# MSA-1 Instructions

* Schools are encouraged to use the Mandated Services Aid online system to enter school year 2016-17 Mandated Services Aid claims. The system is designed to enhance the application process and expedite the issuance of the school’s mandated services aid payment.
* Read the accompanying Guidelines and introductory information on the Schedule A/Worksheet. Complete Sections II, III, & IV of this form and the Schedule A/Worksheet. Transferring the total expenditures for each mandate from the Schedule A/Worksheet to Section I of this form is not required.
* Please note that REQUIRED fields are denoted with an asterisk on the MSA-1 form and Schedule A/Worksheet. The online system performs the mathematical calculations to arrive at the average hourly rate and populates the Section 1 – Summary of Expenditures page. The online system also calculates the combined hours for each mandate.
* Enter the BEDS code, Institution Code, School Information and OSC Vendor ID number as it appears in SEDREF. It is also very important for schools verify that the information in the OSC Vendor file is accurate so that their payments can be processed efficiently. The OSC vendor website is <http://www.sfs.ny.gov>
* If submitting a paper claim, complete the Certification portion of the MSA-1 form and mail it with the Schedule A/Worksheet to the above address.
* Applications should be received by close of business **January 17, 2018** to ensure timely payment. This form can be used only for the 2016-2017 school year. Go to [www.p12.nysed.gov/nonpub/](http://www.p12.nysed.gov/nonpub/) to access forms for other years.

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|  School Year**7/1/16 – 6/30/17**  | The University of the State of New YorkTHE STATE EDUCATION DEPARTMENT**Office of Grants Management** **Room 481, EBA** **Albany, NY 12234** | Nonpublic School Mandated Services Aid**MSA-1** November 2017 |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BEDS Code |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Institution code\* | 8 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |

 **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OSC Vendor ID\* |  |  |  |  |  |  |  |  |  |  |

**MSA Certification**

I hereby certify that the expenditures reported have been incurred and calculated in accordance with all applicable statutes, regulations and guidelines; that the claim is just and correct; and that the balance is due and owing.

**CAP Certification**

By checking this box, I further certify that this school has adopted and implemented a comprehensive attendance policy (CAP) pursuant to Section 104.1(i) of the Regulations of the Commissioner of Education and that this school is entitled to reimbursement for CAP expenditures as funds become available.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Original** Signature of Chief Administrator\* |  | Chief Administrator Name**(PLEASE PRINT)** |  Date  |
|  |  |  |  |
| Chief Administrator Email Address | Fax Number | Telephone Number\* |
| Person Completing Form**(PLEASE PRINT)\*** |  | Title of Person Completing Form |  | Telephone Number\* |
|  |

## The New York State Education Department reserves the right to monitor and/or audit any claims for payment pursuant to Section 305 of Education Law.

**Mandate 1. PUPIL ATTENDANCE REPORTING (PAR)**

 Calculation of Average Class Size for determining PAR standards:

 Total Opening, Closing or BEDS Enrollment, whichever is highest

 (Page 5, Section II, item 6) = Average

 Total # of Teachers Taking **Daily** Attendance Class Size

* ½ day kindergarten teachers are considered as one teacher for each ½ day session
* Round Average Class Size to nearest whole number (e.g., 27.49 and below, round to 27; 27.50 and above, round to 28)
* Do not include enrollment of nursery school or pre-kindergarten pupils, postgraduate students or pupils with disabilities who are enrolled pursuant to a contract with a public school district or the State Education Department.

## TIME AND EFFORT STANDARDS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Average****Class** **Size**1-910-1213-1819-25262728293031323334353637383940 | Teacher 13.0 20.0 30.0 40.0 41.6 43.2 44.8 46.4 48.0 49.6 51.2 52.8 54.4 56.0 57.6 59.2 60.8 62.4 64.0 | **Admin**2.03.75.57.57.88.18.48.79.09.39.69.910.210.510.811.111.411.712.0 | Support2.03.55.07.07.27.57.88.18.48.68.99.29.59.810.010.310.610.911.2 | **Average****Class Size**4142434445464748495051525354555657585960 | Teacher 65.6 67.2 68.8 70.4 72.0 73.6 75.2 76.8 78.4 80.0 81.6 83.2 84.8 84.8 86.4 88.0 89.6 91.2 92.8 94.4 96.0 | **Admin**. 12.3 12.6 12.9  13.2 13.5 13.8 14.1 14.4 14.7 15.0 15.3 15.6 15.9 16.2 16.5 16.8 17.1 17.4 17.7 18.0 | Support 11.4 11.7 12.0 12.3 12.6 12.8 13.1 13.4 13.7 14.0 14.2 14.5 14.8 15.1 15.4 15.7 16.0 16.3 16.6 16.9 |

