AIS 2021

New York State Nonpublic School Reimbursement Request Form for Academic Intervention Services (AIS)

Year 5 (Please note that only one application per year can be processed for payment)

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 **2018-2019** School Year to be eligible)

Institution ID: 8000000 **School OSC Vendor ID:**

School Address:

Chief Administrator Name:

School Telephone:

Contact Name (if not Chief Administrator):

Contact e-mail:

The AIS allocation information can be found on our Funding Opportunities webpage.

Remaining Funds	+	New Allocation for Year 5	=	Total Available Funds

Required documentation checklist:

- ☐ Completed AIS reimbursement form
- ☐ Detailed invoices or invoices with supplemental description of the expenditures*
- ☐ Proof of payment **must be**:
  - ☐ Cancelled checks (**both** sides to show it was cashed) **and/or**
  - ☐ Detailed bank/credit card statements
- ☐ Workshop proof of attendance (if applicable):
  - ☐ Sign in sheet **and/or**
  - ☐ Certificate of attendance
  - ☐ Syllabus for workshop

*If it is not apparent how the expenditures are linked to improved instruction for struggling students in English language arts and mathematics, SORIS will request a justification and determine eligibility.

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** (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).**		
☐ **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.**		
☐ **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) **Invoices from the vendor should minimally include the teacher(s) coached, subjects coached in, dates of service, and pricing.**		
☐ **Other** (please submit materials describing purchase and demonstrating appropriateness for reimbursement under this program and expense eligibility will be determined by SORIS program staff)		
TOTAL EXPENDITURES SUBMITTED		

Collaborating Agency

☐ **(check only if applicable to your school) I hereby certify that the school listed is authorized 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 or services 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

We are only able to reimburse for expenditures made by March 31, 2022. Please submit on or before June 30, 2022, 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: _____