             |
| <b>Administrative Agent</b>                  |           |                 |
| <b>Adjusted Sub Total</b>                    |           | <b>\$45,937</b> |
| <hr/>  |           |                 |
| <b>Total Available for Budgeting</b>         |           | <b>\$45,937</b> |
|  |           | EC-3540         |



# Contact Information

McKinney-Vento Homeless Education Assistance Grant - Contact Information

By signing the Assurances page the applicant confirms that the Dun and Bradstreet Data Universal Number System Number (DUNS Number) for the receiving entity is as follows:

097343701

Authorized Representative (NDE considers the Superintendent to be the Authorized Representative). (Authorized Representative contact information is required)

First Name: cathy  
Last Name: von kaenel  
Phone: 402 471 2482 Extension:   
E-Mail: cathy.vonkaenel@nebraska.gov  
Fax: 402 471 0117

District Homeless Education Liaison Contact:

Check if the Homeless Education Liaison is the same as the Authorized Representative

First Name:   
Last name:   
Phone: Extension:   
E-Mail:   
Fax:

Financial Contact:

Check if the Financial Contact is the same as the Authorized Representative

First Name:   
Last Name:   
Phone: Extension:   
E-Mail:   
Fax:

Save Page

# Contact Information

- If DUNS is incorrect on display, contact Ron Mowrey - [ron.mowrey@nebraska.gov](mailto:ron.mowrey@nebraska.gov)
- Must be registered in SAM – System for Award Management – SAM.gov



Goals and Needs

# Goals and Needs

Goal 1

- 611 Base
- 611 Enrollment/Poverty (E-P)
- 619 Preschool

**Goal 1 - Assist with providing services to public school preschool children with disabilities.**

Goal 2

- 611 Base
- 611 Enrollment/Poverty (E-P)

**Goal 2: Assist with providing services to School Age (age 5-21) students with disabilities in public schools.**

Goal 3

- Nonpublic

**Goal 3: Assist with providing services to School Age (age 5-21) students with disabilities in nonpublic schools.**

Goal 4

- Coordinated Early Intervening Services (CEIS)

**Goal 4: Assist with providing services to School Age students in public schools who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment (Coordinated Early Intervening Services-CEIS). Max available: 15%**



Goals and Needs

# Goals and Needs



Student Academic Needs

Professional Development

Student Populations

Non-Public Schools

Improvement Plans

- Title I, Part A
- Title I, Part D, Neglected or Delinquent
- Title II, Part A
- Title II, Part D

- Title III, Limited English Proficiency (LEP)
- Title III, Immigrant Education
- Title V, Part A
- Not Applicable



# Program Pages

- Program Information
  - Lists Specific Questions for the chosen application
- Staff
  - Instructional Staff
    - District Employee
    - Must Be Endorsed
  - Non-Instructional Staff
    - District Employee
- Equipment / Capital Outlay
  - Operational Equipment
  - Capital Outlay
- Budget
  - Budget Detail
  - Budget Summary
- Page Lock Control



# Program Information

- If you plan to use funds from a specific program, you must answer the Program Information Questions
- Prior Year Response
  - May not have a prior year response (for example, the question is new this year)
  - Character Limitation
    - Includes spaces, punctuation, etc.
    - Generally 2,500 characters

# Character Counter

*The shaded boxes contain the responses from the previous year's application. Users may copy from the previous year and paste into the nonshaded box for the current year. Only responses in the nonshaded box will be considered for review. Any new responses, adjustments, or additions for the current year must be made in the nonshaded box under each question.*

**Goal: Identify the goals for meeting student academic needs based on sources of data, i.e, NeSa, Reading, Mathematics and Writing Assessment, etc. The goal entered below will appear on the budget detail page of EACH program checked on the bottom of this page.**

Prior Year Response:

Student academic needs will be identified through analysis of the local achievement data, including (but not limited to) NeSa, ELDA, BAS, easyCBM, local CRTs, and NWEA MAP, and classroom assessments. The data will be disaggregated to identify student population achievement gaps. Goals will be established based on the data.

Character Count: (327 of 2500 maximum characters used)

Student academic needs will be identified through analysis of the local achievement data, including (but not limited to) NeSa, ELDA, BAS, easyCBM, local CRTs, and NWEA MAP, and classroom assessments. The data will be disaggregated to identify student population achievement gaps. Goals will be established based on the data.



# Instructional Staff

Title I, Part A Instructional Staff

[Click for Instructions](#)

Full Time Equivalency (FTE) is the indication of the time an individual spends in their position assignment as it relates to the total time in the work week defined for that position by each school/system during the regular school year. The number of hours in a work week may vary between school districts/systems, schools in a district/system, and within a school (i.e., the number of hours in the work week for school administrative staff may differ from the number of hours in the work week for teaching staff). In all cases, full-time is equal to 1.00. No individual should be reported as more than 1.00 FTE regardless of how many positions that individual serves in a district/system.

This page is for the identification of Instructional Staff for Targeted Assistance Schools, Non-public Schools, Neglected, Summer, Preschool and Substitutes. TITLE I FUNDS CANNOT BE USED FOR ANY PART OF A SUPERINTENDENT'S SALARY.

NOTE: This page is not linked to the Budget Summary, therefore, the Calculated Amount Paid must be entered on the Budget Detail page in the 100 column under the correct activity(ies) - i.e., public, non-public, summer, neglected, etc. The total of all staff pages should equal the total of the 100 column on the budget. If stipends are to be paid, list the word Stipends under the Staff Paid column and 0 (zero) for FTE.

DO NOT LIST STAFF IN AN APPROVED SCHOOLWIDE PROJECT.

Use the Additional Entries button or upload a file if needed.

| List Name(s) of Instructional Staff Paid with Title I Funds | Name of Assigned Building | Total Contracted Salary without benefits and/or extra curricular | FTE of Title I Time  | Amount of Salary Paid with Title I Funds without benefits and/or extra curricular |
|---|---------------------------|--|----------------------|---|
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text"/>   | <input type="text"/> | <input type="text"/>  |

Calculated Amount Paid

Upload directory does not exist. Cannot view uploaded files.



# Noninstructional Staff

Title II, Part A - Non-Instructional Staff

[Click for Instructions](#)

This page is for the identification of Non-Instructional Staff paid with Title IIA funds.

**NOTE:** This page is not linked to the Budget Summary, therefore, the Calculated Amount Paid must be entered on the Budget Detail page. The total of all staff pages should equal the total of the 100 column on the budget.

Use the Additional Entries button or upload a file if needed.

| List Name(s) of Non-Instructional Staff Paid with Title IIA Funds | Name of Assigned Building | Indicate Type of Staff         | FTE of Title IIA Time | Amount of Salary Paid with Title IIA Funds without benefits and/or extra curricular |
|---|---------------------------|--------------------------------|-----------------------|---|
| <input type="text"/>  | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>  | <input type="text"/>  |
| <input type="text"/>  | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>  | <input type="text"/>  |

Calculated Amount Paid

Upload directory does not exist. Cannot view uploaded files.