**SECTION I – SUMMARY OF EXPENDITURES**

***The online system will populate these fields. Paper claim submissions may want to transfer total expenditures for each mandate from the Schedule A/Worksheet to determine if explanations for increases in total PAR or total Aid will be required. Note: The PAR total is in Section III of this Form. Check the transferred totals for accuracy.***

|  |  |
| --- | --- |
| Mandates | Whole Dollars Only |
|  1. **PAR**  |  **1.** |  |  |
|  2. **EIA** a. General Expenditures | **2.** | **a.** |  |
|  b. Teacher Workshop Expenditures |  | **b.** |  |
|  3. **BEDS** | **3.** |  |  |
|  4. **RE** a. General Expenditures | **4.** | **a.** |  |
|  b. Teacher Workshop Expenditures |  | **b.** |  |
|  c. Test Kits  |  | **c.** |  |
|  5. **RCT**  | **5.** |  |  |
|  6. **CE** | **6.** |  |  |
|  7. **RHS** | **7.** |  |  |
|  8. **SSIP** | **8.** |  |  |
|  9. **DIRI** |  **9.** |  |  |
| 10. **HSGR** | **10.** |  |  |
| 11. **GFST** a. General Expenditures | **11.** | **a.** |  |
|  b. Teacher Workshop Expenditures |  | **b.** |  |
|  c. Test Kits  |  |  **c.** |  |
| 12. **TSS** | **12.** |  |  |
| 13. **SAE** | **13.** |  |  |
| 14. GEST a. General Expenditures | **14.** | **a.** |  |
|  b. Teacher Workshop Expenditures |  | **b.** |  |
|  c. Test Kits |  |  **c.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15. REMOVED Formerly GESST – Test No Longer Offered | **15.** |  |  N/A |
| 16. REMOVED Formerly GFSST – Test No Longer Offered  | **16.** |  |  N/A |
| 17. PNN | **17.** |  |  |
| 18. NYSESLAT/ a. General Expenditures | **18.** | **a.** |  |
|  **NYSITELL** b. Teacher Workshop Expenditures |  | **b.** |  |
| 19. **RIC and Scoring Center Costs** |  **19.** |  |  |

## TOTAL AID 2016-2017 SCHOOL YEAR

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: If the claim total exceeds the previous year by 20% or more, a precise and clear explanation justifying the increase must be attached or written in the space provided**.

**SECTION II – ENROLLMENT**

* Enrollment is used to determine average class size in calculating PAR reimbursement. Enter the highest of opening, closing or BEDS enrollment below and check enrollment used.
* **Opening enrollment** is the number of pupils who were in attendance on the first day of school plus those who were registered but were absent on opening day.
* **Closing enrollment** is the number of pupils still enrolled when school closed at the end of the year.
* **BEDS enrollment** is the number submitted to the State Education Department based on a count taken during the first week of October 2016.
* Pupils in ungraded classes should be counted as ungraded elementary if under 13 years of age and ungraded secondary if 13 years old or older. **Do not include** enrollment of nursery school or pre-kindergarten pupils, postgraduate students or pupils with disabilities who are enrolled pursuant to a contract with a public school district or the State Education Department.
* Required fields are denoted with an asterisk.

|  |  |
| --- | --- |
| Grade Level | 2016-2017 Enrollment\* |
| 1. Grades K-6 | 1. |  |
| 2. Grades 7-8 | 2. |  |
| 3. Grades 9-12 | 3. |  |
| 4. Ungraded Elementary | 4. |  |
| 5. Ungraded Secondary | 5. |  |
| 6. Total Enrollment (sum of entries 1 through 5) | 6. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enrollment used:\* |  | Opening |  | Closing |  | BEDS |

 NOTE: If you chose Opening or Closing and the enrollment varies by more than 20% of the reported BEDS data, a precise and clear explanation justifying the increase must be attached or written in the space provided:

|  |
| --- |
|  |

**SECTION III – Pupil Attendance Reporting (PAR)**

**Calculation of Hourly Rate**

***See Schedule A/Worksheet for definitions related to the calculation of hourly rate.***

***Required fields are denoted with an asterisk***

**FOR HOURS WORKED BY STAFF Select The Box Below That Applies\*:**

[ ]  **Standard Work Day:**

**# of Days Worked in the School Year: teachers:\_\_\_\_\_\_\_ adminstrators:\_\_\_\_\_\_\_\_support staff:\_\_\_\_\_\_**

**# of Hours Worked in a Standard Day: teachers:\_\_\_\_\_\_\_administrators:\_\_\_\_\_\_\_\_support staff:\_\_\_\_\_\_**

[ ]  **Actual hours of employees are varied:**

**\*Refer to Attachment 2 of the Guidelines for recommended definitions on “Days in School Year”, “Hours in the Work Day” and “Total Hours”. These definitions apply to both a standard day and actual hours of employees vary.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in Pupil Attendance Reporting (PAR). (Do not include Pre-K teachers) |  |  |  |
| 2.\* Total hours of work **for all assigned tasks** performed by employees reported in item 1. |  |  |  |
| 3.\* Total salaries paid for all services performed by employees in item 1. |  |  |  |
| 4.\* Total employee benefits paid on salaries reported in item 3. |  |  |  |
| 5. Total salaries and benefits paid for employees reported in item 1. (Item 3 plus Item 4) |  |  |  |
| 6. Average hourly rate. (Item 5 divided by Item 2). **Do not round.** |  |  |  |

**Calculation of Expenditures**

**Refer to the Time and Effort Standards – PAR (on Page 2)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)\*****Total # Teachers****Taking Daily****Attendance** | **(3)****Enter Appropriate Parameter (from page 2)** | **(4)****Combined****Hours[[1]](#footnote-1)****(Col. 2 x Col. 3)** | **(5)****Hourly Rate for Salaries****and Benefits[[2]](#footnote-2)****(from #6 above)** | **(6)****Expenditures[[3]](#footnote-3)****(Col. 4 x Col. 5)** |
| Classroom Teacher\* |   |  |  |  |  |
| Administrative |  |   |  |  |
| Support Staff |  |  |  |  |
| Supplies and Materials ($10 per teacher) |  |
| Total Expenditures **PAR** |  |

NOTE: If the PAR total exceeds the previous year by 20% or more, a precise and clear explanation justifying the increase must be attached or written in the space provided.

**SECTION IV** - **TIME AND EFFORT STANDARDS**

**CALCULATION OF COMBINED HOURS**

**(for Selected Mandates)**

Please calculate the combined hours for teachers by entering the number of exams that were administered and then multiplying the number of exams by the applicable time and effort parameter. Transfer the total combined hours to the appropriate mandate on Schedule A/Worksheet. Administrative and Support Staff standards are fixed and have been pre-entered on Schedule A/Worksheet for each mandate. The online system will perform the mathematical calculations. Required fields for online claims are denoted with an asterisk.

|  |  |  |  |
| --- | --- | --- | --- |
| Mandate | Number of Exams\* | Time & Effort StandardUse number in [ ] if Field Test was Administered | TotalCombined Hours |

