FY15 Foundation Reserve Program

Application Instructions

The Legislature has approved funding for the FY15 foundation reserve (pothole) program [7061-0011]. The pothole program is intended to provide supplemental financial assistance to municipalities and school districts to address a variety of special circumstances. Municipalities and districts may apply for funds in accordance with these instructions. Please note that charter schools are not eligible for foundation reserve awards.

- Foundation reserve funds will be awarded in six (6) different categories, as described in the accompanying application forms (WORD | PDF). Applicants should submit the appropriate form for each category for which they are eligible.

- Categories A and B provide relief to parties involved in a newly formed regional vocational district. Category A must be submitted on behalf of the regional vocational school district by the superintendent of schools. Category B may be submitted as a joint application by the mayor and superintendent of schools or as an individual application, submitted on behalf of a municipality by the mayor and on behalf of the school district by the superintendent of schools. Awards in these categories shall be considered prior year chapter 70 aid for FY16.

- Category C provides support to mitigate one-time cost increases associated with the withdrawal of a member town from a regional school district. Applications must be submitted on behalf of a municipality by the town manager or board of selectmen and on behalf of the school district by the superintendent of schools.

- Categories D, E and F are for supplemental educational funding. Applications in these categories must be submitted on behalf of a local or regional school district by the superintendent of schools.

- Applications must be submitted by mail to the address below, and must be received no later than close of business on December 12, 2014. All applications received before the deadline will be given equal consideration. Applications will be accepted after the deadline only if funds remain available.

Fax and email submissions cannot be accepted.

Massachusetts Department of Elementary and Secondary Education
Attn: Christine M. Lynch
75 Pleasant Street
Malden, MA 02148-5023

- Award amounts will be determined by the Commissioner of Elementary and Secondary Education and will depend in part on the number of applications received, the size of the municipality or district, and the financial need for which the award is made.
Please note that foundation reserve awards in Categories C through E are one-time awards that are not included in base aid calculations for chapter 70 aid in future years. Awards in these categories to a school district will be treated as school aid and may be expended by the school committee without further appropriation. Awards to a municipality will be treated as unrestricted state aid and may be appropriated by the municipality for any purpose.

Questions regarding the foundation reserve program should be directed to program director Christine M. Lynch at 781-338-6520 or at clynch@doe.mass.edu.
FY15 Foundation Reserve Application

**Category A:** Relief to parties involved in a newly formed regional vocational district provided that:
(a) the member’s fiscal year 2015 chapter 70 aid, using estimated enrollment provided to the department of elementary and secondary education, would be greater than what is provided under section 3; and
(b) the regional district’s fiscal year 2015 chapter 70 aid, when base chapter 70 aid is allocated, would be greater than what is provided under said section 3.

Regional Vocational District: ____________________________

Please provide the following information:

- The region’s enrollment used to calculate FY15 Chapter 70 aid:
- The region’s estimated enrollment in FY15:
- Difference in enrollment:

A complete application is dependent on the district having filed its End of the Year Financial Report for FY14, including its FY15 budget.

Amount of Request: $__________________________

Please attach additional information, as needed.

Contact person if further information is required:

Name: ______________________________

Print Title: ______________________________

Telephone: __________________ Email: __________________

Application submitted by: (Superintendent of Schools)

________________________________ Date ____/____/2014

Signature

Print Name

Print Title
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**Category B:** Relief to parties involved in a newly formed regional vocational district provided that:
(a) the member’s fiscal year 2015 chapter 70 aid, using estimated enrollment provided to the department of elementary and secondary education, would be greater than what is provided under section 3; and
(b) the regional district’s fiscal year 2015 chapter 70 aid, when base chapter 70 aid is allocated, would be greater than what is provided under said section 3.

Municipality and/or School District: ________________________________

Please provide the following information:

- The member’s enrollment in the new regional vocational district used to calculate FY 15 c.70 aid: ________________
- The member’s estimated enrollment in the new regional vocational district in FY15: ________________
- Difference in enrollment: ________________

Amount of Request: $__________________________

Please attach additional information, as needed.

