|  |  |  |
| --- | --- | --- |
| **School Year****7/1/21 – 6/30/22**  | **The University of the State of New York****THE STATE EDUCATION DEPARTMENT****Mandated Services Aid/ Comprehensive Attendance Policy Office****Room 1078, EBA****Albany, NY 12234** | **Schedule A/Worksheet**October 2022 |

**NONPUBLIC SCHOOL MANDATED SERVICES AID**/**Comprehensive Attendance Policy (CAP) WORKSHEET**

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

**BEDS Code:** **[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]**

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

**----------------------------------------------------------------------------------------------------------------**

**COMPLETING THE MANDATED SERVICES AID/ Comprehensive Attendance Policy (CAP) FORMS**

**Getting Started:**

* Please read the accompanying Guidelines for the 2021-22 school year before completing the Mandated Services Aid forms/Comprehensive Attendance Policy (CAP). In addition to other information, the Guidelines describe requirements for each mandate and recordkeeping, and provide important information about calculating hourly rates and expenditures.
* Assemble testing records, the Graduation Report, BEDS Report, attendance records, invoices for test kits, teacher workshop fees, calculators, scoring center costs, etc. and any other documentation that supports the MSA-CAP claim for each mandate.
* Gather employee records showing gross salary, hours worked, and allowable fringe benefits
* Complete Sections II, III and the applicable parts of Section IV of the MSA-1 Form. Please note that the required fields are denoted with an asterisk. The online system performs the mathematical calculations to arrive at the average hourly rate and populates Section 1 – Summary of Expenditures page on the MSA-1. The online system also calculates the combined hours for each mandate.
* Calculation of the average hourly rate for employees that performed the tasks for each mandate is not required when filing online. The online system will perform this function.
* Calculation of the total expenditure for each mandate is not required when filing online. The online system will perform this function.
* Transferring the total expenditure for each mandate to the MSA-1 Form, Section I-Summary is not required. The online system will perform this function. However, paper claims should determine if explanations for increases in total PAR or total aid are required.
* If submitting a paper claim, complete the MSA-1 cover page and obtain the original signature of the Chief Executive Officer or Chief Financial Officer.
* **Submit application by April 1, 2023 online at** [NYSED Business Portal](https://eservices.nysed.gov/msa/) **or utilize one of the following two methods for completing the MSA-1 and Schedule A/Worksheet paper application:**
	+ **Email MSA claims to** MSA-CAP@nysed.gov
	+ **Fax MSA claims to 518-474-4674**

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**CALCULATION OF HOURLY RATES**

**AND CALCULATION OF EXPENDITURES**

**Time and Effort Standards** - The amount of time and effort that can be reasonably expected for each mandate is provided in Time and Effort Standards Charts. The Time and Effort Standards Chart for PAR and state tests are included in the MSA-1 Form. The standards are the required measure of time and effort and cannot be exceeded. For certain mandates and salary groups within mandates, the standards are fixed and have been pre-entered for the Calculation of Expenditures on the following pages. Where the standards are variable, the online system will calculate the combined hours. If using the paper claim form, you may choose to perform this calculation.

**Mandate 1. Pupil Attendance Reporting (PAR)**

**Complete the information for PAR on the MSA-1, Section III**

**Calculation of Hourly Rate**

**Mandate 2. Elementary and Intermediate Assessment in English Language Arts and Math (EIA)
(Grades 3-8) Required Data Elements are Denoted with an Asterisk**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1\*. Total number of staff employed by school who participated in Elementary and Intermediate Assessment in English Language Arts and Math (EIA) |  |  |  |
| 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**

**Mandate 2. Elementary and Intermediate Assessment in English Language Arts and Math (EIA)**

**Required Data Elements are Denoted with an Asterisk**

**Please refer to the special COVID 19 document**

**a. General Expenditures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)****Combined Hours** **(transfer Classroom Teacher hours from Section IV on the MSA-1)** | **(3)** **Hourly Rate for****Salaries and Benefits (from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |  |
| Classroom Teacher |  |  |  |
| Administrative (4.25 hours per  grade) **+** 1 if  Field Test was  administered | Enter Total Hours: |  |  |
| Support Staff  (5 hours per grade)  + 1 if Field Test  was administered | Enter Total Hours: |  |  |
| \*No Printing costs are reimbursed here if your tests are graded by a Scoring Center  | Supplies, cost of shipping exams to & from scoring site | $110 |
| Printing Costs $86 per grade level tested\* |  |
| Total General Expenditures **EIA**  |  |

