

**Department of Early Education and Care
SPECIAL NEEDS FLEXIBLE FUNDING BUDGET REQUEST**

Provider's Name _____ Child(ren) Name(s) _____

Please Check Off: Income Eligible Contract _____ Teen Parent Contract _____ Program Type: _____

Who will need to submit this form?

Contracted providers and voucher providers requesting flexible pool funding for children with special needs need to submit this budget form with the *Flexible Funding Request for Children with Special Needs/Termination of Funding Form*. This budget may support approved requests for more than one child.

Are there limitations to this funding?

Yes, reimbursement is available only for approved services rendered and equipment purchased. The provider must keep documentation, which supports the delivery of these services, on file. Funding for the flexible pool is limited to the availability of funds and is not guaranteed beyond the approved end date. Salaries/wages for additional staff support should be based on comparable average salaries in the *Massachusetts Child Care Center & School Age Program Salary and Benefit Report*, on a consulting basis and fringe benefits will not be reimbursed. Capital budget items (useful life more than a year and cost above capitalization amount) will not be allowed.

What is the time period for this budget?

Funding will be approved for a number of months not to exceed 6 months and not extend beyond the end of a fiscal year (June 30th). Agencies may reapply one month prior to the end date of the approved funding by submitting another request.

If I am approved for funding, how will I bill?

Contracted providers, approved for funding, will need to **submit this budget form** with the *Flexible Funding Request For Children with Special Needs/Termination of Funding Form* and a separate Payment Voucher (PV) reflecting the maximum monthly total reimbursable amount calculated on page 2 of this form. Costs for any services not provided or equipment not purchased according to the request must be noted and deducted from this amount. Voucher providers will be reimbursed by the CCR&R, who will submit both forms and a separate PV to EEC for payment

BUDGET PERIOD

Number of Months in Period (neither to exceed 6 nor extend beyond the end of fiscal year.) _____

I. ADDITIONAL STAFF SUPPORT

			A	B	C	D	
Name of Staff	Position Title (Specify whether General or Specialized Staff)	General Summary of Duties	Hourly Rate	Hrs. per Day	Daily Rate (A x B)	Days per Budget Period	Total Amount (C x D)
SUBTOTAL							

II. TRAINING

Provider of Training	Description of Training	Cost of Training (Specific Unit Cost and Number of Units in Budget Period)	Total Amount
UBTOTAL			

III. SPECIALIZED EQUIPMENT (Capital budget items are not allowed. Furnishings and equipment must be movable)

Description of Equipment and Usage	Number of Units and Unit Cost	Total Amount
SUBTOTAL		
TOTAL (Add Subtotals I, II, and III)		

APPROVED START DATE: _____ END DATE _____
 (Must match approved start and end dates on the Flexible Funding Request for Children with Special Needs/Termination of Funding Form)

POLICY ADVISOR SIGNATURE: _____