# Equipment/Capital Outlay

- Equipment / Capital Outlay
  - Operational Equipment
    - Includes supplies & materials
    - Budgeted in Object Code 400
    - Cost at least \$1,500 per unit
    - Cost less than \$5,000 per unit
  - Capital Outlay
    - Used to be Computer Hardware/Equipment
    - Budgeted in Object Code 500
    - Cost more than \$5,000 per unit
- Both Pages
  - Describe Item
  - Location
  - Unit Cost
  - Quantity

Operational  
Equipment

Capital  
Outlay

Budget

# Budget

| Expenditure Object Code |                         |   |  |                                     |   |       |
|-------------------------|-------------------------|---|--|-------------------------------------|---|-------|
| 100 - Salaries          | 200 - Employee Benefits | 300 - Purchased Service / Lease Agreement | 400 - Supplies & Materials / Computer Software | 500 - Computer Hardware / Equipment | 600 - Travel / Professional Development | TOTAL |

## Base

|   |
|---|
| Instruction                                     |
| Program Supervision                             |
| Student Transportation                          |
| Other Related Services (ST, OT, PT, Para, etc.) |
| Facility Costs (Preschool Only)                 |

## E-P

|   |
|---|
| Excess Cost                                     |
| Instruction                                     |
| Program Supervision                             |
| Student Transportation                          |
| Other Related Services (ST, OT, PT, Para, etc.) |
| Facility Costs                                  |
| Minor Building Modifications                    |

## Preschool

|   |
|---|
| Instruction                                     |
| Program Supervision                             |
| Student Transportation                          |
| Other Related Services (ST, OT, PT, Para, etc.) |
| Facility Costs                                  |

## CEIS

|   |
|---|
| Instruction                             |
| Program Supervision                     |
| Other Related Services (Para, Clerical) |

## NonPublic

|   |
|---|
| Instruction                                     |
| Program Supervision                             |
| Student Transportation                          |
| Other Related Services (ST, OT, PT, Para, etc.) |



# Budget Detail Example

(top of page)



## NEBRASKA DEPARTMENT OF EDUCATION Grants Management System

**Applicant:** 01-000-0001-00 EDUCATIONAL SERVICE UNIT 01  
**Application:** 2013-2014 SPED Collaborative Grant - 00  
**Cycle:** Original Application

Special Education Collaborative Grant-4415 ▾

[Printer-Friendly](#)  
[Click to Return to Organization Select](#)  
[Click to Return to Application Select](#)

|               |                     |                 |        |                |                       |              |        |                     |                   |                   |
|---------------|---------------------|-----------------|--------|----------------|-----------------------|--------------|--------|---------------------|-------------------|-------------------|
| Overview      | Program Information | Goals and Needs | Budget | Assurances     | Amendment Description | Final Report | Submit | Application History | Page Lock Control | Application Print |
| Budget Detail |                     |                 |        | Budget Summary |                       |              |        |                     |                   |                   |

The application has been approved. No more updates will be saved for the application.

Budget Detail BUDGET BREAKDOWN (Use whole dollars only. Omit Decimal Places, e.g., 2536)

[Instructions](#)

Note: This Object Code summary displays amounts already paid, to aid in budget amendments. This does not include those reimbursement request(s) submitted but not approved. Do not reduce any Object Code Total below what has already been paid.

|  | 100      | 200     | 300 | 400 | 500 | 600     | Indirect Cost |
|--|----------|---------|-----|-----|-----|---------|---------------|
| <b>Paid to Date Amounts</b>                    | \$18,075 | \$3,181 | \$0 | \$0 | \$0 | \$1,228 | \$0           |
| <b>Current Budgeted Amounts by Object Code</b> | \$36,150 | \$6,700 | \$0 | \$0 | \$0 | \$6,098 | \$1,595       |

Total Allocation Available for Budgeting \$50,543

The ILCD Facilitator will: - serve as the link between ESU #1 school districts and the Nebraska Department of Education, Office of Special Education - support the formation and maintenance of the ILCD Steering Committee - encourage birth to age 5 providers, members of the School Improvement Process, general education teachers and parents to participate as members of the ILCD team - support districts in understanding the importance of aligning ILCD activities with the School Improvement Process - review ILCD timelines and conduct onsite visits to assist districts with each ILCD phase - guide districts in gathering, compiling, sorting and analyzing data to identify gaps between current results and desired outcomes for student achievement (Crofton, Pender, Randolph, Santee, Wakefield, Walthill) - assist districts determining appropriate improvement activities following examination of district performance in each Impact Area (Ponca, UmoHoNation, Winside) - encourage progress monitoring and data collection throughout the implementation of improvement strategies with continual documentation of outcomes (Allen, Bloomfield, Coleridge, Emerson-Hubbard, Hartington, Homer, Laurel, Newcastle, South Sioux City, Wausa, Wayne, Winnebago, Wynot) - create and disseminate a training/activity needs assessment to all districts

| Function Code                           | 100 - Salaries | 200 - Employee Benefits | 300 - Purchased Service / Lease Agreement | 400 - Supplies & Materials / Operational Equip. | 500 - Capital Outlay | 600 - Travel / Professional Development | Total SPED-4415 Funds | Delete Row               |
|---|----------------|-------------------------|---|---|----------------------|---|-----------------------|--------------------------|
| 01-Data Collection/Analysis/Reporting ▾ | 0              | 0                       | 0   | 0   | 0                    | 1000                                    | \$1,000               | <input type="checkbox"/> |
| 02-Administration/Facilitation ▾        | 36150          | 6700                    | 0   | 0   | 0                    | 0                                       | \$42,850              | <input type="checkbox"/> |
| 03-School Improvement ▾                 | 0              | 0                       | 0   | 0   | 0                    | 1000                                    | \$1,000               | <input type="checkbox"/> |
| ▾                                       | 0              | 0                       | 0   | 0   | 0                    | 0                                       | \$0                   | <input type="checkbox"/> |
| ▾                                       | 0              | 0                       | 0   | 0   | 0                    | 0                                       | \$0                   | <input type="checkbox"/> |
| ▾                                       | 0              | 0                       | 0   | 0   | 0                    | 0                                       | \$0                   | <input type="checkbox"/> |
| <b>Sub Total</b>                        | \$36,150       | \$6,700                 | \$0                                       | \$0   | \$0                  | \$2,000                                 | \$44,850              |                          |

Create Additional Entries



# Budget Detail Example

(bottom of page)

The ILCD Facilitator will: - complete a summary of ILCD work conducted throughout the 2012-2013 school year - provide a final report for 2012-2013 school year - assist districts with completion of ILCD Survey following the district's self-assessment (Newcastle, Ponca, UmoHoNation, Wakefield, Walthill, Wayne, Winside) - use ILCD Survey results (along with NDE) to evaluate the success and needs of ILCD - meet with NDE regional representative to set timelines and review district phase tracking to ensure ILCD activities are completed in a timely manner - annually conduct on-going training needs assessment for districts - evaluation and feedback summaries of trainings and meetings - obtain ideas and suggestions for future planning of ILCD enhancement activities - obtain feedback from participating districts as to usefulness of ESU #1 and NDE trainings

| Function Code                  | 100 - Salaries | 200 - Employee Benefits | 300 - Purchased Service / Lease Agreement | 400 - Supplies & Materials / Operational Equip. | 500 - Capital Outlay | 600 - Travel / Professional Development | Total SPED-4415 Funds | Delete Row               |
|--------------------------------|----------------|-------------------------|---|---|----------------------|---|-----------------------|--------------------------|
| 02-Administration/Facilitation | 0              | 0                       | 0   | 0   | 0                    | 500                                     | \$500                 | <input type="checkbox"/> |
|                                | 0              | 0                       | 0   | 0   | 0                    | 0                                       | \$0                   | <input type="checkbox"/> |
|                                | 0              | 0                       | 0   | 0   | 0                    | 0                                       | \$0                   | <input type="checkbox"/> |
| <b>Sub Total</b>               | \$0            | \$0                     | \$0                                       | \$0   | \$0                  | \$500                                   | \$500                 |                          |

Create Additional Entries

|                    |          |         |     |     |     |         |          |  |
|--------------------|----------|---------|-----|-----|-----|---------|----------|--|
| ***** TOTALS ***** | \$36,150 | \$6,700 | \$0 | \$0 | \$0 | \$6,098 | \$48,948 |  |
|--------------------|----------|---------|-----|-----|-----|---------|----------|--|

Determining Maximum Indirect Cost allowed

|  |          |                            |          |
|--|----------|----------------------------|----------|
| (A) Total Allocation Available for Budgeting | \$50,543 | (F) Total budgeted above   | \$48,948 |
| (B) Capital Outlay Costs                     | \$0      | (G) Budgeted Indirect Cost | 1595     |
| (C) Allowable Direct Costs (A-B)             | \$50,543 | (H) Total Budget (F+G)     | \$50,543 |
| (D) Indirect Cost Rate %                     | 3.2591   |                            |          |
| (E) Maximum Indirect Cost (C*(D/1+D))        | \$1,595  | Allocation Remaining (A-H) | \$0      |

Calculate Totals



# Budget Summary

Budget (Read Only) [Instructions](#)

| Activity Description               | Expenditure Object Code |                         |   |   |                      |   | TOTAL  |
|------------------------------------|-------------------------|-------------------------|---|---|----------------------|---|--------|
|                                    | 100 - Salaries          | 200 - Employee Benefits | 300 - Purchased Service / Lease Agreement | 400 - Supplies & Materials / Operational Equip. | 500 - Capital Outlay | 600 - Travel / Professional Development |        |
| Data Collection/Analysis/Reporting |                         |                         |   |   |                      | 1,000                                   | 1,000  |
| Administration/Facilitation        | 36,150                  | 6,700                   |   |   |                      | 3,250                                   | 46,100 |
| School Improvement                 |                         |                         |   |   |                      | 1,848                                   | 1,848  |
| Total Object Code                  | 36,150                  | 6,700                   |   |   |                      | 6,098                                   | 48,948 |
| Indirect Costs                     |                         |                         |   |   |                      |   | 1,595  |
|                                    |                         |                         |   |   |                      |   | 50,543 |



# Assurances

- Can only be signed by the District Administrator
- Binding electronic signature
- Assures that the DUNS number on the Contact Information page is accurate
- Assurances may be updated annually as new regulations are issued

# Amendment Description

- Only needed on Amendments
- Communication between the District and NDE on what is different than the prior application.

