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November 2013

SPECIAL EDUCATION FIELD ADVISORY

FROM: James P. DeLorenzo 

SUBJECT: Modification Application for Approval to Expand and/or Modify a School-Age Approved Private School Program

The New York State Education Department (NYSED) has revised its application materials and will now accept applications from agencies seeking State approval to modify or expand an already approved school-age private school special education program. The "School-Age Approved Private School Modification Request Application for New York State Education Department Approval to Expand and/or Modify an Existing Private School for Students with Disabilities In-State or Out-of-State, *Day/Residential Program*" and related materials are available at <http://www.p12.nysed.gov/specialed/applications/schoolage-home.html>.

For all proposed modifications that involve expansion in capacity (e.g., adding classes, increasing class size) and/or changes to geographic region to be served beyond what the program currently serves, the applicant must, prior to submitting its application, receive written confirmation from NYSED's Office of Special Education, Special Education Quality Assurance (SEQA) Regional Office where the applying agency is located, that regional need has been established for the proposed program change(s). A copy of NYSED's determination of regional need must be attached to the application. Further information on the regional need process may be found at the website above.

Questions regarding this memorandum and the application may be directed to the P-12: Office of Special Education at (518) 473-6108 or to the SEQA Regional Office in your region.

Central Regional Office	(315) 428-4556
Eastern Regional Office	(518) 486-6366
Hudson Valley Regional Office	(518) 473-1185
Long Island Regional Office	(631) 952-3352
New York City Regional Office	(718) 722-4544
Western Regional Office	(585) 344-2002
Nondistrict Unit	(518) 473-1185



School-Age Approved Private School Modification Request Application

**For New York State Education Department Approval
to Expand and/or Modify an Existing Approved
Private School for Students with Disabilities
In-State or Out-of-State
*Day/Residential Program***

November 2013

**New York State Education Department
Office of P-12 Education: Office of Special Education
89 Washington Avenue, Room 309 EB
Albany, NY 12234**

518-473-6108

SPECED@MAIL.NYSED.GOV

<http://www.p12.nysed.gov/specialed/>

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MODIFICATION APPLICATION FOR SCHOOL-AGE APPROVED PRIVATE SCHOOLS

INSTRUCTIONS

THE INFORMATION CONTAINED IN THIS INSTRUCTION PACKET IS ORGANIZED ACCORDING TO THE FOLLOWING STEPS IN THE APPLICATION PROCESS:

- STEP 1: BEFORE SUBMITTING AN APPLICATION**
- STEP 2: COMPLETING THE APPLICATION**
- STEP 3: HOW TO SUBMIT THE COMPLETED APPLICATION**
- STEP 4: APPLICATION REVIEW AND APPROVAL PROCESS**

STEP 1: BEFORE SUBMITTING AN APPLICATION


- A. **Read all instructions carefully.** Incomplete applications or missing documentation will result in delays in the approval process.
- B. Applicants may not need to complete all sections of this application. Consult the Submission Requirements chart on page 4 which identifies the sections which must be completed based on the type of modification requested.
- C. Modifications which include an expansion of enrollment and/or changes to geographic region where the program will be located must first provide the Special Education Quality Assurance (SEQA) Regional Office with documentation that there is demonstrated need for the expansion. A Determination of Regional Need form **must be attached** to this application. For further information see <http://www.p12.nysed.gov/specialed/applications/schoolage/regionalneed.htm>.

STEP 2: COMPLETING THE APPLICATION

*** Please Read Instructions Carefully and Provide All Requested Information. ***

Applications must be typed.

To use the application as a “Form” document, it must be in restricted format.

- If using Word 2003, you must save it in a ‘lock’ mode as a form. To lock the form, hit the lock icon. 
- If using Word 2010, under the Developer tab on the ribbon, select Restrict Editing, check the box under number 2 and select Filling in forms from the drop-down box.

To enter information into the form, hit the tab key to bring you to the form field and type the information needed. Tab to the next form field. Save the document in locked form. If you unlock the document in the process of completing the application, you may lose already entered information.

Do not leave any applicable items blank. Mark not applicable items as “N/A”.

The New York State Education Department (NYSED) will only initiate an application review if all required components of the application are completed and the required documentation is provided.

Where the application calls for a narrative response, please type the response on the application form itself. Please do not indicate that the response is provided in an attachment, unless an attachment is specifically requested in the application.

Applicants may wish to review the Evaluation Criteria for each section of the application to determine if responses meet NYSED’s standard for acceptance at <http://www.p12.nysed.gov/specialed/applications/schoolage/evaluation.htm>.

An ORIGINAL and ONE COPY of the application must be submitted.

- Multiple modification requests from one program provider should be submitted on the same application form. The required documentation for each modification type must be included.
- Follow instructions for completing each required section as indicated in the application.
- For program related questions, contact your NYSED SEQA Regional Associate. For SEQA contact information, see <http://www.p12.nysed.gov/specialed/quality/regassoc.htm>

STEP 3: HOW TO SUBMIT THE COMPLETED APPLICATION

Before submitting the application, please confirm all required information and attachments have been provided.

Please send the original and one copy of the completed application and supporting documents to:

**New York State Education Department
P-12: Office of Special Education
Attention: Modification Application for Private School-Age Programs
89 Washington Avenue, Room 309 EB
Albany, NY 12234**

PLEASE NOTE: APPLICATIONS THAT DO NOT INCLUDE ALL DOCUMENTATION AT THE TIME OF SUBMISSION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

Questions concerning the completion or submission of this application may be directed to the P-12: Office of Special Education at (518) 473-6108.

STEP 4: MODIFICATION APPLICATION REVIEW AND APPROVAL PROCESS

- It is NYSED's intent to process Modification Applications for Private School-Age Programs within 45 calendar days of the receipt of complete application materials.
- Applicants may not implement the proposed modification request until written notification of approval by NYSED has been received.

**School-Age Approved Private School
Modification Request Application**

**For New York State Education Department Approval
to Expand and/or Modify an Existing Approved
Private School for Students with Disabilities
In-State or Out-of-State
*Day/Residential Program***

Required Information: The following information will be used to communicate with the applicant during the review of the application and for New York State Education Department (NYSED) electronic mailings.

Date submitted:	
Name of Applying Entity:	
Key contact person(s):	
Email:	
Telephone number:	

CERTIFICATION AND ASSURANCES STATEMENT

NAME OF APPROVED PRIVATE SCHOOL: _____

I hereby certify that I will comply with the requirements of Article 89 of the New York State (NYS) Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education and understand the program and fiscal requirements for operating an approved private school for students with disabilities.

The applicant also make(s) the following assurances pursuant to the Individuals with Disabilities Education Act (IDEA), Article 89 of the Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education:

- Parents of students will not be asked to make any payments in lieu of, in advance of or in addition to, State, school district or county payments for allowable costs for students placed according to NYS procedures.
- Instructional materials to be used in the program will be available in a usable alternative format, which meets the National Instructional Materials Accessibility Standard, for each student with a disability in accordance with the student's individualized education program (IEP).
- The program will not use any form of corporal punishment or aversive interventions, as such terms are defined in 8 NYCRR section 19.5, to modify a student's behavior.
- The program will, as applicable, provide each student served with all of the special programs and services recommended in the student's IEP at the recommended frequency, duration, and location.
- The program will cooperate with the school district, NYSED and other State oversight agencies in monitoring for compliance, effectiveness and fiscal integrity of the program.
- The program will provide data, records and reports to the referring school district, NYSED, and other State fiscal and program oversight agencies upon request.
- The program will conform to all applicable fire and safety regulations of the State and municipality in which the program is located and will submit building plans and specifications to fire and local law enforcement officials to ensure rapid access to the school(s) in the event of an emergency.
- The program will comply with NYSED's policies and procedures pertaining to the administration of medications to students.
- All special education instructional and extracurricular programs and services will be provided in nonsectarian, neutral settings.
- All board members and owners of private for-profit and not-for-profit agencies will complete NYSED training regarding their legal, fiduciary and ethical responsibilities within the first year of obtaining their role or within one year of such training being made available by the NYSED, whichever is later.
- The executive director, or any individual that will sign or certify the Consolidated Fiscal Report (CFR) on behalf of the program, will complete annual on-line CFR training as required by NYSED.
- No student with a disability will be removed or transferred from an approved program without the approval of the school district contracting for education of such student.
- The owner or operator of an approved program who intends to cease the operation of such school or chooses to transfer ownership, possession or operation of the premises and facilities of such school or to voluntarily terminate its status as an approved school will submit to the Commissioner of Education written notice of such intention not less than 90 days prior to the intended effective date of such action with a detailed plan which makes provision for the safe and orderly transfer of each student with a

disability who was publicly placed in such approved school in accordance with 8 NYCRR section 200.7(e).

- Changes to the program's approval will not be implemented without prior approval by NYSED.

I hereby certify that the information submitted in this application is true to the best of my knowledge and belief; and further, I understand that the proposed program shall operate consistent with the conditions of approval and in conformance with all applicable federal and State laws, regulations and policies; shall provide quality services in a necessary and cost effective manner and shall operate in conformance with the requirements of the Reimbursable Cost Manual of NYSED.

Signature:	
Date:	
Print/Type Name and Title:	

School-Age Modification Application – Submission Requirements

Instructions: Use this chart to identify the sections of the School-Age Modification Application you must complete.

<i>Complete the identified sections:</i>	<i>As required or If you are changing any of the following:</i>	<i>Check all that apply to this application:</i>
Contact Information	Required for all applicants	✓
Certification and Assurances	Required for all applicants	✓
Section 1: Applicant Information Items 1-8	Required for all applicants	✓
Items 9-16	Required only for changes to Applicant Information <ul style="list-style-type: none"> • Agency Name • Contact information • Ownership • Chief Executive(s)/Chief School Officials • Chief Financial Officer • Certified Public Accountant Firm 	<input type="checkbox"/>
Section 2: Location/Site Information	Required only for proposed changes in Location/Site Information <ul style="list-style-type: none"> • Additional site location, new facility or building/classroom not previously used • Removing a previously approved site 	<input type="checkbox"/>
Section 3: Program Operation Modification(s)	Required only for proposed changes to Program Operation <ul style="list-style-type: none"> • Class Size • Hours of Operation • 10-month/12-month program calendar • Population to be Served • Number of Classes (Reduction or Expansion) • Addition or deletion of Related Services provided • Change in Day/Residential status 	<input type="checkbox"/>
Section 4: Staffing	Required only for proposed changes to Location/Site Information and/or Program Operation Modifications which require changes in Staffing numbers or types	<input type="checkbox"/>
Section 5: Program Budget	Required only for proposed changes that affect the current certified tuition rate(s) and meet the criteria for rate appeals (e.g., class ratios, enrollment, staffing, added locations)	<input type="checkbox"/>
Section 6: Character and Competence	Required only for change in the Chief Executive Officers/Chief School Officials/Owners	<input type="checkbox"/>
Section 7: Governance	Required only for change to the ownership of the provider agency	<input type="checkbox"/>

SECTION 1: APPLICANT INFORMATION

All Applicants must complete items 1-8. Complete items 9-15 if you are notifying NYSED of any changes to those items. Place a check in the box beside the number (e.g., 1.) for those item(s) which have changed since issuance of previous program approval letter.

1. <input type="checkbox"/>	Legal Name of Applying Agency		
2. <input type="checkbox"/>	Assumed Name or Doing Business As (DBA), if applicable		
3. <input type="checkbox"/>	Mailing Address of Agency Administrative Office	Street	
		City	State Zip Code
4. <input type="checkbox"/>	County and School District where Administrative Office is Headquartered	County	
		School District	
5. <input type="checkbox"/>	Telephone/Email Address of Administrative Office	Fax Number of Administrative Office	
6. <input type="checkbox"/>	Area Code Number Ext.	Area Code Number	
7. <input type="checkbox"/>	Federal ID Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. <input type="checkbox"/>	Agency/District 12-digit NYSED Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9. <input type="checkbox"/>	Name and Title of Chief Executive(s)/Chief School Official(s) (CEO)	Name	
		Title	
		Telephone	Fax Number Email Address
10. <input type="checkbox"/>	Primary residence of CEO	City	State
11. <input type="checkbox"/>	Contact Person for the Education Program	Name	
		Title	
		Telephone	Fax Number Email Address
12. <input type="checkbox"/>	Chief Financial Officer (CFO)	Name	
		Title	
		Telephone	Fax Number Email Address

13. <input type="checkbox"/>	Certified Public Accountant (CPA) Firm	Name of CPA Firm		
		Name of CPA		
		Title		
		Telephone	Fax Number	Email Address
14. <input type="checkbox"/>	For Residential School Applicants: Contact person for the State agency(ies) that license or certify the residential component.	State Agency		
		Name of Contact Person		
		Title		
		Telephone	Fax Number	Email Address
15. <input type="checkbox"/>	For Out-of-State Applicants: Contact person for the state educational agency (SEA) in the state where the school is located.	State Educational Agency		
		Name of Contact Person		
		Title		
		Telephone	Fax Number	Email Address
16. <input type="checkbox"/>	Private Entity	<input type="checkbox"/> Corporation (Specify Type and Date of Incorporation) _____ <input type="checkbox"/> Partnership (Specify Type and Date of Formation) _____ <input type="checkbox"/> Professional Limited Liability Company (PLLC) (Specify: _____) <input type="checkbox"/> Limited Liability Company (LLC) (Specify: _____) <input type="checkbox"/> Other (Specify Type and Date of Formation) _____		
	Indicate whether this is a domestic or foreign entity?	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign		
	Nonprofit	<input type="checkbox"/> Regents Charter <input type="checkbox"/> Education Corporation (Regents Certificate of Incorporation) <input type="checkbox"/> Other not-for-profit corporation or organization		

If there are any changes to items 14 and/or 16, applicant must attach as applicable: a copy of the Certification of Incorporation with purpose section or registration pursuant to New York Business Law, Certificates or Amendments along with the related consent(s) of the Commissioner of Education, Articles of Organization (for PLLC, LLC), Regents Charter, Regents Certificate of Incorporation, or other legal authorizing documents if operating under another State agency or another not-for-profit structure. Also attach any related amendments, certificates of assumed name, and tax exempt documentation from the Internal Revenue Service (IRS).

SECTION 2: SITE INFORMATION

Complete this section if you are proposing any changes to administrative and/or instructional locations. Copy and attach additional pages if necessary.

If any part of this modification involves construction or renovation, you cannot begin until you receive all necessary written approvals. See http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CapitalProjects/home.html for further information on requirements for Capital Construction Project approval. (Only those capital construction projects resulting in changes to or added sites or classrooms require a modification application.)

Describe the proposed modification and provide a narrative rationale for the proposed change.

Complete only for those sites to be added, deleted and/or when there is a change to contact information:

Name of Site 1		<input type="checkbox"/> Owned	<input type="checkbox"/> Adding this site
		<input type="checkbox"/> Leased / Rented	<input type="checkbox"/> Deleting this site
		<input type="checkbox"/> Change in contact information	
Street			
City		State	Zip Code
County		School District	
Name and Title of Site Supervisor			
Telephone		Email Address	
Purpose of Site (check all that apply) <input type="checkbox"/> Administration (e.g., administrator's offices, staff offices, record storage) <input type="checkbox"/> Instructional space <input type="checkbox"/> Other, specify			
Is this building used for any other purpose or by any other entity? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):			

Name of Site 2		<input type="checkbox"/> Owned <input type="checkbox"/> Leased / Rented	<input type="checkbox"/> Adding this site <input type="checkbox"/> Deleting this site <input type="checkbox"/> Change in contact information
Street			
City		State	Zip Code
County		School District	
Name and Title of Site Supervisor			
Telephone		Email Address	
Purpose of Site (check all that apply) <input type="checkbox"/> Administration (e.g., administrator's offices, staff offices, record storage) <input type="checkbox"/> Instructional space <input type="checkbox"/> Other, specify			
Is this building used for any other purpose or by any other entity? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):			

Name of Site 3		<input type="checkbox"/> Owned <input type="checkbox"/> Leased / Rented	<input type="checkbox"/> Adding this site <input type="checkbox"/> Deleting this site <input type="checkbox"/> Change in contact information
Street			
City		State	Zip Code
County		School District	
Name and Title of Site Supervisor			
Telephone		Email Address	
Purpose of Site (check all that apply) <input type="checkbox"/> Administration (e.g., administrator's offices, staff offices, record storage) <input type="checkbox"/> Instructional space <input type="checkbox"/> Other, specify			
Is this building used for any other purpose or by any other entity? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):			

For each program site listed above, attach copies of Building Lease(s) or Amortization Schedule(s) (as appropriate).

- Site 1 attached**
 Site 2 attached **NA**
 Site 3 attached **NA**

A. Health and Safety Compliance

Complete only for proposed additional sites:

Documentation Required	Attached
1. Certificate of Occupancy	Site 1: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/>
2. Fire Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved. ¹	Site 1: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/>
3. Building Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved.	Site 1: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/>
4. Fire/Disaster Evacuation Plan including procedures to evacuate nonambulatory individuals. (For additional information, see http://www.p12.nysed.gov/facplan/articles/EmergencyEvacuation2.htm)	Site 1: <input type="checkbox"/> Site 2: <input type="checkbox"/> NA: <input type="checkbox"/> Site 3: <input type="checkbox"/> NA: <input type="checkbox"/>
5. Is the building used for instructional purposes in the summer?	No attachment needed. Yes No NA Site 1: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 2: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 3: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, is the building air conditioned? If no, describe for each site how climate will be controlled to ensure students can comfortably and safely attend during the summer months.	Yes No NA Site 1: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 2: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Site 3: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

¹ The program must conduct at least 12 fire drills during the school year, eight of which must be held between September 1 and December 1 of each school year. A fire drill log, specifying time conducted, evacuation time and any difficulties encountered during the fire drill will be maintained. For programs operating on a 12-month basis, an additional two fire drills are required to be conducted during the months of July and August.

B. Floor Plans

Complete only for proposed additional sites.

