|  |
| --- |
| **New York State Nonpublic School Reimbursement Request Form for Academic Intervention Services (AIS)** |
|
| **School Name:** |   |
| **School BEDS Code:** |   |
| (School must have a BEDS code and have administered State 3-8 math and English - Language Arts examinations in the **2015-2016** School Year to be eligible) |
| **School OSC Vendor ID:**  |
| **School Address:**  |
| **Chief Administrator Name:**  |
| **School Telephone:**  |
| **Contact Name (if not Chief Administrator):**  |
| **Contact e-mail:**  |
| The total AIS allocations for nonpublic schools can be found at:[AIS\_2016-17\_Program\_Allocation\_Listing](http://www.p12.nysed.gov/nonpub/fundingopportunities/ais_yr1_posted.xlsx)

|  |
| --- |
| Total Allocation |
|  |

 |
|  |  |  |
| **Services/Materials Purchased for Professional Development****Please check any purchases that apply below, and then fill in costs for purchases and the vendor name in the appropriate columns to the right.** | **Amount (list amount spent, if any, on the purchase of this eligible item/service)** | **Vendor Name** |
|   |
| ** Teacher materials** (such as books, curricular guidelines, etc. not provided free by textbook vendor) Materials must be non-religious in nature and linked to improved instruction for struggling students in English language arts and mathematics.  |   |   |
| ** Student materials** (such as books, curricular guidelines, etc. not provided free by textbook vendor) Materials must be non-religious in nature and linked to improved instruction for struggling students in English language arts and mathematics.  |  |  |
| ** Workshop fees** (for example, NYS Learning Standards, assessment development, local curriculum development, using technology in the classroom, usage of data, addressing the needs of students with different learning styles, meeting the needs struggling students through AIS)  |   |   |
| ** Software materials** (for example, materials that will assess needs of struggling students, provide identified needs to teachers and/or provide focused repetition on the identified English language arts and/or mathematic needs of students)  |  |  |
| ** Professional Inquiry Group/ Professional Learning Communities**(facilitator for the group provided by a vendor, non-religious research and/or curricular materials related to English language arts and/or mathematics for the teacher)  |  |  |
| ** Costs of in-classroom coaching provided by a vendor** **(**no reimbursement permitted for school staff who provide internal coaching) |   |   |
| ** Other** (please submit materials describing purchase and demonstrating appropriateness for reimbursement under this program and expense eligibility will be determined by nonpublic program staff) |   |   |
| **TOTAL** |   |   |
| **AMOUNT ALLOCATED TO YOUR SCHOOL**  |   |   |
| **AMOUNT Remaining in Allocation** |   |   |

**Collaborating Agency**

**If your school will be pooling AIS funds with a consortium, a diocese, or other provider, please list the information requested below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Lead Entity BEDS CODE (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name Contact Phone # Contact E-mail

**AIS Certification**

I hereby certify that the expenditures reported have been incurred and calculated in accordance with all applicable statutes, regulations and guidelines; that the school at which the services were performed is not a for-profit entity; the claim is just and correct. No services have been provided directly to students, and any purchased services and materials are secular, neutral and non-ideological. Original itemized receipts and proof of payment for the purchases, services or travel of approved items must be submitted with your reimbursement request.

** (check only if applicable to your school) I hereby certify that the school listed is authorize to pool AIS funds with a consortium, a diocese, or other provider.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Original** Signature of Chief Administrator |  | Chief Administrator Name**(PLEASE PRINT)** |  Date  |
|  |  |  |  |
| Chief Administrator Email Address | Telephone Number | Fax Number |
| Person Completing Form**(PLEASE PRINT)** |  | Title of Person Completing Form |  |  Telephone Number |

**Please submit proof of payment and reimbursement request form to:**

**New York State Education Department Office of Grants Management,**

**89 Washington Avenue, Room 475 EBA,**

**Albany, New York 12234**