## NCLB Federal Programs - Amendment Description

---

Select the program(s) that are affected by this amendment and provide details where requested.

- 1. Title I-A - Disadvantaged
- 2. Title I-D - Neglected or Delinquent
- 3. Title II-A - Teacher Quality
- 4. Title II-D - Technology
- 5. Title III - LEP
- 6. Title III - Immigrant
- 7. Title IV - Safe and Drug Free
- 8. Title V - Innovative Programs

Final  
Report

# Final Report

|          |                     |                 |        |            |                       |              |        |                     |                   |
|----------|---------------------|-----------------|--------|------------|-----------------------|--------------|--------|---------------------|-------------------|
| Overview | Program Information | Goals and Needs | Budget | Assurances | Amendment Description | Final Report | Submit | Application History | Page Lock Control |
|----------|---------------------|-----------------|--------|------------|-----------------------|--------------|--------|---------------------|-------------------|

**NDE Special Education/ESU Collaborative Project - Amendment Description**

**The Final Narrative Report must be submitted and approved before the final Reimbursement Request is processed. Please continue on to the report pages.**

Is this amendment for a Final Narrative Report?

Yes

No

Please describe the amendment (500 characters max)

|          |                     |                 |        |            |                       |              |        |                     |  |
|----------|---------------------|-----------------|--------|------------|-----------------------|--------------|--------|---------------------|--|
| Overview | Program Information | Goals and Needs | Budget | Assurances | Amendment Description | Final Report | Submit | Application History |  |
|----------|---------------------|-----------------|--------|------------|-----------------------|--------------|--------|---------------------|--|

|                     |                     |
|---------------------|---------------------|
| Final Report Page 1 | Final Report Page 2 |
|---------------------|---------------------|

**NDE Special Education/ESU Collaborative Project - Final Report**



Submit

# Submit

- Consistency Check
  - Once run – locks the application
  - Only the user that ran the CC can unlock the application
- Comments
  - Comments to NDE
  - Comments from NDE to the District
- Submit
  - Data Entry submits to District Administrator
  - District Administrator is the only one that can submit to NDE



# Consistency Check

Submit

[Instructions](#)

  
Consistency Check is running...



# Consistency Check

Submit

[Instructions](#)

**The application has not been submitted.**

Unlock Application

Assurances were agreed to on: 10/5/2012  
Consistency Check was run on: 4/18/2013

Data Entry Access

District Administrator

NDE Reviewer

NDE Leadership

Submit to NDE



# Application History

- Shows the user IDs and dates of the application
  - When it was submitted to NDE
  - When (if) it was returned by NDE
  - When (if) it was submitted back to NDE
  - When it was approved by the reviewer
  - When it was approved by the Leader

Page Lock Control

# Page Lock Control

**Applicant:** 02-011-0020-13 LYONS-DECATUR NORTHEAST SCHS  
**Application:** 2011-2012 SPED IDEA Consolidated - 00  
**Cycle:** Original Application

**Consolidated Application**  
SPED IDEA Consolidated - 4400  
[Printer-Friendly](#)  
[Click to Return to Application Select](#)

[Overview](#) | [Allocations](#) | [Contact Information](#) | [Goals and Needs](#) | [Assurances](#) | [Amendment Description](#) | [Submit](#) | [Application History](#) | [Page Lock Control](#) | [Application Print](#)

---

**Page Review Status** [Instructions](#)

Expand All

| SPED IDEA Consolidated                    | Page Status    | Open Page for editing |
|---|----------------|-----------------------|
| <b>SPED IDEA Consolidated - 4400</b>      | Unlock Section |                       |
| Contact Information                       | OPEN           |                       |
| <a href="#">Goals and Needs</a>           | Unlock Section |                       |
| Assurances                                | OPEN           |                       |
| <b>IDEA Part B (611) Base - 4404</b>      | Unlock Section |                       |
| Program Information                       | OPEN           |                       |
| <a href="#">Staff</a>                     | Unlock Section |                       |
| <a href="#">Equipment/Capital Outlay</a>  | Unlock Section |                       |
| <a href="#">Budget</a>                    | Unlock Section |                       |
| <b>IDEA Part B (611) E-P - 4410</b>       | Unlock Section |                       |
| Program Information                       | OPEN           |                       |
| <a href="#">Staff</a>                     | Unlock Section |                       |
| <a href="#">Equipment/Capital Outlay</a>  | Unlock Section |                       |
| <a href="#">Building Modifications</a>    | Unlock Section |                       |
| <a href="#">Budget</a>                    | Unlock Section |                       |
| <b>IDEA Part B (619) Preschool - 4406</b> | Unlock Section |                       |
| Program Information                       | OPEN           |                       |
| <a href="#">Staff</a>                     | Unlock Section |                       |
| <a href="#">Equipment/Capital Outlay</a>  | Unlock Section |                       |
| <a href="#">Budget</a>                    | Unlock Section |                       |
| <b>IDEA CEIS - 4411</b>                   | Unlock Section |                       |
| <b>IDEA NonPublic - 4412</b>              | Unlock Section |                       |
| Program Information                       | Unlock Section |                       |
| <a href="#">Staff</a>                     | Unlock Section |                       |
| <a href="#">Equipment/Capital Outlay</a>  | Unlock Section |                       |
| <a href="#">Budget</a>                    | Unlock Section |                       |

[Save Page](#)

Internet | 100%

Application  
Print

# Application Print

Open Application

Payments

Print All

| Select                           | Application / Amendment              |
|----------------------------------|--------------------------------------|
| <b>2013-2014</b>                 |                                      |
| <input type="radio"/>            | 14-NCLB-4201-00 Amendment 1          |
| <input checked="" type="radio"/> | 14-NCLB-4201-00 Original Application |

Application  
Print

# Application Print



## NEBRASKA DEPARTMENT OF EDUCATION Grants Management System

**Applicant:** 01-022-0011-18 SO SIOUX CITY COMMUNITY SCHS  
**Application Cycle:** 2013-2014 NCLB Consolidated - 00  
Original Application

**Consolidated Application**  
NCLB Consolidated - 4201  
[Printer-Friendly](#)  
[Click to Return to Organization Select](#)  
[Click to Return to Application Select](#)

The application has been submitted. No more updates will be saved for the application.  
This page has been marked Final by the state agency. You must contact the agency to have it unlocked if legitimate changes are needed.

|                          |                             |                                     |                                 |                            |                                       |                        |                                     |                                   |                                   |
|--------------------------|-----------------------------|-------------------------------------|---------------------------------|----------------------------|---------------------------------------|------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <a href="#">Overview</a> | <a href="#">Allocations</a> | <a href="#">Contact Information</a> | <a href="#">Goals and Needs</a> | <a href="#">Assurances</a> | <a href="#">Amendment Description</a> | <a href="#">Submit</a> | <a href="#">Application History</a> | <a href="#">Page Lock Control</a> | <a href="#">Application Print</a> |
|--------------------------|-----------------------------|-------------------------------------|---------------------------------|----------------------------|---------------------------------------|------------------------|-------------------------------------|-----------------------------------|-----------------------------------|

[Click for Instructions](#)

### NCLB Federal Programs - Overview

**Program:** The NCLB Consolidated Application includes the annual applications for:

- Title I, Part A** Improving the Academic Achievement of the Disadvantaged (CFDA #84.010)
- Title I, Part D** Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent, or At-Risk (CFDA #84.010)
- Title II, Part A** Teacher Quality (CFDA #84.367)
- Title II, Part D** Enhancing Education through Technology (CFDA #84.318) - no new funding for current year.
- Title III** Limited English Proficiency (LEP) (CFDA #84.365)
- Title III** Immigrant Education (CFDA #84.365)
- Title IV, Part A** Safe and Drug-Free Schools and Communities (CFDA #84.186) - no new funding for current year.
- Title V, Part A** Innovative Programs (CFDA #84.298) - no new funding for current year.

