



Arizona Department of Education Title I-A and Title VIII Equitable Services Carryover Request

Funds allocated to a local educational agency for educational services and other benefits to eligible private school children shall be obligated in the fiscal year for which the funds are received by the agency. [ESSA Sections 1117(a)(4)(B) and 8501(a)(4)(B)]. There may be circumstances, however, in which all funds are unable to be obligated within this timeframe in a responsible manner. Under these circumstances, the funds may remain available for the provision of equitable services under the respective program(s) during the subsequent school year. In determining how such carryover funds will be used, the LEA must consult with appropriate private school officials. [ESEA sections 1117(b) and 8501(c)].

Submission Deadline:

Please refer to the AZ [Equitable Services Carryover Process](#) for submission deadlines. Email this request form to PrivateSchoolsOmbud@azed.gov. Upon submission of carryover request to ADE, it will be reviewed for approval. Submit one request form per individual Local Education Agency (LEA). ADE results of the request will be provided to the PNP within 45 days, unless additional information is needed.

Funding Year: _____

Contact Information

LEA Providing Services _____ CTDS _____

LEA Contact _____ Phone _____ Email _____

PNP Receiving Services _____ CTDS _____

PNP Contact _____ Phone _____ Email _____

Participating Program(s)

	Check participating program(s) requesting carryover	Total calculated private school reservation (LEA to fill this section out)	Total private school proportionate share (PNP to fill this section out)	Amount of requested carryover
<input type="checkbox"/>	Title I, Part A			
<input type="checkbox"/>	Title I, Part C			
<input type="checkbox"/>	Title II, Part A			
<input type="checkbox"/>	Title III, Part A English Learner			
<input type="checkbox"/>	Title IV, Part A			

Carryover Justification

Check the identified circumstance(s) in which the LEA is requesting PNP equitable services carryover.

<input type="checkbox"/>	Closure of LEA or PNP school(s)	<input type="checkbox"/>	Natural disaster
<input type="checkbox"/>	LEA/PNP school safety issue(s)	<input type="checkbox"/>	ADE reasons
<input type="checkbox"/>	LEA delay access to program funds due to statutory or LEA delay in retaining staff and/or equipment/ supplies to provide equitable services	<input type="checkbox"/>	Professional development activities and/or other pre-planned equitable services canceled late in the year
<input type="checkbox"/>	LEA and/or PNP delay in administering or planning equitable services	<input type="checkbox"/>	Other
<input type="checkbox"/>	PNP complaint/ dispute(s) delayed services	<input type="checkbox"/>	PNP is waiving the funds available for carryover

Please provide specific details on the selected circumstance(s) selected above that impacted the program.

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Equitable Services Carryover Plan

Check the identified LEA's plan to reduce the private nonprofit equitable services carryover amount. You must select at least one option. If you select *Other*, describe the planned activities in the space provided.

<input type="checkbox"/>	Summer Program	<input type="checkbox"/>	Before and/or After School Academic Tutoring Services
<input type="checkbox"/>	Parent Involvement Activities	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Professional Development		

Provide specific details and dates for equitable services which will be provided to expend the carryover in the following fiscal year. Ex: Summer Program for Targeted Title I At-Risk students.

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PNP Certification

On behalf of the PNP, I certify: _____

1. Acceptance and compliance with all PNP requirements in ESSA, Sections 1117 and 8501.

Signature of PNP Official _____ Date _____

LEA Certification

On behalf of the LEA, I certify: _____

1. Acceptance and compliance with all PNP requirements in ESSA, Sections 1117 and 8501.
2. Submission date and the total LEA equitable services amount requested on the PNP Carryover to ADE will be shared with applicable PNPs no later than 7 days following submission.
3. Results from ADE will be shared with applicable PNPs within 14 days of receiving the response.

Signature of LEA Official _____ Date _____

For ADE Use

- ☐ Request for PNP carryover is approved.
- ☐ Request for PNP carryover is approved as specified below.
- ☐ Request for PNP excessive carryover waiver is not approved. More information is needed. See below.

Signature of Equitable Services Ombudsman _____ Date _____