

Utah State Office of Education
IDEA ARRA Reimbursement Request Description

(Please attach to reimbursement request)

LEA: _____

1. Please provide a detailed description of the project, activity, and/or LEA use of IDEA ARRA funds:

Note: If salaries are included, please ensure that your maintenance of effort (MOE) will not be adversely affected.

2. Date of Completion:

3. Please describe how the expenditures will benefit students with disabilities enrolled in your LEA:

4. Please describe how the expenditures will improve your LEA's special education Program:

5. Did your LEA combine funds for the project/activity, if appropriate?

YES

N/A

If yes, please indicate which funding sources were utilized: