

DEPARTMENT OF SPECIAL SERVICES  
Township of Union Public Schools  
M - E - M - O - R - A - N - D - U - M

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TO: Pat Ditri  
FROM: Donna Wozniak *DW*  
RE: Board Agenda Items  
DATE: September 24, 2013

The committee recommends and I so move that the board approve New Jersey Department of Education, Office of Special Education Programs, Contract for Conducting Post-School Outcomes Survey of Students With Disabilities in accordance with the information in the hands of each board member.

**New Jersey Department of Education  
Office of Special Education Programs  
Contract for Conducting Post-School Outcomes Survey of Students With Disabilities  
Cohort II: 2011-2012 Student Exiters  
June 1, 2013 to September 30, 2013  
District: Union Township**

**Purpose:**

In compliance with the Individuals with Disabilities Education Act (IDEA) 2004, all New Jersey districts must conduct a post-school outcomes survey of students with disabilities who have exited school within a designated year. The New Jersey Department of Education, Office of Special Education Programs (NJOSPEP) must report the results to the United States Department of Education, Office of Special Education Programs. Your district has been identified to participate in the survey of students with disabilities who exited school during the 2011-2012 school year. Students to be surveyed include students who graduated, aged out (age 21), dropped out (ages 14 and above) or moved and are not known to be continuing.

**Contract Terms:**

Your district is eligible to receive reimbursement, as needed, from the New Jersey Department of Education, Office of Special Education Programs for documented allowable expenses to complete the Post-School Outcomes Survey for **special education students who exited school during the 2011-2012 school year. Reimbursement is contingent upon completion of data collection requirements specified in this contract.**

Your district has reported 101 students with disabilities who exited school during this period. Based on this number of student exiters and the rate of completed surveys, your district is eligible to receive financial support not to exceed the maximum amounts specified below in this contract. These funds are to be used for the sole purpose of conducting the Post-School Outcomes Study. Actual compensation will be provided based on documented allowable expenditures required to complete this survey, completion of the data collection requirements and response rates.

**Funding Support:**

Your district is eligible to receive funding on a reimbursement basis as follows:

- For completion of the Demographic Profile (Part I)** on all exiting students with disabilities and completion of the Post School Outcome Survey (Part II), your district is eligible to receive up to a maximum amount of 2000 in foundational assistance for allowable expenditures.
- In addition to the foundational assistance, your district is eligible to receive supplemental funding according to the **rate of completed surveys (both Parts I and II) returned**, up to a maximum amount as follows:

**Maximum Funding Levels**

# Exiters	Foundational \$	Supplemental \$ ≥60%	Supplemental \$ ≥65%	Supplemental \$ ≥70%	Supplemental \$ ≥90%
<del>101</del>	2000	1000	2000	4000	6000

102 JB

**New Jersey Department of Education  
Office of Special Education Programs  
Contract for Conducting Post-School Outcomes Survey of Students With Disabilities  
Cohort II: 2011-2012 Student Exiters**

**Data Collection Activities:**

**In order to receive funding support**, your district must do the following:

- Verify the **number of exiters** prior to conducting the survey using the **Data Verification Form**.
- Return the signed contract by September 30, 2013** to Bob Haugh at the address specified below.
- Collect information for all student exiters using the Post-School Data Collection Protocol provided by NJOSEP. The survey protocol has two parts: Part I: Student Demographic Profile and Part II: The Post-School Outcome Survey.
- All surveys must be **legible and include**:
  - District name and identification number
  - Student survey number (3 digit number)
- Complete the **Student Demographic Profile (Part I) for all exiting students**.
- Conduct interviews to complete the **Post-School Outcome Survey (Part II)** for as many exiters as possible.
- Return all surveys in **one mailing** by September 30, 2013.
- Return an invoice (Attachment A) **along with the surveys**. The invoice must be accompanied by **supporting documentation of allowable expenditures**, for example: timesheets or logs to justify salary costs beyond the school day for after school, weekend or summer work; phone logs or bills; and photocopy bill or log. Districts should retain a copy of this documentation for audit purposes.

