



**STAC and Special Aids Unit**

Maureen McCarthy, Coordinator

Reimbursement for Individuals in Special Education

89 Washington Avenue, Room 514 EB

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January 30, 2012

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

FROM: Maureen C. McCarthy

SUBJECT: Costs Incurred by the County for the Administration of Section 4410 of Education Law during **July 1, 2010 - June 30, 2011**

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, 2009 - June 30, 2010*", which must be completed and submitted to the STAC, Special Aids & Medicaid Unit by **March 9, 2012**. 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 Section 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: - Program Services - Transportation - Financial Services
2	Support Staff Salaries	Secretarial/Clerical Support: - 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 James DeMeo at (518) 474-7116.

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

**STAC, SPECIAL AIDS & MEDICAID UNIT**

COUNTY \_\_\_\_\_

NAME: \_\_\_\_\_

SED \_\_\_\_\_

CODE \_\_\_\_\_

NO: \_\_\_\_\_

**STATEMENT OF COUNTY ADMINISTRATIVE COSTS INCURRED  
UNDER SECTION 4410 OF THE EDUCATION LAW  
JULY 1, 2010 - JUNE 30, 2011**

Line No.	Budget Category (Cost Object)	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	<b>TOTAL EXPENDITURES</b>				

**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, 2010 through June 30, 2011 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 9, 2012.

Person Completing this Form: \_\_\_\_\_

Telephone: \_\_\_\_\_