



ARIZONA DEPARTMENT OF EDUCATION

FY24 Equitable Services Obligation of Funds/Carryover Request Title I-A, Title II-A, Title IV-A

The last consultation of the funding year must include an end of year program review. This consultation will include an end of year program evaluation, discussions about any lapse in services, unexpended funds, and plans for any carryover. During this consultation, LEAs are required to complete the Obligation of Funds/Carryover Request document with an official from each participating private school. Both officials must initial each page. Additional pages may be attached so long as they are also initialed by each official.

Local Education Agency _____ CTDS _____

Private Nonprofit School _____ CTDS _____

Date and method the nonprofit private school was first notified of their allocation:

Title I-A	Title II-A	Title IV-A
Date		
Method/NA		

Date funds were obligated on behalf of the private school to begin services (PO sent to vendor/first date personnel service provided):

Title I-A	Title II-A	Title IV-A
Date		

_____ LEA Official's Initials _____ Private School Official's Initials _____ Date

- a. Describe any circumstance(s) around any lapse in service for each applicable fund as well as any solution attempts to remedy the pause or delay in services.
- b. Describe any changes that will be implemented to ensure that future lapses do not occur.

LEA Official:

Private School Official:

Title I-A Program Evaluation:

PROGRAM EVALUATION AND MODIFICATION - An LEA must annually evaluate the Title I equitable services it provides to determine the progress being made in meeting participating students' academic needs. (ESEA section 1117(a)(1)(A), (b)(1)(D)). As part of this process, each year the LEA must consult with appropriate private school officials to determine how the services will be academically assessed and how the results of that assessment will be used to improve those services. (ESEA section 1117(b)(1)(D)). In measuring annual progress, the LEA has the flexibility to group children in a manner that will provide the most accurate information about their progress. For example, the LEA may decide to group children by instructional method, grade level, school, or other appropriate basis. If the Title I program for the private school participants does not make the expected annual progress, the LEA must make modifications to the Title I program.

_____ LEA Official's Initials _____ Private School Official's Initials _____ Date

Formative: For each content area for which services were provided, please provide the agreed upon data source(s), frequency of assessment(s), and who administered the assessment(s).

Content Area	Content Area	Content Area
Data Source(s)		
Frequency		
Who Administered		

Summative: For each content area for which services were provided, please provide agreed upon data that was used to evaluate the overall effectiveness of the Title I-A Equitable Services program as well as who administered the assessment.

Content Area	Content Area	Content Area
Data Source		
Who Administered		

According to the data, the Title I-A program was successful in raising student achievement.

According to the data, the Title I-A program was NOT successful in raising student achievement.

LEA Official with Private School Official: If the Title I-A program was not successful, please describe what modifications will be made to implement a successful Title I-A program with an outcome of increasing student achievement.

_____ LEA Official's Initials _____ Private School Official's Initials _____ Date

Previous Year Approved Carryover (FY22 carried over into FY23

application): If carryover was approved from FY22, list the approved amount for each fund.

Title I-A, 3c			Title I-A, 3d			Title I-A, 3e			Title II-A			Title IV-A		
NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No
\$			\$			\$			\$			\$		

The following amounts must align with the LEA’s approved Completion Report.

Program	Budgeted Amount Final Private School Share + APPROVED Incoming Carryover from FY22	Remaining Balance including remaining FY22 carryover
Title I-A, 3c	\$	\$
Title I-A, 3d	\$	\$
Title I-A, 3e	\$	\$
Title II-A	\$	\$
Title IV-A	\$	\$

Private School Official: Indicate if carryover is not applicable, being requested, or is being waived for each applicable fund. If requested, indicate the amount requested by the private school. The decision to use other funds such as EANS in lieu of entitlement funds (waiving use of funds) is not a valid reason to request carryover.

Title I-A, 3c			Title I-A, 3d			Title I-A, 3e			Title II-A			Title IV-A		
NA	Yes	Waive	NA	Yes	Waive	NA	Yes	Waive	NA	Yes	Waive	NA	Yes	Waive
Amount Requested														
\$			\$			\$			\$			\$		

Please provide an explanation of why funds were not fully expended.

_____ LEA Official’s Initials _____ Private School Official’s Initials _____ Date

Private School Official:

I understand that carryover is added as additional funds and must be expended along with the original allocation during this funded period. It is our responsibility to work with the LEA to ensure funds, including carryover, are fully expended during this funding period. This includes timely response to LEA's requests, notifying the LEA of any conflict causing a disruption or lapse in service, any change in eligibility and ongoing communication about all agreed upon programs.

_____ Initials

_____ Name/Title

_____ Signature

_____ Date

LEA Official:

I understand that carryover is added as additional funds and must be expended along with the original allocation during this funded period. It is our responsibility to work with the nonprofit private school to ensure funds, including carryover, are fully expended during this funding period. This includes timely response to private school's requests, notifying the private school of any conflict causing a disruption or lapse in service, budget reconciliation updates, grant revisions and ongoing communication about all agreed upon programs.

_____ Initials

_____ Name/Title

_____ Signature

_____ Date

Carryover Requests Only (Email this entire form to privateschoolsombud@azed.gov)

ADE Use only:

Approved Carryover awarded at _____% (15% or 100%)

Title I-A, 3c	Title I-A, 3d	Title I-A, 3e	Title II-A	Title IV-A
Amount				

_____ Ombudsman Signature

_____ Date

_____ LEA Official's Initials
After Approval

_____ Private School Official's Initials
After Approval

_____ Date