**Allowable Costs:** The following represent those costs **associated with conducting the Post School Outcomes Study** for which the LEA may claim expenses in accordance with the maximum amount identified in this contract:

- Personnel salary costs for conducting the study (e.g. weekends and evenings);
- Telephone;
- Photocopying or other duplication expenses;
- Office Supplies (i.e. envelopes, paper);
- Travel to interview students (reimbursement @ .31 per mile); and
- Postage

**Non-Allowable Costs:**

- Equipment
- Furniture

Upon receipt of the **completed surveys** satisfying the criteria specified in this contract and **an invoice** specifying **all allowable expenditures with accompanying documentation**, districts will receive payment. The terms of this contract include adherence to Attachments B-1 and B-2, Grant Terms and Conditions. The New Jersey Department of Education reserves the right to conduct an audit of the expenditures claimed by the LEA.

**New Jersey Department of Education  
Office of Special Education Programs  
Contract for Conducting Post-School Outcomes Survey of Students With Disabilities  
Cohort II: 2011-2012 Student Exiters**

- Return all surveys and budget detail to NJOSEP in one mailing no later than September 30, 2013.

**To: Bob Haugh**  
New Jersey Department of Education  
Office of Special Education Programs  
Post Office Box 500  
Trenton, New Jersey 08625-0500

**For the District of: Union Township**

**Tax ID #:** \_\_\_\_\_

\_\_\_\_\_  
Superintendent

Date: \_\_\_\_\_

\_\_\_\_\_  
Business Administrator

Date: \_\_\_\_\_

  
\_\_\_\_\_  
Director of Special Education

Date: 9/24/13

**For the New Jersey Department of Education:**

\_\_\_\_\_  
Sue Martz, Acting Assistant Commissioner  
Division of Student and Field Services

Date: \_\_\_\_\_

\_\_\_\_\_  
David Joye, Executive Director  
Office of State Budget & Accounting and Grants Management  
New Jersey Department of Education

Date: \_\_\_\_\_

**INVOICE**

State Performance Plan Indicator #14  
 Post School Outcome Study - Cohort II  
 Student Exiters 2011-2012

New Jersey Department of Education  
 Office of Special Education Programs  
 P.O. Box 500  
 Trenton, NJ 08625-0500

**District: Union Township**

**Tax ID #** \_\_\_\_\_

*I certify that all goods and services have been furnished or rendered and that no bonus has been given or received on account of said document.*

Kim Corbett  
 Director of Special Education

9/24/13  
 Date

For the Period: June 1, 2013 through September 30, 2013

Invoice Date: 09/23/2013

Description: Specify all expenditures and **attach documentation** supporting the use of funds to complete the Post School Outcomes Study for **Students With Disabilities Exiting School during 2011-2012**

Expenditures	Details of Expenditures	Amount Due
Personnel: (Salaries) Identify staff by position and name; specify tasks completed; specify hourly rate times number of hours and dates; identify as overtime. (Attach staff logs or timesheets to invoice.)		
	Personnel Subtotal	\$ <u>1931.63</u>
Telephone: (attach log or bills)		
	Telephone Subtotal	\$
Photocopying Cost: (specify # of pages and cost per page)		
	Photocopying Subtotal	\$ <u>0</u>

# INVOICE

State Performance Plan Indicator #14  
Post School Outcome Study - Cohort II

New Jersey Department of Education  
Office of Special Education Programs  
P.O. Box 500  
Trenton, NJ 08625-0500

Office Supplies Cost: (i.e. envelopes, paper - specify # of items and cost per item)	
	\$ 0
Supplies Subtotal	
Postage Cost: (specify # of mailings and cost per mailing)	
Postage Subtotal	0
Travel to conduct student interviews: (Attach a log indicating the name of the staff person; date of each trip; for each trip- student ID#, # miles x .31 per mile).	
Subtotal	Travel @ .31 per mile 0
<b>Total This Invoice</b>	<b>\$ 1931.63</b>