Documentation Required	Attached			
	Yes	No	NA	
Submit clear, legible line drawings showing the floor plans, which need not be blueprint quality. If there are multiple sites, attach one line drawing for each site. Information on line drawings must clearly indicate:	Site 1:	<input type="checkbox"/>	<input type="checkbox"/>	
	Site 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Special education program room labels and square footage for each space:</p> <ul style="list-style-type: none"> • Office space (indicate number of staff designated in each space/room) <ul style="list-style-type: none"> ○ Administrative ○ Staff • Related services space <ul style="list-style-type: none"> ○ Therapy type ○ Instructional group size(s) • Classrooms <ul style="list-style-type: none"> ○ Classroom staff to student ratio to be served • Other spaces, for example <ul style="list-style-type: none"> ○ Record storage ○ Staff lounge ○ Maintenance ○ Utilities 				
<p>b. Building space utilized for purposes other than operation of the approved private school program:</p> <ul style="list-style-type: none"> • 4410 preschool program • Early childhood programs • Day care • Adult programs • Community agencies • Public vendors/shops/business • Other (specify on plans) 				

C. Accessibility

Complete only for proposed additional sites.

Documentation Required	Yes			No			NA		
	Site 1	Site 2	Site 3	Site 1	Site 2	Site 3	Site 1	Site 2	Site 3
<p>1. Exterior Routes: People with disabilities should be able to arrive on site, approach the building, and enter as freely as everyone else. At least one route of travel should be safe and accessible for everyone, including people with disabilities. This route must include handicapped parking, curb cuts, ramps, and automatic door operators as necessary to enter the building.</p> <p>For each site, identify whether there is an accessible exterior route as specified above.</p>	Site 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Interior Route, Access to Goods and Services, and Restroom Facilities: The layout of the building should allow people with disabilities to obtain materials or services and use the facilities without assistance. This should include access to general purpose and specialized classrooms, public assembly spaces (such as libraries, gymnasiums, and auditoriums), nurse's office, main office, and restroom facilities. Services include drinking fountains, telephones, and other amenities.</p> <p>For each site, identify whether there is an accessible interior route as specified above.</p>	Site 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Required	Attached (Y/N/NA)								
	Site 1	Site 2	Site 3						
3. Accessibility based on the Americans with Disabilities Act (ADA)									
a. Architect's letter submitted by architect or engineer or organization familiar with public buildings and ADA									
b. If any areas have been identified as noncompliant with ADA, include evidence of resolution of the issues.									
c. Or, submit a written plan of how you will accommodate persons with disabilities in accessing the functions and/or services provided in the building.									

SECTION 3: PROGRAM OPERATION MODIFICATION(S)

A. Program Types

Specify the program type for which you are applying for modification approval.

Program Types	Requesting Approval	Program Calendar
Day School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10-month (September – June) <input type="checkbox"/> 12-month (July – June)
Residential School	<input type="checkbox"/> Yes <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> No	<input type="checkbox"/> 10-month (September – June) <input type="checkbox"/> 12-month (July – June)

B. Description of Program Modification

Complete each section as applicable to the proposed modification.

Describe the proposed modification and provide a narrative rationale for the proposed change(s):

1. Population to be served:
 Disability categories to be served in the program (check those that apply):

Disability Category	Current	Proposed	Disability Category	Current	Proposed
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Deaf-Blindness	<input type="checkbox"/>	<input type="checkbox"/>	Other Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment (including blindness)	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>			

Ages: Current: Proposed:

Enrollment capacity²: Current: Proposed:

Student Management Needs:

- Students will primarily need specialized instruction and will not have management needs that interfere with the instructional process.
- Students' management needs will be highly intensive, requiring a high degree of individualized attention and intervention.
- Students' management needs will be intensive and require a significant degree of individualized attention and intervention.
- Students will have severe multiple disabilities and their programs will consist primarily of habilitation and treatment.

2. Changes to total number of special classes proposed:

Current: Proposed:

3. For each special class, indicate the maximum class size³, age range of the students, instructional levels and the number of teachers, teaching assistants, teacher aides and other professionals assigned to each class.

	Class 1	Class 2	Class 3	Class 4	Class 5
Maximum Class Size					
Age Range of Students					
Instructional Levels					
Number of Certified Special Education Teachers					
Number of Certified Teaching Assistants					
Number of Teacher Aides					
Other Professionals Assigned to Each Class (List Separately)					

² Programs must provide instruction to a minimum of 16 NYS publically placed students with disabilities.

³ The maximum class sizes must be consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and be proposed as one or more of the following:

- o 12 students to one teacher (plus additional staff)
- o 8 students to one teacher (plus additional staff)
- o 6 students to one teacher (plus additional staff)

No other class size options will be considered (e.g., 7 students to one teacher plus additional staff).

4. Proposed changes to the related services to be provided to meet the IEPs of students enrolled in the program:

Identify the type of service(s):

Projected caseloads (numbers only) of related services providers:

5. Program Schedule

Attach a sample daily schedule of instructional activities from arrival to dismissal. Note that each school day must provide not less than 5 hours of instruction at the elementary level and 5 1/2 hours of instruction at the middle/secondary level, including related services, but excluding transportation and lunch.

Provide the proposed total number of instructional hours per day for the program:

Identify the specific times when instruction will occur:

	Morning Instructional Time		Afternoon Instructional Time	
	Start	Finish	Start	Finish
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Notations: (optional)

Attach operational (school year) calendar

SECTION 4: STAFFING

All applicants must provide narrative responses for questions 1-3 and complete the Program Staffing Summary table.

1. Describe the proposed staffing plan for the program:
2. Describe how the proposed staffing will meet the needs of the students to be served without reliance on one-to-one aides:
3. Describe how the proposed staffing will ensure appropriately qualified individuals will be available to provide instruction to students during staff absences (i.e., substitutes):

Complete Program Staffing Summary (copy and attach additional sheets as needed)

Personnel Name	Job Title	Type of NYS Certification or License held, if applicable <input type="checkbox"/> Attach copies	Certificate/License and NPI Number, if applicable <input type="checkbox"/> Attach copies	Hours Per Week for Administrative Duties	Specify Staff (S), Contract (C) or per diem (P)	Hours Per Week for School-age program	Hours per Week for Other Programs within this Agency	Total Hours Per Week (not to exceed 40)
IN ADMINISTRATIVE TITLES:								
IN TEACHING TITLES:								
IN SUPPLEMENTARY SCHOOL PERSONNEL TITLES:								
IN RELATED SERVICE TITLES:								
OTHER:								

Note: Any staff person functioning as a supervisor for more than 25 percent of his or her scheduled time must hold an appropriate administrative certification.

SECTION 5: BUDGET INFORMATION

Completion of Section 5 is required only as applicable to proposed modifications that would affect the current certified tuition rates and meet the criteria for rate appeals pursuant to section 200.9(f)(3)(i).

Projected Personal Services – General Information for completing Schedule 1

In Schedule 1, report projected salaries of Nondirect Care (Administration/Facility) and Direct Care (Instructional, Social Services and Related Services) staff by job classification using the applicable job titles listed below as a guide. These job titles may also be found in Appendix R (pgs. 134-143) of the Consolidated Fiscal Report Manual at http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/home.html.

The total salaries must reconcile with the projected expenditures reported on line 1, "Salaries," on Schedule 3 "General Program Budget."

Nondirect vs. Direct Care Position Classifications

Nondirect Care Positions	Direct Care Positions
Executive Director/Superintendent	Teacher – Substitute
Finance Director/Business Official	Teacher – Special Education
Program Administrator/Supervisor	
Administrator	Teaching Assistant, Teacher Aide – Students with Disabilities
Accountant/Bookkeeper	
Office Related	Psychologist
Maintenance Worker	Social Worker
Other (Specify)	Speech and Language Pathologist
	Physical Therapist
	Occupational Therapist
	Occupational or Physical Therapy Assistants
	Other (Specify)

The full-time equivalent (FTE) should be rounded to three decimal places (.000). The standard formula for calculating an employee's FTE is as follows:

$$\frac{\text{Total Hours of Projected Employment}}{\text{Standard Work Week Hours} \times 52 \text{ Weeks}}$$

Complete Schedules 1-3

Schedule 1: Projected Personal Services

Nondirect Care – Administration/Facility

Job Title/Job Code	Salary	FTE
Total (Must reconcile with Schedule 3, Line 1)		

Direct Care – Instructional and Related Services

Job Title/Job Code	Salary	FTE
Total (Must reconcile with Schedule 3, Line 1)		

Note: Nondirect and Direct Care Job Titles must conform to the chart at the beginning of Section 5: Budget Information.

Schedule 2: Projected Contracted Services (other than personal services)

In Schedule 2, provide information relating to contracts with individual consultants or other contractors expected during the year. The total amount should reconcile to Line 9, "Contracted Services," on Schedule 3 "General Program Budget."

Type of Contracted Service	Hours of Service	Total to be Paid (Direct Care)	Total to be Paid (Nondirect Care)
Total (Must reconcile with Schedule 3, Line 9)			

Schedule 3: General Program Budget

Account	Nondirect Care	Direct Care
Personal Services:		
1. Salaries		
2. Social Security		
3. Insurance (life and health)		
4. Pension and retirement		
5. Worker's Compensation, Unemployment Insurance, NYS Disability		
6. Other Fringe Benefits (specify)		
7. Total Personal Services (Sum of Lines 1-6)		
Other than Personal Services (OTPS):		
8. Travel		
9. Contracted Services		
10. Supplies and Materials		
11. Repairs and Maintenance		
12. Staff Training		
13. Audit/Legal		
14. Office Supplies/ Postage		
15. Utilities/Phone		
16. Lease/Rental Vehicle		
17. Lease/Rental Equipment		

Account	Nondirect Care	Direct Care
18. Depreciation – Vehicle		
19. Depreciation – Equipment		
20. Lease/Rental Property		
21. Leasehold and Leasehold Improvements		
22. Depreciation Building		
23. Depreciation – Building Improvements		
24. Depreciation – Land Improvements		
25. Interest – Mortgage		
26. Insurance – Property/Casualty		
27. Other (Specify)		
28. Total OTPS (Sum of Lines 8-27)		
29. GRAND TOTAL (Sum of Lines 7 and 28)		

SECTION 6: CHARACTER AND COMPETENCE REVIEW

Copy and complete this section and accompanying affidavit form for each Owner/Chief Executive Officer/ and/or Chief Administrator or Executive Director who may fulfill the role and responsibilities of a Chief Executive/Administrator, or a portion of these duties.

1. Name of Chief Executive Officer/Owner/Administrator(s)	
2. Primary Residence City: _____ State: _____	
3. Business Address	Street _____
	City _____ State _____ Zip _____
4. Occupation	
5. Educational History <input type="checkbox"/> Attach résumé	
6. Certification(s)/License(s) <input type="checkbox"/> Attach copies of certification(s)/license(s) Were your certificates/licenses ever refused? <input type="checkbox"/> Yes <input type="checkbox"/> No revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No subject to other disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
7. Community and philanthropic experience	
8. Years of experience in the field of human services	
9. Years of experience in a supervisory or management capacity	
10. Indicate if you hold any other positions of employment	

Yes No

If yes, indicate the name of the employer, the job title, job responsibilities and the number of hours employed per week at the external position.

11. Identify any current and previous association(s) with a human services agency or vendor. Specify the positions held (e.g., employee, owner, executive director, member of the board of directors).

12. Indicate if you have been employed by or have been a board member of an agency that has been cited for findings of waste, fraud, abuse, or wrongdoing, including but not limited to the unlawful acquisition, use, payment or expenditure of agency or program funds.

Yes No

If yes, indicate which agency and in what capacity you were associated with the agency during the time of these findings.

13. Have you had affiliations with any program whose approval was revoked or suspended by NYSED or another State or federal agency?

Yes No

If yes:
Provide the name of the program(s) and State oversight agency(ies):

Indicate what your affiliation was to the program:

14. Have you had affiliations with any program or entity that has been subject to past, current or pending disciplinary action, disallowance, fine or other penalty by NYSED or another State or federal agency?

Yes No

If yes:

Provide the name of the program(s) and State oversight agency(ies):

Indicate what your affiliation was to the program:

15. Have you ever been convicted of a crime by a federal or State court in any jurisdiction?

Yes No

If yes:

What was the criminal offense(s):

Was the criminal offense(s) a misdemeanor or felony?

16. Do you currently have any criminal charge(s) pending against you in a federal or State court in any jurisdiction?

Yes No If yes, provide an explanation:

17. Affidavit:

I, _____, declare that, to the best of my knowledge, the information above is true, correct and complete.

