



CIM AMENDMENT

for Significantly Disproportionate LEAs

LEAs should submit the completed amendment to the California Department of Education (CDE) via email: SigDisp@cde.ca.gov. For more guidance to assist in filling the form out, please see the [Activity Handout: Amendment](#).

SECTION ONE

LEA Name:	Contact Name:
Contact Email:	Contact Phone Number:
Significant Disproportionality Indicator(s)/Element(s):	
CIM Plan – Stepwell Submission Year:	Date of Amendment Submission:
Reason for Amendment:	

SECTION TWO

POLICIES, PRACTICES AND PROCEDURES REVIEW

On what date was the review of Policies, Practices and Procedures (PPP), related to identification of contributing factors of significant disproportionality, completed?
What methods were used to publicly share PPP revisions and when did this occur?

SECTION THREE

Complete if ADL lists new area(s) of identification of significant disproportionality.

What is the new area of significant disproportionality? What are the contributing factors, including data, for this new area of significant disproportionality?
How were the Educational Partners involved in the review and discussion of these data?

SECTION FOUR

IDENTIFY TARGET POPULATION

What are the criteria for the target population to be served with the new CCEIS budget?
What are the estimated percentages of students by race/ethnicity in the described target population?
What is the estimated number of students in the target population that are currently <u>not</u> identified as needing Special Education?
What is the estimated number of students in the target population that are currently identified as needing Special Education?

SECTION FIVE

PROVIDE RATIONALE, INCLUDING DATA, FOR CHANGES TO THE MEASURABLE OUTCOMES AND ACTIVITIES

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SECTION SIX

CIM PLAN AMENDMENT

Continuation Key:

- o **EXP:** expanding the students served (e.g., new schools, different grade)
- o **EXT:** extending time of current services to the same group of students
- o **DEEP:** adding new resources to the Plan activities with the same students
- o **ADD:** new group of students **or** new activities with the same students due to a new indicator or additional contributing factors

Measurable Outcome # 1	
Baseline Data	
Indicator(s)/Element(s)	
Root Cause(s)	
Target Population	

Activity	Continuation Key	Staff Responsible for Implementation and Monitoring	Timeline	Data Sources/ Methods for Evaluating Progress	Fund Source(s) and Year(s) of CCEIS Funding
Activity 1.1: _____					
Activity 1.2: _____					

Duplicate the tables above for each additional Measurable Outcome and Activities.

SECTION SEVEN

CURRENT CIM PLAN CCEIS BUDGET ALLOCATION AMENDMENT

- Due to changes from the GAN.
- Due to amendments to the CIM Plan, as described above in Section Six.

Provide the allocation award year and amounts for Resource Codes 3310 and 3315 according to the LEA's most recent GANS.

Resource 3310 Allocation for ___ Year	Resource 3315 Allocation for ___ Year
\$	\$

In the box below, indicate the 15 percent set aside for each of the allocations the LEA will receive for resource codes 3310 and 3315:

CCEIS Resource 3312 3312 = 15% of 3310		CCEIS Resource 3318 3318 = 15% of 3315		Total CIM for CCEIS Budget (3312 plus 3318)
\$	plus	\$	equals	\$

Current Budget Line Items	<u>Brief Description</u> of Current CCEIS Activities	Amount for each CCEIS Activity
1000–Certified Salaries		\$
2000–Classified Salaries		\$
3000–Employee Benefits		\$
4000–Materials and Supplies		\$
5000–Services and Other Operating Costs		\$
5100–Contract Services (ICR cannot be used for Object Code 5100)		\$
5800–Contract Services*		\$
7300–Indirect Cost Rate (ICR) CDE-approved rate of ____ percent)		\$
Total Amount for Current CCEIS Activities.		\$

*Services for the same vendor are capped at \$25,000 in 5800 Budget Line. The remainder must be moved into the 5100 Budget Line.

CONFIRM UNDERSTANDING OF THE FUNDING PERIOD FOR THIS CCEIS BUDGET ALLOCATION

Dates of CCEIS Budget Period	Budget Expenditure Confirmation
July 1, ___ to September 30, ___	<input type="checkbox"/> By checking this box the LEA confirms that they will fully expend the CCEIS funds in accordance with applicable state and federal laws and guidance within the 27-month period.

SECTION EIGHT

NEW CCEIS BUDGET ALLOCATION

Provide the allocation award year and amounts for Resource Codes 3310 and 3315 according to the LEA's most recent GANS.

Resource 3310 Allocation for ____ Year	Resource 3315 Allocation for ____ Year
\$	\$

In the box below, indicate the 15 percent set aside for each of the allocations the LEA will receive for resource codes 3310 and 3315:

CCEIS Resource 3312 3312 = 15% of 3310		CCEIS Resource 3318 3318 = 15% of 3315		Total CCEIS Budget (3312 plus 3318)
\$	plus	\$	equals	\$

Budget Line Items	<u>Brief Description of CCEIS Activities</u>	Amount for each CCEIS Activity
1000–Certified Salaries		\$
2000–Classified Salaries		\$
3000–Employee Benefits		\$
4000–Materials and Supplies		\$
5000–Services and Other Operating Costs		\$
5100–Contract Services (ICR cannot be used for Object Code 5100)		\$
5800–Contract Services*		\$
7300–Indirect Cost Rate (ICR) CDE-approved rate of ____ percent)		\$
Total Amount for CCEIS Activities. The amount must equal the Total CCEIS Budget as indicated on the Budget Allocation Summary.		\$

*Services for the same vendor are capped at \$25,000 in 5800 Budget Line. The remainder must be moved into the 5100 Budget Line.

CONFIRM UNDERSTANDING OF THE FUNDING PERIOD FOR THIS CCEIS BUDGET ALLOCATION

Dates of CCEIS Budget Period	Budget Expenditure Confirmation
July 1, ____ to September 30, ____	<input type="checkbox"/> By checking this box, the LEA confirms that they will fully expend the CCEIS funds in accordance with applicable state and federal laws and guidance within the 27-month period.

SECTION NINE

FISCAL VALIDATION

LEA Business Fiscal Officer (Print Name & Signature)	Date Signed: Contact Phone:
SELPA Business Fiscal Officer (Print Name & Signature)	Date Signed: Contact Phone:

SECTION TEN

SIGNATURES

By signing below, the authorized personnel validate the accuracy of the information reported and agree to implement the Amendment.

Printed Name and Signature	Date
LEA Superintendent	
Special Education Director	
School Board Chairperson	
SELPA Director	

CDE Approval