Contact person if further information is required:

Name: ________________________________________________________________

Print Title: ____________________________________________________________

Telephone: _____________________ Email: _______________________________

Application submitted by: (mayor, city council and/or Superintendent)

_________________________________________________ Date_____/_____/2014

Signature

Print Name

______________________________

Print Title
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Category C: Relief to mitigate one-time cost increases associated with the withdrawal of a member town from a regional school district.

Eligibility: Municipalities or regional school districts that have increased costs in FY15 directly associated with the FY16 withdrawal of a member town from the regional school district.

Municipality or Regional District: ________________________________

Amount of Request: $____________________

Municipalities or regional school districts must provide information that clearly details the one-time cost increases in FY15 that are associated with the FY16 withdrawal of a member town from the regional school district.

Contact person if further information is required:

Name: _______________________________________________________

Print Title: ___________________________________________________

Telephone: ________________________ Email:_______________________

Application submitted by: (superintendent/town manager/board of selectmen)

________________________________________________ Date ____/____/2014

Signature

________________________________________________

Print Name

________________________________________________

Print Title
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**Category D:** Relief for Districts with high enrollment growth between FY14 and FY15 and whose chapter 70 aid as a percentage of total foundation budget is less than the district’s target aid percentage.

Eligibility: **School Districts** with (1) a foundation enrollment growth of greater than 400 pupils from FY14 to FY15 and (2) whose chapter 70 aid as a percentage of total foundation budget is less than the district’s target aid percentage.

School District: _________________________________________________________

Please provide the following information:

- FY14 foundation enrollment: ______________________________________
- FY15 foundation enrollment: ______________________________________
- FY15 Target Aid Percent: __________________________________________%  
- FY15 Chapter 70 aid: $____________________________________
- FY15 Foundation budget: $____________________________________

Amount of Request: $____________________

Please describe the reason for the amount requested:

Contact person if further information is required:

Name:_______________________________________________________________
Title:_______________________________________________________________
Telephone:_________________________ Email:_________________________

Application submitted by: *(Superintendent of Schools)*

_________________________________________________Date_____/_____/2014
Signature

_________________________________________________________Print Name
Print Title
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**Category E:** Relief to school districts with high special education costs.

Eligibility: School Districts whose special education costs exceed 30 per cent of the total district costs and whose tuition and other circuit-breaker eligible costs for placements at an approved private school located within the district exceed both $1,000,000 and 25 per cent of all tuition and other circuit-breaker eligible costs for placements at an approved private school.

School District: __________________________________________________________

Please provide the following information:

- Total FY14 District Costs: $____________________________
- Total FY14 Special Education Costs: $____________________________
- Total FY 14 Circuit Breaker Claim for placements at an approved private school located within the district: $____________________________
- Total FY14 Tuition and other circuit breaker Eligible costs for placements at an approved private school: $____________________________

**Amount of Request:** $____________________________

Please describe the reason for the amount requested:

Contact person if further information is required:

Name:_________________________________________________________________
Title:_________________________________________________________________
Telephone:_________________________Email:______________________________

Application submitted by: (Superintendent of Schools)
__________________________________________________Date_____/_____/2014

Signature

__________________________Print Name

__________________________Print Title
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Category F: Relief for Districts for unexpected or unanticipated financial issues.

Eligibility: School Districts

School District: __________________________________________________________

Please describe the circumstances justifying your request. (Attach additional pages as necessary.) Applications to support a capital planning or construction expenses will not be considered.

Amount of Request: $________________________

Contact person if further information is required:

Name:_______________________________________________________________

Title:________________________________________________________________

Telephone:___________________________________________________________

Email:________________________________________________________________

Application submitted by: (Superintendent of Schools)

_________________________________________________Date_____/_____/2014

Signature

Print Name

Print Title