



STAC, Special Aids and Medicaid Unit

Harold Matott, Director

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January 25, 2013

TO: Authorized Municipality Representatives Pursuant to §4410 of Education Law

FROM: Edgar Waaler, Education Finance Specialist *Ed Waaler*

SUBJECT: Costs Incurred by the County for the Administration of §4410 of Education Law
During **July 1, 2011 – June 30, 2012**

Section 4410 of the Education Law entitles counties to receive administrative cost reimbursement of seventy-five (\$75) dollars per eligible preschool student with a disability. Enclosed is a "*Statement of County Administrative Costs Incurred Under Section 4410 of the Education Law, July 1, 2011 – June 30, 2012*", which must be completed and submitted to the STAC, Special Aids and Medicaid Unit by **March 6, 2013**. This reporting requirement and its purpose are stated in Section 4410.10 (e) (iii) of the Education Law.

Please complete the following information on the attached form:

Administrative Costs Incurred	Indicate the dollar amount of Administrative Costs incurred in the box opposite the appropriate Budget Category, and carry totals down to Line 8 and across to the Total Column.
Chief Administrator's Certification	The Chief Administrative Officer of the County must sign and date the Certification prior to submission.
Person Completing Form	The person completing the form should indicate his/her name and telephone number in order to expedite the resolution of any problems that may occur. Also indicate your e-mail address on the form if you have one available

A list of reimbursable county administrative costs, as defined by the Municipality Advisory Task Force, is enclosed for your use in completing the attached statement. Note that the BUDGET CATEGORY must be attributable to the processing of services mandated by and pursuant to §4410 of the Education Law.

REIMBURSABLE COUNTY ADMINISTRATIVE COSTS

LINE NO.	BUDGET CATEGORY (COST OBJECT)	REIMBURSABLE COST ITEM
1	Professional Salaries	Coordination of all Program Services: <ul style="list-style-type: none">• Program Services• Transportation• Financial Services
2	Support Staff Salaries	Secretarial / Clerical Support: <ul style="list-style-type: none">• Program• Transportation• Financial
3	Purchased Services	Necessary Consultant Services
4	Supplies and Materials	Supplies and Materials, including equipment having a unit value under \$300, used for program business.
5	Travel Expenses	Reimbursement for travel expenses of employed coordinator/support/other personnel incurred in program services.
6	Employee Benefits	Benefits paid by employer in conjunction with salaries for coordinator/support services.
7	Indirect Costs	Costs incurred by the county in support of, or in response to program activities, including storing and securing documentation of program business. Additional cost allocations made for other county agencies.

Please submit the completed form to the address listed below. If you have any questions regarding the completion of the form, please contact Jim DeMeo at (518) 474-7116.

New York State Education Department
STAC and Special Aids Unit
89 Washington Avenue, Room 514 EB
Albany, NY 12234

Attn: Jim DeMeo

Attachment

**THE STATE EDUCATION DEPARTMENT
STAC, SPECIAL AIDS & MEDICAID UNIT**

COUNTY NAME: _____

SED CODE NUMBER: _____

**STATEMENT OF COUNTY ADMINISTRATIVE COSTS INCURRED
UNDER SECTION 4410 OF THE EDUCATION LAW
JULY 1, 2011 – JUNE 30, 2012**

Line No.	Budget Category	Coordination of all Services	Secretarial/ Clerical Support	Other	TOTAL
1	Professional Salaries				
2	Support Staff Salaries				
3	Purchased Services				
4	Supplies & Materials				
5	Travel Expenses				
6	Employee Benefits				
7	Indirect Costs				
8	TOTAL EXPENDITURES				

Chief Administrator's Certification

I hereby certify that all expenditures reported on this report are directly attributable to allowable costs incurred by this county for the administration of Section 4410 Preschool Special Education during the period of July 1, 2011 through June 30, 2012 and have been incurred in accordance with applicable laws and regulations.

Date: _____ **Signature:** _____

Name and Title of Chief Administrative Officer:

**Please submit this statement of cost incurred and this certification to the STAC,
Special Aids and Medicaid Unit no later than March 6, 2013.**

Person Completing this Form: _____

Telephone: _____

Return form to:

**New York State Education Department
STAC, Special Aids & Medicaid Unit
89 Washington Avenue, Room 514 EB
Albany, New York 12234**