**Purpose:** In July of 2002, Nebraska developed a Comprehensive State Plan for School Improvement that identified four goals for the State and included a consolidated application for all programs under No Child Left Behind. This NCLB Consolidated Application continues to support the integration of Federal

# Application Print

The application has been approved. No more updates will be saved for the application.

| Request Print Job                   |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <a href="#">NCLB Consolidated - 4201</a> |
| <input checked="" type="checkbox"/> | Overview                                 |
| <input checked="" type="checkbox"/> | Allocations                              |
| <input checked="" type="checkbox"/> | Contact Information                      |
| <input checked="" type="checkbox"/> | <a href="#">Goals and Needs</a>          |
| <input checked="" type="checkbox"/> | Assurances                               |
| <input checked="" type="checkbox"/> | Amendment Description                    |
| <input checked="" type="checkbox"/> | Submit                                   |
| <input checked="" type="checkbox"/> | Application History                      |
| <input checked="" type="checkbox"/> | Page_Lock Control                        |
| <input checked="" type="checkbox"/> | Application Print                        |
| <input type="checkbox"/>            | <a href="#">Title I - 4200</a>           |
| <input type="checkbox"/>            | <a href="#">Title II-A - 4310</a>        |
| <input type="checkbox"/>            | <a href="#">Title II-D - 4985</a>        |

| Requested Print Jobs |
|----------------------|
| Completed Print Jobs |

**All pages will be checked - Uncheck the pages you do not want to print**



# Application Print

## Request Print Job

[NCLB Consolidated - 4201](#)

Overview

Allocations

Contact Information

[Goals and Needs](#)

Assurances

Amendment Description

Submit

Application History

Page\_Lock Control

Application Print

[Title I - 4200](#)

[Title II-A - 4310](#)

[Title II-D - 4985](#)

## Requested Print Jobs

## Completed Print Jobs

**Unchecked  
pages will not  
print**



# Application Print

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <a href="#">Title II-A - 4310</a>                             |
| <input type="checkbox"/> | <a href="#">Title II-D - 4985</a>                             |
| <input type="checkbox"/> | <a href="#">Title III - Limited English Proficient - 4925</a> |
| <input type="checkbox"/> | <a href="#">Title III - Immigrant Education - 4926</a>        |
| <input type="checkbox"/> | <a href="#">Title IV- 4960</a>                                |
| <input type="checkbox"/> | <a href="#">Title V - 4320</a>                                |
| <input type="checkbox"/> | <a href="#">Title ID - N or D - 4230</a>                      |

**Request Print**

| Request Print Job        |  |
|--------------------------|--|
| <input type="checkbox"/> | <a href="#">NCLB Consolidated - 4201</a> |
| <input type="checkbox"/> | <a href="#">Title I - 4200</a>           |
| <input type="checkbox"/> | <a href="#">Title II-A - 4310</a>        |

| Requested Print Jobs   |
|--|
| <a href="#">Requested by Kiley Taylor on 3/17/2014 11:28:19 AM</a> |
| Completed Print Jobs   |



# Application Print

Select an application from the list(s) below and press one of the following buttons:

Open Application

Payments

Print All

Review Checklist

CC Override

Create GAN Now

Printed Applications:

Print all request pending by ktaylor 3/17/2014 12:02:43 PM

| Select                           | Application / Amendment              | Original Submit Date | NDE Final Approval Date | Status                                  | Status Date | Consulting               |
|----------------------------------|--------------------------------------|----------------------|-------------------------|---|-------------|--------------------------|
| <b>2013-2014</b>                 |                                      |                      |                         |   |             |                          |
| <input type="radio"/>            | 14-NCLB-4201-00 Amendment 1          | 01-28-2014           |                         | Submitted to NDE                        | 02-24-2014  | <input type="checkbox"/> |
| <input checked="" type="radio"/> | 14-NCLB-4201-00 Original Application | 09-23-2013           | 12-05-2013              | Final Approved <a href="#">View GAN</a> | 12-05-2013  | <input type="checkbox"/> |



# Application Print

**Request for GMS Application print is complete.**

nde.gmsdata@nebraska.gov

Sent: Mon 3/17/2014 1:06 PM

To:  Taylor, Kiley

Your request for a print out of the eGMS application has completed processing for program "NCLB Consolidated" and cycle "Original Application". Please logon to eGMS and go to the Application Select Web page for a link to the document.

Select an application from the list(s) below and press one of the following buttons:

Open Application

Payments

Print All

Review Checklist

CC Override

Create GAN Now

Printed Applications:

Kiley Taylor 3/17/2014 1:06:05 PM

| Select                           | Application / Amendment              | Original Submit Date | NDE Final Approval Date | Status                                  | Status Date | Consulting               |
|----------------------------------|--------------------------------------|----------------------|-------------------------|---|-------------|--------------------------|
| <b>2013-2014</b>                 |                                      |                      |                         |   |             |                          |
| <input type="radio"/>            | 14-NCLB-4201-00 Amendment 1          | 01-28-2014           |                         | Submitted to NDE                        | 02-24-2014  | <input type="checkbox"/> |
| <input checked="" type="radio"/> | 14-NCLB-4201-00 Original Application | 09-23-2013           | 12-05-2013              | Final Approved <a href="#">View GAN</a> | 12-05-2013  | <input type="checkbox"/> |



# Application Print

- [Overview](#)
- [Allocations](#)
- [Contact Information](#)
- [Goals and Needs](#)
- [Assurances](#)
- [Amendment Description](#)
- [Submit](#)
- [Application History](#)
- [Page Lock Control](#)
- [Application Print](#)

Selectable Application Print

[Instructions](#)

**The application has been approved. No more updates will be saved for the application.**

| Request Print Job  |
|--|
| <input type="checkbox"/> <a href="#">NCLB Consolidated - 4201</a>                      |
| <input type="checkbox"/> <a href="#">Title I - 4200</a>                                |
| <input type="checkbox"/> <a href="#">Title II-A - 4310</a>                             |
| <input type="checkbox"/> <a href="#">Title II-D - 4985</a>                             |
| <input type="checkbox"/> <a href="#">Title III - Limited English Proficient - 4925</a> |
| <input type="checkbox"/> <a href="#">Title III - Immigrant Education - 4926</a>        |
| <input type="checkbox"/> <a href="#">Title IV - 4960</a>                               |
| <input type="checkbox"/> <a href="#">Title V - 4320</a>                                |
| <input type="checkbox"/> <a href="#">Title ID - N or D - 4230</a>                      |

Request Print

| Requested Print Jobs   |
|--|
| Completed Print Jobs   |
| <a href="#">Completed - Kiley Taylor on 3/17/2014 1:06:05 PM</a> |



# Application Print

**This process runs hourly between 7:00 a.m. and 8:00 p.m.  
A pdf document will be available by hyperlink.**

---

Application Printout

[Instructions](#)

---

## **eGrant Management System**

### **Printed Copy of Application**

Grant Program: NCLB Consolidated

Cycle: Original Application

Sponsor/District: SO SIOUX CITY COMMUNITY SCHS

Date Generated: 3/17/2014 1:03:38 PM

Generated By: ktaylor



# PAYMENTS

# Financial

## Requests and Final Closeouts



# Payments

Select an application from the list(s) below and press one

Open Application

Payments

Print All

| Select                           | Application / Amendment              | Original Submit Date | NDE Final Approval Date |
|----------------------------------|--------------------------------------|----------------------|-------------------------|
| <b>2013-2014</b>                 |                                      |                      |                         |
| <input type="radio"/>            | 14-NCLB-4201-00 Amendment 1          |                      |                         |
| <input checked="" type="radio"/> | 14-NCLB-4201-00 Original Application | 10-15-2013           | 01-22-2014              |
| <b>2012-2013</b>                 |                                      |                      |                         |
| <input type="radio"/>            | 13-NCLB-4201-00 Amendment 2          | 01-13-2014           | 01-14-2014              |



# Payment Summary

The Payment Summary is a snapshot of the current status of payments and allocations.

