|  |  |
| --- | --- |
| **Name of Grant Program:** METCO Supplemental Special Education Grant | **Fund Code:** 318 |

|  |
| --- |
| PART III – REQUIRED PROGRAM INFORMATION |

Please complete each of the fields below.

| **General Information** | |
| --- | --- |
| **District:** | |
| **Grant Contact Name:** | **Email/Phone:** |
| **METCO Director:** | **Email/Phone:** |
| **Special Education Director:** | **Email/Phone:** |

1. Please complete the FY23 METCO Special Education Cost Calculator this will be emailed to you along with instructions to upload it to the ESE Security Portal) for each student with more intensive special education needs, which will typically include specialized transportation and/or one-on-one support in the student’s IEP. *T****his document should be uploaded into the ESE Security Portal*.** If you have questions about whether or not your district is eligible to apply, please contact the Department for clarification prior to submitting an application. *A narrative is not needed for this prompt.*
2. Please provide a brief budget narrative describing how funds will be used during SY2023-2024 to support special education services for Boston and Springfield resident students participating in the METCO program that are not otherwise covered or reimbursed by other federal or state restricted sources. Funds do not have to be attributed to specific individual students with intensive needs.