MARYLAND STATE DEPARTMENT OF EDUCATION

**DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES**

**Nonpublic Special Education Section**

**Public/Private Partnership**

**VERIFICATION AND ASSURANCES**

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| --- |
| **Local School System:** |

**Name of Partnership: School Year:**

This application is submitted to request State funding for a Public/Private Partnership.

The rationale and supporting documentation for placement in the Public/Private Partnership program are on file at the following site location:

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**The Signatures of the local school system** **special education director and the executive director of the nonpublic provider verify that all information in this application is correct and assure that all applicable compliance standards have been met. Information regarding compliance standards, delivery of services and fiscal management will be made available to MSDE upon request.**

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

 mm/dd/yyyy **LSS Special Education Director or Appointed Designee**

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

 mm/dd/yyyy **Executive Director for the Nonpublic Provider**

# MSDE, DSE/EIS, NONPUBLIC SPECIAL EDUCATION SECTION OFFICE USE ONLY

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| --- | --- |
| **Date Public/Private Partnership Application Received (**mm/dd/yyyy**)** |  |
| **Application Approved (Y/N)** |  |
| **Technical Assistance provided** |  |
| **Reviewer’s Comments, Date, and Initials (**mm/dd/yyyy**)** |  |