***Mandate 2: English Language Arts and Math(EIA)***

|  |  |  |  |
| --- | --- | --- | --- |
| Grade 3 ELA  |  | 1.00 [1.05] x # of exams (10.0[11.0] hr. minimum) |  |
| Grade 3 Math |  | .60 [.65] x # of exams (8.0[9.0] hr. minimum) |  |
| Grade 4 ELA  |  | 1.00 [1.05] x # of exams (10.0[11.0] hr. minimum) |  |
| Grade 4 Math  |  | .80 [.85] x # of exams (8.0[9.0] hr. minimum) |  |
| Grade 5 ELA  |  | 1.15[1.20] x # of exams (11.0[12.0]hr. minimum) |  |
| Grade 5 Math |  | .90 [.95] x # of exams (8.0[9.0] hr. minimum) |  |
| Grade 6 ELA  |  | 1.30 [1.35] x # of exams (11.5[12.5] hr. minimum) |  |
| Grade 6 Math |  | .85 [.90] x # of exams (9.5[10.5] hr. minimum) |  |
| Grade 7 ELA  |  | 1.20 [1.25] x # of exams (11.0[12.0] hr. minimum)  |  |
| Grade 7 Math |  | .85 [.90] x # of exams (9.5[10.5] hr. minimum)  |  |
| Grade 8 ELA  |  | 1.25 [1.30] x # of exams (11.5[12.5] hr. minimum) |  |
| Grade 8 Math |  | 1.00 [1.05] x # of exams (8.0[9.0] hr. minimum) |  |
| **Mandate 2: Total Combined Hours (Transfer to Schedule A/Worksheet)** |
| **Mandate 3: Basic Educational Data System Reporting (BEDS)***(Calculation done on the Schedule A/Worksheet)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Mandate | Number of Exams\* | Time & Effort StandardUse number in [ ] if Field Test was Administered | TotalCombined Hours(Transfer to Schedule A/Worksheet) |
| ***Mandate 4: Regents Exams(RE)***  ***(August 2016, January 2017 and June 2017 Regents Sessions)*** |
| Common Core English |  | 1.08 [1.13] x # of exams |  |
| Common Core Algebra 1 |  | 2.36 [2.41] x # of exams |  |
| Algebra 2/Trig |  | 2.36 [2.41] x # of exams |  |
| Common Core Algebra 2/Trig. |  | 2.36 [2.41] x # of exams |  |
| Common Core Geometry |  | 2.36 [2.41] x # of exams |  |
| Global History & Geography |  | .81 [.86] x # of exams |  |
| US History & Govt. |  | .81 [.86] x # of exams |  |
| Chemistry  |  | .48 [.53] x # of exams |  |
| Physics |  | .48 [.53] x # of exams |  |
| Earth Science |  | .65 [.70]x # of exams |  |
| Living Environment |  | .84 [.89] x # of exams |  |
|  **If total combined hours are less than 8[9] hrs., use the minimum of 8[9] hrs. Mandate 4: Total Combined Hours (Transfer to Schedule A/Worksheet)** |  |
| ***Mandate 5: Regents Competency Test(RCTP)*** |
| Regents Competency Tests  |  | .55 x # of exams(8 hr. minimum) |  |
| *Mandate 6: Calculator Expense(CE) (Calculation done on the Schedule A/Worksheet)* |
| *Mandate 7: Registration of High School(RHS)* *(Calculation done on the Schedule A/Worksheet****)*** |
| *Mandate 8: State School Immunization Program(SSIP)**(Calculation done on the Schedule A/Worksheet)* |
| ***Mandate 9: Documentation of Integration of Required Instruction(DIRI) in 7th & 8th Grade*** |
| DIRI | Total # of 7th & 8th grade teachers involved in DIRI\_\_\_ | 1 hour per 7th & 8th grade teacher |  |
| *Mandate 10: Graduation Report(HSGR)* *(Calculation done on the Schedule A/Worksheet)* |
| ***Mandate 11: Grade Four Science Test(GFST)*** |
| Grade 4 Science |  | .47 x # exams(5 hr. minimum) |  |
| *Mandate 12: Travel Costs to Examination Storage Site(TSS)* *(Calculation done on the Schedule A/Worksheet)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Mandate | Number of Exams\* | Time & Effort Standard | TotalCombined Hours(Transfer to Schedule A/Worksheet) |
| *Mandate 13: Scholarships for Academic Excellence(SAE)**(Calculation done on the Schedule A/Worksheet)* |
| ***Mandate 14: Grade Eight Science Test(GEST)*** |
| Grade 8 Science |  | .59 x # exams (4 hr. minimum) |  |
|  ***Mandate 15:***  **REMOVED –Formerly Grade Eight Social Studies (GESST)** |
|  ***Mandate 16:*** **REMOVED – Formerly Grade Five Social Studies (GFSST)** |
| *Mandate 17: Pesticide Neighbor Notification(PNN)**(Calculation done on the Schedule A/Worksheet)* |
| ***Mandate 18: New York State English as a Second Language Achievement Test(NYSESLAT)******And New York State Identification Test for English Language Learners (NYSITELL)*** |
| NYSESLATNYSITELL | \_\_\_\_\_\_\_ | .98 x # exams (6 hr. minimum).81 x # exams (4 hr. minimum) |  |
| *Mandate 19: RIC and Scoring Center Costs**(Calculation done on the Schedule A/Worksheet)* |

1. **Combined hours:**  Calculate the average class size (see page 2 for the formula), locate the appropriate Time & Effort Standard also on page 2, and multiply the Time & Effort Standard for each employee group by the number of **teachers** listed in column 2. Credit is only given for taking attendance once each day for each student. **Combined hours** must be rounded to the **nearest whole number** (e.g., 16.49 and below = 16; 16.5 and above = 17). [↑](#footnote-ref-1)
2. **Hourly rates** must be reported in **dollars and cents** (e.g. $26.77 = $26.77) [↑](#footnote-ref-2)
3. **Expenditures** must be rounded to the **next highest dollar** (e.g., $455.02 = $456) [↑](#footnote-ref-3)