

<p align="center">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.</p>	<p align="center">Amount (list amount spent, if any, on the purchase of this eligible item/service)</p>	<p align="center">Vendor Name</p>
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> Workshop fees (topics that will improve instruction for struggling students in English language arts and mathematics, e.g., usage of data, addressing the needs of students with different learning styles, meeting the needs struggling students through AIS) *Please attach the syllabus for teacher workshops in which reimbursement is sought, along with proof of payment and proof of attendance (sign-in sheets or certificates of attendance).		
<input type="checkbox"/> 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) Note: hardware is not eligible for reimbursement through this grant.		
<input type="checkbox"/> 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)		
<input type="checkbox"/> Costs of in-classroom coaching provided by a vendor (no reimbursement permitted for school staff who provide internal coaching) Invoices from the vendor should minimally include the teacher(s) coached, subjects coached in, dates of service, and pricing.		
<input type="checkbox"/> Other (please submit materials describing purchase and demonstrating appropriateness for reimbursement under this program and expense eligibility will be determined by SORIS program staff)		
<p>TOTAL EXPENDITURES SUBMITTED</p>		

Collaborating Agency

(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.

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.

Original Signature of Chief
Administrator

Chief Administrator Name
(PLEASE PRINT)

Date

Chief Administrator Email
Address

Telephone Number

Fax Number

Contact Person
(PLEASE PRINT)

Contact Number

Contact Email

Please submit on or before March 31, 2020, proof of payment, supporting documentation & reimbursement request form to:

**New York State Education Department
State Office of Religious and Independent Schools (SORIS)
89 Washington Avenue, Room 1074 EBA,
Albany, New York 12234**

SED Internal Use Only:

Reviewer: _____ **Approved Amount:** _____ **Date:** _____

Payment Made by: _____ **Payment Amount:** _____ **Date:** _____