

**New York State Nonpublic School Reimbursement Request Form
for Academic Intervention Services (AIS)
Year 6**

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

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

School Name:

School BEDS Code: _____

(Note: Schools must have a BEDS code and have administered State 3-8 math and English language arts examinations in the **2021-2022** School Year to be eligible.)

School Address:

School Telephone:

The AIS allocation information can be found on our [Funding Opportunities webpage](#).

See Guidance (and refer to the checklist below) for required documentation needed. If it is not apparent how the expenditures are linked to improved instruction for struggling students in English language arts and/or mathematics, SORIS will request a justification and determine eligibility.

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For SORIS use only:

Requested Amount	Approved Amount
\$	\$

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) **or** ☐ Detailed bank/credit card statements
- ☐ Coaching or Workshop syllabus/description:
 - proof of attendance: ☐ Sign in sheet **and/or** ☐ Certificate of attendance

Reviewer: _____ **Date:** _____

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

AIS YEAR 6

Examples of eligible reimbursements are in the guidance				Enter the amount spent within each category for each invoice					
Amount (list amount spent on the purchase of the eligible item/service)	Vendor Name (One invoice per line)	Invoice Number	Invoice Date	Teacher Materials	Student Materials	Software Materials	In-Class Coaching	Workshop Fees	Other (Provide details with connection to ELA/Math improvement)
<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>
\$250.00	Amazon	#123456	11/4/2022	\$110.00	\$50.00	\$90.00	\$	\$	\$
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Total Requested				Column Total	Column Total	Column Total	Column Total	Column Total	Column Total
\$				\$	\$	\$	\$	\$	\$

AIS Certification

I hereby certify all of the following:

- ☐ *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;*
- ☐ *that any required building permits were obtained prior to the work being completed;*
- ☐ *that the balance of any invoice submitted is paid in full;*
- ☐ *these items have not been claimed for reimbursement under any other reimbursement program offered through New York City, New York State or US Federal Government;*
- ☐ *that the claim is just and correct; and*
- ☐ *that itemized receipts and proof of payment for the purchase and installation of approved items have been submitted.*

Signature of Chief Administrator	Chief Administrator Name (PLEASE PRINT)	Date
Chief Administrator Email Address (PLEASE PRINT)	Telephone Number	Fax Number
Contact Person (PLEASE PRINT)	Contact Number	Contact Email (PLEASE PRINT)

We are only able to reimburse for expenditures made by March 31, 2023. Please submit on or before April 15, 2023, 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
SORIS@nysed.gov**