# Title I Neutral Budget Methodology Exempt Template

**Template Instructions:** Complete each section of the template with the appropriate information. Finalize with signatures of authorized representatives.

**LEA name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEA’s Schools by Grade Span:**

Fill in the below tables for each grade span within the LEA. Add additional tables or rows as necessary to represent all grade spans and schools in the LEA. List each school in its respective grade span to document the exemption status of each grade span.

**Elementary Grade Span:**

|  |  |
| --- | --- |
| **School Name** | **School’s Title I status (Title I/non-Title I)** |
|  |  |
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|  |  |
|  |  |

The above grade span is (check the appropriate box):

\_\_\_ Exempt – Includes only Title I schools

\_\_\_ Exempt – Includes only non-Title I schools

**Middle School Grade Span:**

|  |  |
| --- | --- |
| **School Name** | **School’s Title I status (Title I/non-Title I)** |
|  |  |
|  |  |
|  |  |

The above grade span is (check the appropriate box):

\_\_\_ Exempt – Includes only Title I schools

\_\_\_ Exempt – Includes only non-Title I schools

**High School Grade Span:**

|  |  |
| --- | --- |
| **School Name** | **School’s Title I status (Title I/non-Title I)** |
|  |  |
|  |  |
|  |  |

The above grade span is (check the appropriate box):

\_\_\_ Exempt – Includes only Title I schools

\_\_\_ Exempt – Includes only non-Title I schools

**Based on the information above, the LEA is fully exempt from the Title I Neutral Budget Methodology as each grade span is exempt.**

**\_\_\_\_LEA Name\_\_\_\_\_\_\_\_** will maintain record of this exemption status and will present it to the AOE upon request as evidence of compliance with the Title I, part A Supplement, not Supplant requirement. **\_\_\_\_LEA Name\_\_\_\_** will review their status annually \_­­­\_\_\_**by XX/XX date, or during XX process\_\_**\_ and will update their records as needed to ensure the LEA continues to meet the Title I SNS requirement.

**Authorized Finance/Business Office Representative:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent of the LEA:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_