ALLOCATIONS FOR SPECIALIZED TREATMENT CENTERS
For Special Education and Related Services of Students Kindergarten-Age 21
STC ALLOCATION APPLICATION/BUDGET INSTRUCTIONS FORM 1
Fiscal Year (FY) 2021 School Year (SY) 2020-2021

☐ CHILDREN'S FIRST TRUST FUND (CFTF)
☐ HIGH NEEDS SPECIAL EDUCATION (HNSE) OR
☐ STATE-APPROPRIATED PRESCHOOL (SAPP)

Applicant

Federal I.D. No. Beginning Date Ending Date
10/01/20 09/30/21

Name of Contact Person Address, Telephone No. & e-mail (fill out completely)

BUDGET SUMMARY/EXPENDITURES

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<th>Original</th>
<th>Amendment</th>
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<td>Expenditures</td>
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<td>FY20 Carryover Funds</td>
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CERTIFICATION:
By signing below, I certify that:
I am authorized in the minutes of the governing board of the Applicant STC to submit this application, amendment, or expenditure report for Special Education Support funds to assist with providing appropriate special education programs and services for all children with disabilities served in the STC. The Applicant is responsible for complying with all applicable state laws, regulations and requirements including the assurances contained herein and resolution of any audit exception(s). All expenditures billed by STC to the Alabama costs that are already offered, paid for or should be provided by other entities, or paid through other Department of Education will not duplicate payment for programs or agencies.

REASON FOR AMENDMENT:

Signature of Authorized STC Official: Date Signed:

(1)