Select "View Reimbursement Requests/Financial Reports" to create, view, and submit requests to Financial Services.

Easy Access Links

[Printer-Friendly](#)  
[Click to Return to Organization Select](#)  
[Click to Return to Application Select](#)  
[View Payment Instructions](#)  
[View Payment Questions and Answers](#)

Payment Summary

[View Reimbursement Requests/Financial Reports](#)

Payment Summary as of 3/11/2014

|   | TitleI      | TitleIIA    | TitleIID  | TitleIII-LEP | TitleIII-IE | TitleIV    | TitleV    | TitleIC-Migrant | Total        |
|---|-------------|-------------|-----------|--------------|-------------|------------|-----------|-----------------|--------------|
| <b>Current Year Allocation</b>                              | \$6,651,487 | \$1,418,065 | \$72,005  | \$388,352    | \$0         | \$127,633  | \$0       | \$203,267       | \$8,860,809  |
| (+/-) Adjustments   | \$1,039,827 | \$71,421    | \$36,695  | \$84,706     | \$0         | \$69,743   | \$38,219  | \$0             | \$1,340,611  |
| (+/-) Multidistrict   | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| (+/-) Transfers   | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| Total Funds Available                                       | \$7,691,314 | \$1,489,486 | \$108,700 | \$473,058    | \$0         | \$197,376  | \$38,219  | \$203,267       | \$10,201,420 |
| <b>Approved Budget --Amendment 4 Available for Payments</b> | \$7,691,314 | \$1,489,486 | \$108,700 | \$473,058    | \$0         | \$197,376  | \$38,219  | \$203,267       | \$10,201,420 |
| Scheduled   | \$2,475,496 | \$843,226   | \$57,763  | \$315,405    | \$0         | \$40,835   | \$0       | \$0             | \$3,732,724  |
| Reimbursement   | \$5,215,818 | \$646,260   | \$50,937  | \$157,653    | \$0         | \$156,541  | \$38,219  | \$203,267       | \$6,468,695  |
| Total   | \$7,691,314 | \$1,489,486 | \$108,700 | \$473,058    | \$0         | \$197,376  | \$38,219  | \$203,267       | \$10,201,420 |
| <b>Completed Payments</b>                                   |             |             |           |              |             |            |           |                 |              |
| Scheduled   | \$2,291,345 | \$948,509   | \$64,846  | \$258,865    | \$0         | \$50,838   | \$0       | \$0             | \$3,614,403  |
| Reimbursement   | \$4,476,816 | \$508,349   | \$40,691  | \$117,988    | \$0         | \$114,961  | \$38,219  | \$143,803       | \$5,440,827  |
| Manual  | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| Total   | \$4,476,816 | \$508,349   | \$40,691  | \$117,988    | \$0         | \$114,961  | \$38,219  | \$143,803       | \$5,440,827  |
| <b>Pending Payments</b>                                     |             |             |           |              |             |            |           |                 |              |
| Scheduled   | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| Reimbursement   | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| Manual  | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| Total   | \$0         | \$0         | \$0       | \$0          | \$0         | \$0        | \$0       | \$0             | \$0          |
| <b>Remaining Available</b>                                  |             |             |           |              |             |            |           |                 |              |
| Scheduled   | \$184,151   | (\$105,283) | (\$7,083) | \$56,540     | \$0         | (\$10,003) | \$0       | \$0             | \$118,322    |
| Reimbursement   | \$739,002   | \$137,911   | \$10,246  | \$39,665     | \$0         | \$41,580   | \$0       | \$59,464        | \$1,027,868  |
| Total   | \$923,153   | \$32,628    | \$3,163   | \$96,205     | \$0         | \$31,577   | \$0       | \$59,464        | \$1,146,190  |
| <b>NDE Documentation Review</b>                             |             |             |           |              |             |            |           |                 |              |
| Date  | 9/30/2009   | 11/11/2010  | 9/30/2009 | 9/30/2009    | N/A         | 9/30/2009  | 9/30/2009 | 9/30/2009       |              |
| Amount  | \$6,768,161 | \$1,456,858 | \$105,537 | \$376,853    | \$0         | \$165,799  | \$38,219  | \$143,803       |              |

TODD user ID: ktaylor



For additional information please contact the Nebraska Department of Education

[Contact Us](#)



# Reimbursement Request/ Final Select

Application: 2011-2012 NCLB Consolidated - 00  
Cycle: Amendment 1

[Printer-Friendly](#)  
[Click to Return to Application Select](#)  
[Back to Payment Summary](#)  
[View Payment Instructions](#)  
[View Payment Questions and Answers](#)

Reimbursement Request/Financial Report Select

[Instructions](#)

Reimbursement Requests:

Available on "not submitted" or "returned for changes" RR

| Select                   | Reimbursement Request   | Program(s)     | Date Created | Date Submitted | Financial Approval Date | Status           | History                      |
|--------------------------|-------------------------|----------------|--------------|----------------|-------------------------|------------------|------------------------------|
| 2012                     |                         |                |              |                |                         |                  |                              |
| <input type="checkbox"/> | Reimbursement Request 7 | I-CN (F)       | 11/8/2012    | 11/13/2012     |                         | Submitted to NDE | <a href="#">View History</a> |
| <input type="checkbox"/> | Reimbursement Request 6 | IIA-NS (F)     | 9/27/2012    | 9/27/2012      |                         | Submitted to NDE | <a href="#">View History</a> |
| <input type="checkbox"/> | Reimbursement Request 5 | III-LEP-CA (F) | 9/27/2012    | 9/27/2012      | 10/16/2012              | Approved         | <a href="#">View History</a> |
| <input type="checkbox"/> | Reimbursement Request 4 | I-CA (R)       | 9/26/2012    | 11/12/2012     | 11/13/2012              | Approved         | <a href="#">View History</a> |
| <input type="checkbox"/> | Reimbursement Request 3 | I-CA (R)       | 6/6/2012     | 6/6/2012       | 8/14/2012               | Approved         | <a href="#">View History</a> |
| <input type="checkbox"/> | Reimbursement Request 2 | IIA-CA (R)     | 5/16/2012    | 9/5/2012       | 9/6/2012                | Approved         | <a href="#">View History</a> |
| <input type="checkbox"/> | Reimbursement Request 1 | III-LEP-CA (R) | 5/14/2012    | 5/14/2012      | 6/4/2012                | Approved         | <a href="#">View History</a> |



# Reimbursement Requests and Finals

**LEA Contact:**

First Name:  Last Name:   
Phone:    Ext:   
Email Address:

**2014 NCLB Consolidated - 4201**

|                   |   |
|-------------------|---|
| TitleI-4200       | <input type="checkbox"/> Select here to add a report for this program |
| TitleIIA-4310     | <input type="checkbox"/> Select here to add a report for this program |
| TitleID-4985      | <input type="checkbox"/> Select here to add a report for this program |
| TitleIII-LEP-4925 | <input type="checkbox"/> Select here to add a report for this program |
| TitleIII-IE-4926  | <input type="checkbox"/> Select here to add a report for this program |
| TitleIV-4960      | <input type="checkbox"/> Select here to add a report for this program |
| TitleV-4320       | <input type="checkbox"/> Select here to add a report for this program |
| TitleID-4230      | <input type="checkbox"/> Select here to add a report for this program |

Enter expenditure amounts and save prior to submission

Attach Document

Check here if documentation has been sent to NDE via Mail

# Consolidated Requests



You can submit consolidated requests for more than one program. However, NDE encourages reporting by individual program.