Signature: _____ Date: _____

Acknowledgment of Individual

STATE OF NEW YORK

COUNTY OF _____

On the _____ day of _____ in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

Printed Name: _____

My Commission Expires: _____

SECTION 7: GOVERNANCE AND INTERNAL CONTROLS

The governance structure for for-profit entities is prescribed by the Business Corporation Law, Limited Liability Company Law or Partnership Law, as applicable.

Various provisions of the Education Law, Not-for-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon The University of the State of New York institutions and the trustees/board members who run them.

For purposes of this application section, governance for a program means a combination of individuals filling executive and management roles, program oversight functions organized into structures, and policies that define management principles and decision making.

Narrative Information

The agency’s owners or founding group/prospective Board of Trustees are required to read the most current version of the NYSED Reimbursable Cost Manual “Statement on the Governance Role of a Trustee or Board Member” and complete this section. An agency whose governance structure does not contain a Board of Trustees or Board Members must read the “Statement on the Governance Role of a Trustee or Board Member” and adhere to the governance and oversight principles to the greatest extent practicable and should describe, in the answers below, how its proposed governance structure will fulfill similar oversight responsibilities in order to ensure proper administration and accountability of the agency.

1. Describe the governance structure, as applicable, of the proposed program.
2. Explain the procedures to be followed in instances where an individual’s personal or business interests may be advanced by an action of the governing structure of the agency.
3. Explain the agency’s policy that would prohibit impermissible nepotism in hiring and other institutional business.
4. Disclose any and all at-arm’s-length relationships as well as any affiliations/relationships with other entities that accept public funds including, but not limited to, Early Intervention providers, agencies providing related services and approved preschool programs.

5. Describe the role of the individuals filling executive and management roles, and as applicable individuals with ownership interest, in establishing policies that define management principles and decision making.

6. Provide a description of how periodic operating financial reviews and reports will be submitted and reviewed by the agency's governing structure, including how the agency's governing structure will perform a review of all claims and ensure proper itemization and documentation necessary for the approval of the agency's expenditures. If the governing structure delegates this function to an individual(s) holding an executive or management role, the description outlines the format and frequency of reports that will be made directly to the agency's board or owners. In the case of an agency that is structured as a sole proprietorship, this review function must be performed by an individual separate from the sole proprietor.

State the relationship the reviewer has with the agency.

7. Provide a narrative description showing that individuals filling executive and management roles reside within a geographic region in reasonable proximity to the program(s) to ensure appropriate and timely on-site oversight of the program.

8. Provide a description of the internal controls that will be established to ensure that the program is operating effectively and efficiently in all program and fiscal matters. Include information on internal controls relating to each of the following:

- a. Ensuring a *quality control environment*:
- b. Performing a *risk assessment*:
- c. Designing effective *policies and procedures*:
- d. Providing clear *communication* throughout the school/agency:
- e. Conducting ongoing *monitoring* of policies and procedures:

9. Attach a copy of the agency's Code of Ethics. The Code of Ethics must as a minimum include a Conflict of Interest policy, a policy outlining the procedure for reporting fraud, waste and abuse, and a whistleblower policy protecting employees from retaliation for disclosing information concerning acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior.

**SCHOOL-AGE APPROVED PRIVATE SCHOOL
 MODIFICATION REQUEST APPLICATION
 FOR NEW YORK STATE EDUCATION DEPARTMENT
 APPROVAL TO EXPAND AND/OR MODIFY AN
 EXISTING APPROVED PRIVATE SCHOOL FOR STUDENTS WITH DISABILITIES
 IN-STATE OR OUT-OF-STATE
 DAY/RESIDENTIAL PROGRAM**

EVALUATION CRITERIA – STANDARD FOR ACCEPTANCE

REGIONAL NEED CERTIFICATION STATEMENT

The Certification Statement verifying regional need for the proposed program was signed by the Regional Associate and the Supervisor of the Special Education Quality Assurance (SEQA) regional office and is attached to the application.

CERTIFICATION AND ASSURANCES STATEMENT

The original or electronic signature of the chief administrative officer of the proposed program must be provided on the certification and assurances statement.

SECTION 1: APPLICANT INFORMATION

- Application must be typed; no handwritten applications will be accepted.
- All applicants must complete items 1-8. (Items 9-15 only need to be completed if applicant is indicating a change to any of those items.)
- If there are changes to items 14 and/or 16, the following documents must be attached to the application:
 - a copy of the Certification of Incorporation with purpose section or registration pursuant to New York Business Law;
 - Certificates or Amendments along with the related consent(s) of the Commissioner of Education;
 - Articles of Organization (for PLLC, LLC);
 - Regents Charter;
 - Regents Certificate of Incorporation;
 - other legal authorizing documents if operating under another State agency or another not-for-profit structure; and
 - any related amendments, certificates of assumed name, and tax exempt documentation from the Internal Revenue Service (IRS).

SECTION 2: SITE INFORMATION

Category	Evaluation Criteria – Standard for Acceptance
Description of proposed modification and	<ul style="list-style-type: none"> • The proposed modification is clearly described and includes a narrative description of the conditions of any site changes.

rationale for change	<ul style="list-style-type: none"> • The rationale clearly explains why this site change is necessary. • The justification makes sense and the proposed move is consistent with the justification.
Site Information	<p>Regional Associate conducts a site visit to verify that:</p> <ul style="list-style-type: none"> • address and contact information are accurate; • building use as described in the narrative proposal and the site information is consistent; and • building is appropriate for the population being served.

