



SOUTH CAROLINA DEPARTMENT OF EDUCATION

WAIVER REQUEST TO EXCEED CARRYOVER LIMITATIONS TITLE I, PART A FUNDS

District Name: _____

Name and Title of Person Submitting this Request: _____

Email address: _____ Phone: _____

Please mark the check box below indicating that the District is requesting a waiver to exceed the 15% Title I carryover limitation. Only districts that received \geq \$50,000 in Current Funds for SY2023-2024 and wish to carry 15% or more are required to complete this form

☐ Title I, Part A (To exceed 15%, allowable once every 3 years)

Districts must respond to the items listed below in order to receive consideration for exceeding the carryover limitation.

1. Please describe why the district did not spend the awarded funds during the SY2023-2024 school year. Provide justification as to why the district should be considered to exceed the carryover limitation.
2. Describe actions/activities that will be implemented during the SY2023-2024 school year to ensure that funds will be expended and carryover funds, if any, will not exceed the limitation in the following year.

Districts receiving approval to exceed the 15% carryover threshold for the SY2023-2024 school year will not be allowed another carryover waiver until closing out the 2026-2027 school year.

All requests must be submitted in writing via email jrhodes@ed.sc.gov. The person submitting this request will be notified via email as to whether the carryover waiver request is approved or denied.