

School Year
7/1/04 – 6/30/05

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Grants Management
Room 475, EBA
89 Washington Avenue
Albany, NY 12234

Nonpublic School
CAP Reimbursement
October 2016

BEDS Code

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Institution code

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OSC Vendor ID

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School Name: _____

School Address: _____

I certify that this school had adopted and implemented a comprehensive attendance policy (CAP) pursuant to section 104.1(i) of the Regulations of the Commissioner of Education that was in effect during the 2004-05 school year and that this school is entitled to reimbursement for CAP expenditures as funds become available.

I further acknowledge that I understand and accept that CAP reimbursement will be based on the information contained in this school's 2004-05 school year MSA claim and BEDs enrollment on file with the NYS Education Department.

Original Signature of Chief
Administrator

Chief Administrator Name
(PLEASE PRINT)

Date

E-mail Address

Fax Number

Telephone Number