# Consolidated Requests



- When submitting a consolidated request, any program that is on hold for any reason, will automatically hold all other programs in the request.
- That means, that if you have combined all programs in one request and if there is a question on Title IIA, you will not be paid for any of the other programs until the issue is resolved.

# Reimbursement Request – by Object Code

2012 NCLB Consolidated - 4201



TitleI-4200

Select here to add a report for this program

Actual Expenditures YTD only need to be entered when Financial Report is required

Object Code Summary:

Select here if this is the Final Reimbursement Request

Show Budget Summary:  Yes  No

Remove Blank Rows from Display:  Yes  No

Enter whole dollar amounts only

| Expenditure Object Code                         | Budgeted            | Submitted Expenditures YTD 1 | Scheduled Payments YTD | Remaining for Expenditure/ Payment | Actual Expenditures YTD | (Overpaid)/ Underpaid |
|---|---------------------|------------------------------|------------------------|------------------------------------|-------------------------|-----------------------|
| 100 - Salaries                                  | \$11,279,046        | \$10,300,845                 | \$0                    | \$978,201                          | \$11383168              | \$1,082,323           |
| 200 - Employee Benefits                         | \$4,576,763         | \$3,803,446                  | \$0                    | \$773,317                          | \$4175614               | \$372,168             |
| 300 - Purchased Service / Lease Agreement       | \$4,834,697         | \$656,343                    | \$0                    | \$4,178,354                        | \$775337                | \$118,994             |
| 400 - Supplies & Materials / Operational Equip. | \$8,815,079         | \$5,720,385                  | \$0                    | \$3,094,694                        | \$8094817               | \$2,374,432           |
| 500 - Capital Outlay                            | \$0                 | \$0                          | \$0                    | \$0                                | \$0                     | \$0                   |
| 600 - Travel / Professional Development         | \$736,111           | \$395,246                    | \$0                    | \$340,865                          | \$483662                | \$88,416              |
| Indirect Costs (max approved rate is 2.8233%)   | \$853,813           | \$589,399                    | \$0                    | \$264,414                          | \$703357                | \$113,958             |
| <b>Totals:</b>                                  | <b>\$31,095,509</b> | <b>\$21,465,664</b>          | <b>\$0</b>             | <b>\$9,629,845</b>                 | <b>\$25,615,955</b>     | <b>\$4,150,291</b>    |

1 - Submitted Expenditures YTD does not include line items on this Reimbursement Request / Closeout

Expenditures:

| Expenditures Object Code                        | Current Expenditure | Date         | Delete                   |
|---|---------------------|--------------|--------------------------|
| 100 - Salaries                                  | \$1082323           | October 2012 | <input type="checkbox"/> |
| 200 - Employee Benefits                         | \$372168            | October 2012 | <input type="checkbox"/> |
| 300 - Purchased Service / Lease Agreement       | \$118993            | October 2012 | <input type="checkbox"/> |
| 400 - Supplies & Materials / Operational Equip. | \$2374433           | October 2012 | <input type="checkbox"/> |
| 600 - Travel / Professional Development         | \$88416             | October 2012 | <input type="checkbox"/> |
| Indirect Costs                                  | \$113958            | October 2012 | <input type="checkbox"/> |
| <b>Total Expenditures:</b>                      | <b>\$4,150,291</b>  |              |                          |

Add Comment to NDE

Filing the claim, will have it return to do the final after Janice complete the review of the April -July Non Payroll claim. RBL 11-12-12  
 Note: On the paid report you will see 12-13 project numbers, but those dollars are not included in the claim amount queried. RBL 11-13-12

Add Comment to LEA



# Required Documentation

- Object code inconsistencies between the budget and supporting documentation may require either a budget amendment or journal entry.
- Must include detailed transaction level information (i.e., Expenditure Audit Report, Account Inquiry, Fund Audit Report...) may include account, object code, vendor name, date paid, check number, amount and description of transaction.



# Required Documentation

- Salaries need to include names and should be listed on the application under the Staff Tab (omission of staff information may require amendments to the application)
- Journal Entries, Petty Cash Accounts, Bank Card/Credit Card, and travel reimbursements – need original detailed transaction information with description of transaction.



# Required Documentation

| SELECTED Data                          |                               | <b>Expenditure Audit Report</b> |          |           |                      | Arranged by:              |               |             |
|--|-------------------------------|---------------------------------|----------|-----------|----------------------|---------------------------|---------------|-------------|
| Date Range: 03/01/2011 thru 08/31/2011 |                               |                                 |          |           |                      | Account Number            |               |             |
| Date                                   | Src                           | P/O                             | Check    | Invoice   | Vendor               | Description               | Disbursed     |             |
| <b>1</b>                               | <b>GENERAL FUND</b>           |                                 |          |           |                      |                           |               |             |
| <b>1-4265-110-0</b>                    | <b>Salaries - Title IV</b>    |                                 |          |           |                      |                           |               |             |
| 08/15/2011                             | AP                            |                                 | 00006249 | 080111    | Vendor Name          | Salaries                  | 70.00         |             |
| 08/15/2011                             | AP                            |                                 | 00006294 | 080111    | Vendor Name          | Salaries                  | 70.00         |             |
| 08/15/2011                             | AP                            |                                 | 00006298 | 080111    | Vendor Name          | Salaries                  | 70.00         |             |
| 08/15/2011                             | AP                            |                                 | 00006327 | 080111    | Vendor Name          | Salaries                  | 85.00         |             |
| <b>1-4265-110-0</b>                    | <b>Account Totals:</b>        |                                 |          |           |                      |                           | <b>295.00</b> |             |
| <b>1-4265-110-1</b>                    | <b>Salaries - Title IV</b>    |                                 |          |           |                      |                           |               |             |
| 08/02/2011                             | GL                            |                                 | 00000802 |           | BERNHEA              | Salaries                  | 100.00        |             |
| <b>1-4265-110-1</b>                    | <b>Account Totals:</b>        |                                 |          |           |                      |                           | <b>100.00</b> |             |
| <b>1-4265-210-1</b>                    | <b>Fica</b>                   |                                 |          |           |                      |                           |               |             |
| 08/15/2011                             | AP                            |                                 | 00006332 | 3FICM.340 | Wells Fargo Bank     | Normal Payroll 08/19/2011 | 1.46          |             |
| 08/15/2011                             | AP                            |                                 | 00006332 | 3FICA.340 | Wells Fargo Bank     | Normal Payroll 08/19/2011 | 6.23          |             |
| <b>1-4265-210-1</b>                    | <b>Account Totals:</b>        |                                 |          |           |                      |                           | <b>7.69</b>   |             |
| <b>1-4265-220-1</b>                    | <b>Fica</b>                   |                                 |          |           |                      |                           |               |             |
| 08/15/2011                             | AP                            |                                 | 00006282 | 3NTRT.340 | Payroll Account      | Normal Payroll 08/19/2011 | 8.36          |             |
| <b>1-4265-220-1</b>                    | <b>Account Totals:</b>        |                                 |          |           |                      |                           | <b>8.36</b>   |             |
| <b>1-4265-318-0</b>                    | <b>Contracted Services</b>    |                                 |          |           |                      |                           |               | <b>0.00</b> |
| <b>1-4265-318-4</b>                    | <b>GA Contracted Services</b> |                                 |          |           |                      |                           |               | <b>0.00</b> |
| <b>1-4265-318-6</b>                    | <b>CC Contracted Services</b> |                                 |          |           |                      |                           |               | <b>0.00</b> |
| <b>1-4265-410-1</b>                    | <b>Supplies WPES</b>          |                                 |          |           |                      |                           |               |             |
| 08/15/2011                             | AP                            |                                 | 00006256 | 98441     | Promotional Concepts | Drug free day/Leadership  | 102.35        |             |
| 08/15/2011                             | AP                            |                                 | 00006291 | 50640     | Quality Printing     | Leadership camp           | 19.71         |             |
| <b>1-4265-410-1</b>                    | <b>Account Totals:</b>        |                                 |          |           |                      |                           | <b>122.06</b> |             |