A: HEALTH AND SAFETY COMPLIANCE

Category	Evaluation Criteria – Standard for Acceptance
1. Certificate of Occupancy	There is a certificate of occupancy for each site which clearly shows the Agency or Municipality that issued the document; the acceptable uses for the space which must include educational purposes and building and room capacities that match the applicant’s proposed use of the space.
2. Fire Inspection Report	<ul style="list-style-type: none"> • Fire inspection/safety check reports for each site are provided that were conducted by a New York State (NYS) Division of Fire Prevention and Control Fire Safety Inspector and completed no more than one year prior to the date of application. • If the fire inspection report indicates noncompliance in any area, there is evidence that the noncompliance was resolved.
3. Building Inspection Report	<ul style="list-style-type: none"> • Building inspection reports for each site are provided that show the inspection was conducted by an appropriate local Code Enforcement Official and completed no more than one year prior to the date of application. • If the building inspection report indicates noncompliance in any area, there is evidence that the noncompliance was resolved.
4. Fire/Disaster Evacuation Plan	<p>A Fire/Disaster evacuation plan is provided which identifies:</p> <ul style="list-style-type: none"> • and clearly posts all evacuation routes within each site where students are located; • emergency sheltering locations for students, but notes that these specific locations may not be publicly posted; and • the procedures to be implemented in the case of emergency evacuation of a nonambulatory disabled student.

<p>5. Summer Building Use</p>	<ul style="list-style-type: none"> For each identified site which operates during the months of July and August, the description of how the climate will be controlled during the instructional day is reasonable to ensure students can comfortably and safely attend. If the building is not air conditioned, it indicates what measures (e.g., fans, window air conditioning units) will be taken to ensure the safety and comfort of students and staff.
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B: FLOOR PLANS

<p>Floor Plans</p>	<ul style="list-style-type: none"> Line drawings showing the floor plan for each applicable site are clear and legible. All rooms/spaces utilized by the special education program are individually labeled as to use; number of occupants; and square footage. These spaces include, but are not limited to: offices, related service/therapy spaces, classrooms (which also include student to staff ratio), large group areas and other spaces (e.g., record storage, staff lounge, maintenance, utilities, motor room). Special education classrooms meet the following space criteria: <table border="1" data-bbox="527 993 1247 1257"> <thead> <tr> <th data-bbox="527 993 889 1066">Type of Classroom Teacher/Student Ratio</th> <th data-bbox="889 993 1247 1066">Minimum Classroom Size (Square Feet)</th> </tr> </thead> <tbody> <tr> <td data-bbox="527 1066 889 1104">15:1</td> <td data-bbox="889 1066 1247 1104">770</td> </tr> <tr> <td data-bbox="527 1104 889 1142">12:1+1</td> <td data-bbox="889 1104 1247 1142">770</td> </tr> <tr> <td data-bbox="527 1142 889 1180">8:1+1</td> <td data-bbox="889 1142 1247 1180">550</td> </tr> <tr> <td data-bbox="527 1180 889 1218">6:1+1</td> <td data-bbox="889 1180 1247 1218">450</td> </tr> <tr> <td data-bbox="527 1218 889 1257">12:1+(3:1)</td> <td data-bbox="889 1218 1247 1257">900</td> </tr> </tbody> </table> Building space utilized for purposes other than special education is specified on the floor plans. These uses align with an educational purpose and/or will not compromise the health, safety or security of students with disabilities. 	Type of Classroom Teacher/Student Ratio	Minimum Classroom Size (Square Feet)	15:1	770	12:1+1	770	8:1+1	550	6:1+1	450	12:1+(3:1)	900
Type of Classroom Teacher/Student Ratio	Minimum Classroom Size (Square Feet)												
15:1	770												
12:1+1	770												
8:1+1	550												
6:1+1	450												
12:1+(3:1)	900												

C: ACCESSIBILITY

<p>Accessibility</p>	<ul style="list-style-type: none"> There is evidence that the site and all functions and services are accessible and usable to individuals with disabilities. For each site, accessible exterior routes are identified (e.g., handicapped parking, curb cuts, ramps, etc). For each site accessible interior routes are identified (e.g., access to services, toilets, drinking fountains, etc).
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	<ul style="list-style-type: none"> • Accessibility is documented through: <ul style="list-style-type: none"> ○ an architect's letter submitted by architect or engineer or organization familiar with public building and the Americans with Disabilities Act, ○ evidence of resolution of the issues if any areas have been identified as noncompliant, and/or ○ a plan to accommodate persons with disabilities in accessing the building.
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SECTION 3: PROGRAM OPERATION MODIFICATION(S)

Category	Evaluation Criteria – Standard for Acceptance
A. Program Types	Information is filled in completely to reflect the program type for the modification requested.
B. Description	
Narrative description of modification and rationale	<ul style="list-style-type: none"> • The proposed modification is clearly described and includes a narrative description of all components of the program which will be changed. • The rationale clearly explains why these program changes are necessary.
Program Components	<ol style="list-style-type: none"> 1. The proposed population to be served is clearly described and consistent with identified regional need: <ul style="list-style-type: none"> • Disability categories • Ages • Number of students • Student management needs. <p>The program proposes to provide instruction to a minimum of 16 NYS students with disabilities.</p> 2. The proposed number of special classes is consistent with projected numbers of students to be served. 3. The maximum class sizes are consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and are proposed as one or more of the following: <ul style="list-style-type: none"> • 12 students to one teacher (plus additional staff) • 8 students to one teacher (plus additional staff) • 6 students to one teacher (plus additional staff) <p>No other class size options will be considered (e.g., 7 students to one teacher plus additional staff).</p>

	<p>The chronological age range within 12:1+1, 8:1+1 and 6:1+1 special classes of students with disabilities who are less than 16 years of age does not exceed 36 months. (There are no chronological age-range limitations for students in 12:1+(3:1) special classes or for students with disabilities in special classes who are 16 years of age or older.)</p> <p>4. The program provides a comprehensive list of related services it will provide that is sufficient to meet anticipated the individualized education program (IEP) needs of students enrolled in the program.</p> <p>The projected caseloads of related service providers are consistent with the identified population to be served. The caseload of each teacher providing speech and language services does not exceed 65 students and is consistent with the population to be served.</p> <p>5. The program proposes a daily schedule which reflects inclusion of meaningful and age-appropriate instructional activities from arrival to dismissal.</p> <p>Related services are scheduled within the instructional day.</p> <p>The program is operational during regular business hours.</p>
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SECTION 4: STAFFING