# Required Documentation

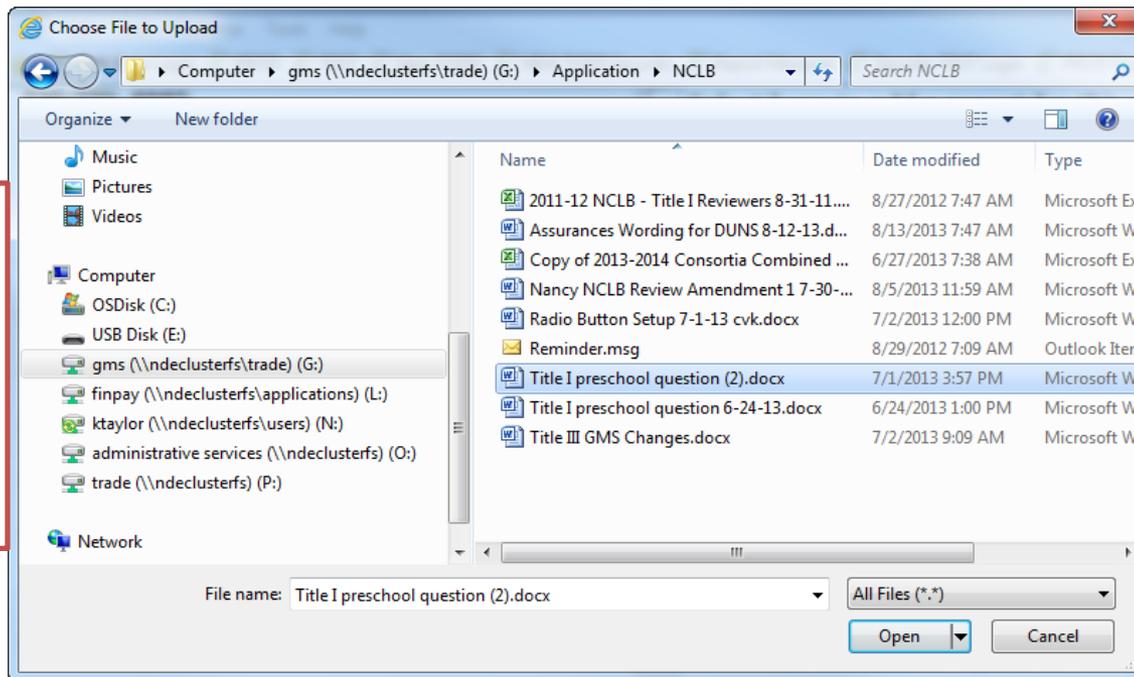
Enter expenditure amounts and save prior to submission  
Attach Document  Browse...

Click on  
"Browse"

Save Page

Check here if documentation has been sent to NDE via Mail

Navigate  
to the file  
you wish  
to upload  
and click  
"Open".



# Required Documentation

Enter expenditure amounts and save prior to submission

Attach Document

**Check here if documentation has been sent to NDE via Mail**

After File Selection

Enter expenditure amounts and save prior to submission

Previously Attached Documents:

[Nancy NCLB Review Amendment 1 7-30-13-36549-227949-3172014-104041.docx](#)

[Title I preschool question -236549-227949-412014-17340.docx](#)

Attach Additional Document

sjoel  
sjoel

After clicking "Save Page"

# Required Documentation

Original File Name:

G:\Application\NCLB\Title I preschool question (2).docx

GMS Rename

Title I preschool question -236549-227949-412014-17340.docx

236549-227949 = System Identifying

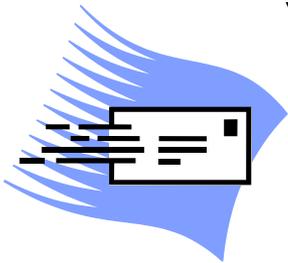
412014 = April 1, 2014

17340 = 5:34 pm



# Final Closeouts

You can create a Final at ANY time!



You are encouraged to create and submit a final closeout once the district has fully expended funds. This will speed up end of the year processing for Financial Services and will ensure quicker reimbursement of funds.

2012 NCLB Consolidated - 4201

TitleI-4200

Select here to add a report for this program

Actual Expenditures YTD must be entered

Object Code Summary:

Select here if this is the Final Reimbursement Request

Show Budget Summary:  Yes  No

Remove Blank Rows from Display:  Yes  No

Enter whole dollar amounts only

| Expenditure Object Code                         | Budgeted         | Submitted Expenditures YTD | Scheduled Payments YTD | Remaining for Expenditure/ Payment | Actual Expenditures YTD | (Overpaid)/ Underpaid |
|---|------------------|----------------------------|------------------------|------------------------------------|-------------------------|-----------------------|
| 100 - Salaries                                  | \$604,183        | \$544,853                  | \$0                    | \$59,330                           | \$592,664               | \$47,811              |
| 200 - Employee Benefits                         | \$201,254        | \$180,841                  | \$0                    | \$20,413                           | \$197,256               | \$16,415              |
| 300 - Purchased Service / Lease Agreement       | \$101            | \$0                        | \$0                    | \$101                              | \$0                     | \$0                   |
| 400 - Supplies & Materials / Operational Equip. | \$16,718         | \$2,802                    | \$0                    | \$13,916                           | \$2,802                 | \$0                   |
| 500 - Capital Outlay                            | \$0              | \$0                        | \$0                    | \$0                                | \$0                     | \$0                   |
| 600 - Travel / Professional Development         | \$1,717          | \$1,692                    | \$0                    | \$25                               | \$1,791                 | \$99                  |
| Indirect Costs (max approved rate is 4.8361%)   | \$0              | \$0                        | \$0                    | \$0                                | \$0                     | \$0                   |
| <b>Totals:</b>                                  | <b>\$823,973</b> | <b>\$730,188</b>           | <b>\$0</b>             | <b>\$93,785</b>                    | <b>\$794,513</b>        | <b>\$64,325</b>       |

1 - Submitted Expenditures YTD does not include line items on this Reimbursement Request / Closeout

**Projected Closeout Payment** \$64,325

**Projected Grant Closeout Summary**

**Amount**

|   |           |
|---|-----------|
| Approved Budget   | \$823,973 |
| Total of Payments Against Grant (includes Projected Closeout Payment) | \$794,513 |
| Unexpended Budget   | \$29,460  |
| Maximum Amount That Can Be Carried Over (15% of current allocation)   | \$103,957 |
| Funds Transferred to Next Year for Agency                             | \$29,460  |

OR  Release remaining funds to NDE (By selecting this box, funds are not transferred to next year.)  
 Check the box below to request a waiver to exceed the 15% carryover limitation for Title I, Part A, if the reason for the excess funds is due to American Recovery and Reinvestment Act (ARRA) Title I funds. If the reason is due to something other than ARRA funds, please contact Diane Stuehmer at 402-471-1740.

District is requesting a waiver to exceed Title I, Part A carryover funds when closing out the 2011-12 school year.

Excess Funds Released to NDE \$0

**Note:** Unused REAP/6123 transfer funds will be returned to original program

Add Comment to NDE

Add Comment to LEA



# Overview

## SPED IDEA Consolidated

**Applicant:** 18-055-0001-11 LINCOLN PUBLIC SCHOOLS  
**Application:** 2013-2014 SPED IDEA Consolidated - 00  
**Cycle:** ReimbRqst1

[Printer-Friendly](#)  
[Click to Return to Application Select](#)  
[Back to Financial Menu](#)  
[View Payment Instructions](#)  
[View Payment Questions and Answers](#)

|                                  |                                       |                                  |                        |                                 |
|----------------------------------|---------------------------------------|----------------------------------|------------------------|---------------------------------|
| <a href="#">Payment Overview</a> | <a href="#">Reimbursement Request</a> | <a href="#">Service Provider</a> | <a href="#">Submit</a> | <a href="#">Service History</a> |
|----------------------------------|---------------------------------------|----------------------------------|------------------------|---------------------------------|

**Special Education IDEA Consolidated Part B - Payment Overview** [Click for Instructions](#)

This page will allow districts to request reimbursement for services provided by approved Service Agencies. Districts will identify the service agency provider, service code, type of rate – daily, hourly, annual and indicate amount of daily/hourly/annual services received. Amount to be reimbursed will be calculated.