Category	Evaluation Criteria – Standard for Acceptance
Narrative questions 1-3	
1. Staffing Plan	The instructional staffing plan is appropriate and adequate to meet the needs of the students in the proposed program(s).
2. Reduce Reliance on 1:1 Aides	The numbers and types of staff will meet the needs of the students without reliance on additional one-to-one aides.
3. Staff Availability	<ul style="list-style-type: none"> • The staffing plan demonstrates availability of other appropriately qualified individuals to provide instruction to students during staff absences. • There is a planned process to ensure related services providers reschedule nondelivered sessions that result from staff absences.
Staffing Summary Table	
Staffing Summary	<ul style="list-style-type: none"> • All staff have appropriate certification or professional licenses, as applicable. • Full-time equivalents (FTEs) reflect an adequate number of staff to implement

	<p>the proposed program.</p> <ul style="list-style-type: none"> The total number of hours for each staff person does not exceed 40 hours per week (and does not exceed 1.0 FTE).
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SECTION 5: BUDGET INFORMATION

Category	Evaluation Criteria – Standard for Acceptance
1. Projected Personal Services	<ul style="list-style-type: none"> Program lists all positions in the appropriate Nondirect or Direct Care table, including proposed salary and FTE. Total Salaries in Schedule 1 (Projected Personal Services) must reconcile with Schedule 3 (General Program Budget), Line 1 (Salaries)
2. Projected Contracted Services (other than Personal Services)	<ul style="list-style-type: none"> Program lists its projected contracted services, including number of hours, whether services are direct or nondirect care. Totals in Schedule 2 (Projected Contracted Services) must reconcile with Schedule 3 (General Program Budget), Line 9 (Contracted Services).
3. General Program Budget	<ul style="list-style-type: none"> Program completes all applicable line items (Lines 1-29). As applicable, amounts for lines 1 and 9 reconcile with Schedules 1 and 2.

SECTION 6: CHARACTER AND COMPETENCE REVIEW

Assessment of the character and competence of an applicant is based upon experience and past performance in operating a special education or related program including records of violations, if any, and whether a substantially consistent high level of care was maintained. Applicants without experience in education services are evaluated based on compliance with laws and practices pertinent to their professional experience.

Category	Evaluation Criteria – Standard for Acceptance
Disclosures	<ul style="list-style-type: none"> Information is provided for each owner/chief executive officer (CEO)/administrator who may fulfill the role and responsibilities of a Chief Administrator. There are no affiliations with community service, philanthropic endeavors, human service facility(ies) or vendors which would present a conflict of interest in the operation of the proposed program.

	<ul style="list-style-type: none"> • The owner(s)/CEO/administrator has not disclosed any employment by or membership of a board of an agency that has been cited for or had allegations brought against it for waste, fraud, abuse or wrongdoing. If instances are reported, provides the details of that indicate a nonactive role during the time of the citations and/or allegations. • There are no instances in which the owner(s)/ CEO(s)/administrator(s) have or had affiliation with a program whose approval was revoked or suspended by NYSED or another State agency (in this State or another state). If instances are reported, include the name of the program and State oversight agency and his/her affiliation with that program. • The owner(s)/CEO(s)/administrator(s) report no instances in which he/she was convicted of a crime. If instances are reported, approval will be considered if the criminal offense is identified and noted as a misdemeanor. • There are no criminal charges pending in federal or State court. If pending charges are identified and explained, consideration of the application may be deferred until such court proceedings are concluded if the nature or circumstances of the charges are likely to impact the programmatic or fiscal oversight of the program. • The Statement is signed and notarized.
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Note: Concerns resulting from Character and Competence disclosures will be referred to the Office of Professions.

SECTION 7: GOVERNANCE AND INTERNAL CONTROLS

Category	Evaluation Criteria – Standard for Acceptance
1. Governance Structure	<ul style="list-style-type: none"> • There is a clear, sufficient and detailed description of the governance structure of the agency. • The role that executive and management staff will have in establishing policies is clearly articulated.
2. Conflict of Interest procedures	The agency's procedures for actions of its governing structure would preclude the advancement of an individual's personal or business interests.
3. Impermissible Nepotism	The agency's policy prohibits impermissible nepotism in hiring and other institutional business. (Nepotism is favoritism granted to relatives or friends

	regardless of intent.)
4. Affiliations	Potential arm's-length transactions are disclosed.
5. Management Principles and Decision Making	No conflict of interest is evident in the described role of the board and/or individuals filling executive and management roles, and as applicable individuals with ownership interest, in establishing policies that define management principles and decision making. (A conflict of interest exists when a board member or executive manager's personal or business interests may be advanced by an action of the governing structure.)
6. Periodic Financial Reviews	<ul style="list-style-type: none"> • Independent periodic financial reviews will be conducted and reports submitted and reviewed by the agency's governing structure. • The description identifies how the agency's governing structure will review payments made, including payroll, to ensure the existence of proper itemization and documentation necessary for the approval of the agency's expenditures as reasonable and necessary for the operation of the program. • The description outlines the format and frequency of the reports that will be made to the agency's governing structure, including the position of the person or persons who will be responsible for preparing the financial reviews and reports. • In order to maintain a level of independent review, the review of payments function (to be performed by the agency's governing structure) and the preparation of the necessary materials for such review will not be conducted solely by the same individual.
7. Residence(s) of the Executive Director and Other Director Level Staff	Director level staff reside within a reasonable geographic distance from the proposed program administrative and instructional/evaluation sites (one hour or less).

<p>8. Internal Controls</p>	<p>Provision of internal controls is clearly described and includes:</p> <ul style="list-style-type: none"> • ensuring a quality control environment; • performing a risk assessment; • designing effective policies and procedures; • providing clear communication throughout the agency; and • conducting ongoing monitoring of policies and procedures. <p>Internal controls include both preventive control activities (i.e., those that would deter the instance of noncompliance, errors or fraud such as thorough documentation and authorization practices); and detective control activities (i.e., those that identify undesirable "occurrences" after the fact such as reconciliation).</p>
<p>9. Code of Ethics</p>	<p>The Code of Ethics includes a:</p> <ul style="list-style-type: none"> • Conflict of Interest policy, • policy outlining the procedure for reporting fraud, waste and abuse, and • Whistleblower Policy protecting employees from retaliation for disclosing information concerning acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior. The policy addresses reporting responsibility and procedures, no retaliation, confidentiality and handling of reporting violations. <p>For a sample Code of Ethics and Conflict of Interest policy, see http://www.irs.gov/instructions/i1023/ar03.html.</p>