TODD user ID: sjoel

Powered by **MTW** Grant Management Solutions System

For additional information please contact the Nebraska Department of Education  
[Contact Us](#)



# Reimbursement Request SPED IDEA Consolidated

## Reimbursement Request

|                                  |                                       |                                  |                        |                                 |
|----------------------------------|---------------------------------------|----------------------------------|------------------------|---------------------------------|
| <a href="#">Payment Overview</a> | <a href="#">Reimbursement Request</a> | <a href="#">Service Provider</a> | <a href="#">Submit</a> | <a href="#">Service History</a> |
|----------------------------------|---------------------------------------|----------------------------------|------------------------|---------------------------------|

Reimbursement Request [Click for Instructions](#)

**LEA Contact:**  
First Name:  Last Name:   
Phone:    Ext:   
Email Address:

**2014 SPED IDEA Consolidated - 4400**

|                     |   |
|---------------------|---|
| IDEA-Base-4404      | <input type="checkbox"/> Select here to add a report for this program |
| IDEA-EP-4410        | <input type="checkbox"/> Select here to add a report for this program |
| IDEA-Preschool-4406 | <input type="checkbox"/> Select here to add a report for this program |
| IDEA-CEIS-4411      | <input type="checkbox"/> Select here to add a report for this program |
| IDEA-NonPublic-4412 | <input type="checkbox"/> Select here to add a report for this program |

Enter expenditure amounts and save prior to submission  
Attach Document  [Browse...](#)

[Save Page](#)

Check here if documentation has been sent to NDE via Mail

I Certify that, to the best of my knowledge and belief, this report is true and correct in all aspects: supporting documentation for all entries in the accounting records are on file and will be retained for five (5) years or until the Applicant is notified that such records are no longer needed for administrative review; and the federal funds have been expended only for the purposes they were granted.

# Service Providers SPED IDEA Consolidated

|                  |                       |                  |        |                 |
|------------------|-----------------------|------------------|--------|-----------------|
| Payment Overview | Reimbursement Request | Service Provider | Submit | Service History |
|------------------|-----------------------|------------------|--------|-----------------|

Service Provider

[Click for Instructions](#)

This request has been submitted. No more updates will be saved.

Did any object code 300 entry contain Provider Services?  Yes  No

### SPED IDEA Consolidated

IDEA-Base-4404  Select here to add a report for this program

IDEA-EP-4410  Select here to add a report for this program

IDEA-Preschool-4406  Select here to add a report for this program

Year: 20122013 Provider: [ABCDEFGHIJKLMN](#)[OPQRST](#)[UVWXYZ](#)\* starts with 951552 GODDARD, JENNIFER L  
 951552 GODDARD, JENNIFER L  
 7441 Travis Dr  
 Lincoln, NE 68516  
 Contact: JENNIFER L GODDARD  
 402-617-0110 jlm5165@hotmail.com

| Service:                            | Rate   | Actual Rate | Quantity | Total    | Date          | Delete                   |
|-------------------------------------|--------|-------------|----------|----------|---------------|--------------------------|
| 4005 Physical Therapy-Hourly=59.000 | 59.000 | 59.000      | 19.32    | 1,139.88 | February 2014 | <input type="checkbox"/> |

- Add Comment to NDE
- Add Comment to LEA

Year: 20122013 Provider: [ABCDEFGHIJKLMN](#)[OPQRST](#)[UVWXYZ](#)\* starts with 951552 GODDARD, JENNIFER L  
 951552 GODDARD, JENNIFER L  
 7441 Travis Dr  
 Lincoln, NE 68516  
 Contact: JENNIFER L GODDARD  
 402-617-0110 jlm5165@hotmail.com

| Service:                  | Rate  | Actual Rate | Quantity |
|---------------------------|-------|-------------|----------|
| 6001 Mileage-Hourly=0.565 | 0.565 | 0.565       | 178.74   |

Must save page, to save data.

http://www.education.ne.gov/FOS/GrantsManagementSystem/SPED\_IDEA\_SESP\_instructions\_reimbursement\_request.pdf

# Submit

# SPED IDEA Consolidated

[Submit](#)

[Payment Overview](#)

[Reimbursement Request](#)

[Service Provider](#)

[Submit](#)

[Service History](#)

Submit

[Instructions](#)

**The Consistency Check must be successfully processed before you can submit your Reimbursement Request/Financial Report.**

[Consistency Check](#)

[Lock Request](#)

[Unlock Request](#)

BookKeeper-A LEA function that sets up requests for fund payments

District Administrator

FinancialServices-A financial group that approves/disapproves fund payment requests.

LEA Comments:

NDE Comments:

[Save Comments](#)

# Service History

## SPED IDEA Consolidated

Payment Overview

Reimbursement Request

Service Provider

CEIS Final RR Questions

Submit

Service History

Reimbursement Provider History

[Instructions](#)

| Provider ID | Service Provider              | Service Code  | Through Date | Total    | ReviewerRR #                             | Program        |
|-------------|-------------------------------|---|--------------|----------|--|----------------|
| 950001      | Educational Service Unit #1   | 4081 Tower Level III Program Level III Program Wayne - School Age | July 2013    | 19403.05 | rt 2 <input checked="" type="checkbox"/> | IDEA-Base-4404 |
| 950001      | Educational Service Unit #1   | 4030 Instruction - Visually Impaired                              | July 2013    | 964.25   | rt 2                                     | IDEA-Base-4404 |
| 950001      | Educational Service Unit #1   | 4024 Instruction - Hearing Impaired                               | July 2013    | 1742.50  | rt 2                                     | IDEA-Base-4404 |
| 950002      | Educational Service Unit #2   | 4001 Speech Therapy   | October 2012 | 17651.76 | rt 2                                     | IDEA-Base-4404 |
| 950744      | St. Francis Memorial Hospital | 4006 Occupational Therapy   | March 2013   | 1938.74  | rt 2                                     | IDEA-Base-4404 |
| 950744      | St. Francis Memorial Hospital | 6001 Mileage  | March 2013   | 926.60   | rt 2                                     | IDEA-Base-4404 |
| 950744      | St. Francis Memorial Hospital | 4005 Physical Therapy   | March 2013   | 197.06   | rt 2                                     | IDEA-Base-4404 |

**File Attachments Section:**

Select Reimbursement Request to retrieve attached documents from:



# Notes

- System time out is 20 minutes
  - Save Often!!!!
  - Timeout Warning Message
    - Displays at the top of the page
    - Not always visible on large pages



# Notes

- If you receive an error on the page **THE PAGE WILL NOT SAVE**
  - An error is in **RED** at the top of the page
    - The page has not been saved due to the following errors:**  
**Errors:**
      - All fields marked with an \* are required.
  - A Warning message also displays in RED, however, your data will be saved

# Due Dates are Due Dates

- Due Dates are Due Dates is applicable to the submission of an application.
- If the school district does not create and submit an application by the deadline they will have to request an exception through the Consolidated Data Collection (CDC).
- Once an original application is submitted before the deadline; changes can be made through the normal GMS process.

# Resources - Contacts

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Powered by **MTW** Grant  
*Solutions* Management  
System

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For additional information please contact the Nebraska Department of Education

[Contact Us](#)

Help Desk:

email: [nde.helpdesk@nebraska.gov](mailto:nde.helpdesk@nebraska.gov)

Local: (402) 471-3151

Toll Free: (888) 285-0556



NEBRASKA DEPARTMENT OF EDUCATION

# Resources - Links

NDE Website:

<http://www.education.ne.gov>

GMS Website:

<http://www.education.ne.gov/gms2/index.html>

GMS User Guide:

<http://www.education.ne.gov/GMS/GMS%20User%20Guide.pdf>

NDE Portal:

<https://portal.education.ne.gov>

GMS Payment Information:

<http://www.education.ne.gov/FOS/PaymentInformation/index.html>

GMS Payment Instructions:

[http://www.education.ne.gov/FOS/GrantsManagementSystem/Payment\\_Instructions\\_Outline\\_05.28.10.pdf](http://www.education.ne.gov/FOS/GrantsManagementSystem/Payment_Instructions_Outline_05.28.10.pdf)