**b. Teacher Workshop Expenditures (see Attachment 2 of the Guidelines for this definition)**

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)\*****Total Hours of Allowable Workshop Training** | **(3)****Hourly Rate for Salaries and Benefits** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
|  |  | Workshop Fees\* |  |
|  |  | Total Workshop Expenditures  |  |

\*You must subtract any printing costs that were included in the workshop fee since they are reimbursed above

**Calculation of Hourly Rate**

**Mandate 3. Basic Educational Data System Reporting (BEDS)**

**Required Data Elements are Denoted with an Asterisk**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in Basic Educational Data System Reporting (BEDS). (Do not include Pre-K teachers) (number of PAR 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**

Mandate 3. Basic Educational Data System Reporting (BEDS)

Required Data Elements are Denoted with an Asterisk

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(1)****Employee Group** | **(2) \*****Total # Teachers****Taking Daily****Attendance** | **(3)****Combined****Hours (1 hour per teacher)** | **(4)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(5)****Expenditures****(Col. 3 x Col. 4)** |
| Classroom Teacher |  |  |  |  |
|  | Administrative | 4 |  |  |
| Support Staff | 4 |  |  |
|  | Total Expenditures **BEDS** |  |

**Calculation of Hourly Rate**

**Please refer to the special COVID 19 document**

**Mandate 4. Regents Examinations (RE)**

**Required Data Elements are Denoted with an Asterisk**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in Regents Examinations (RE). |  |  |  |
| 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**

Mandate 4. Regents Examinations (RE)

**a. General Expenditures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)****Combined Hours****(transfer Classroom Teacher hours from Section IV on the MSA-1)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |  |
| Classroom Teacher |  |  |  |
| Administrative | 24 [25 if Field Test] |  |  |
| Support Staff |  10 [11 if Field Test]  |  |  |
|  | Supplies and Materials | $125 |
| Total Expenditures **RE**  |  |

**b. Teacher Workshop Expenditures (see Attachment 2 of the Guidelines for definition)**

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)****Employee Group** | **(2) \*****Total Hours of Allowable Workshop Training** | **(3)****Hourly Rate for Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
|  |  | Workshop Fees |  |
|  |  | Total Workshop Expenditures  |  |

c. Test Kits

 (Please note Supplies and Materials are reimbursed in General Expenditure Section)

|  |  |  |
| --- | --- | --- |
|  1.\* Enter number of students taking Regents Earth Science  | 1. |  |
|   2.\* Enter number of Test Kits purchased | 2. |  |
|  |
|  3.\* Total expenditures on Test Kits only  | 3. |  |

**Mandate 5 – REMOVED – Regents Competency Tests (RCT) - No Longer Offered**

Mandate 6. Calculator Expenses (CE)

Required Data Elements are Denoted with an Asterisk

|  |  |  |
| --- | --- | --- |
| 1.\* Enter the number of scientific calculators purchased | 1. |  |
| 2. Multiply entry #1 by $15 | 2. | x $15 |
| 3. **Total Expenditures – Scientific Calculators/Four Function** | 3. |  |
| 4.\* Enter the number of graphing calculators purchased | 4. |  |
| 5. Multiply entry #4 by $110 | 5. | x $110 |
| 6. **Total Expenditures – Graphing Calculators** | 6. |  |
| 7. **Total Expenditures** **CE (line 3 + line 6)**  | 7. |  |

**Calculation of Hourly Rate**

**Mandate 7. Registration of High School (RHS)**

 **Required Data Elements are Denoted with an Asterisk**

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

**Calculation of Expenditures**

Mandate 7. Registration of High School (RHS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)****Combined Hours****(Preset)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |  |
| Administrative | 18 |  |  |
| Support Staff | 1 |  |  |
|  | Total Expenditures **RHS** |  |

Mandate 8. New York State School Immunization Program (SSIP) for schools in the cities of

New York, Buffalo and Rochester only.

Required Data Elements are Denoted with an Asterisk

|  |  |  |
| --- | --- | --- |
| 1.\* Enter the number of nonpublic school pupils for whom immunization documentation has been maintained  | 1. |  |
| 2. Multiply Entry #1 by $3.85 | 2. | x $3.85 |
| 3. Total Expenditures **SSIP** | 3. |  |

**Mandate 9. Documentation of Integration of Required Instruction in 7th and 8th Grade (DIRI)**

**Required Data Elements are Denoted with an Asterisk**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in Documentation of Integration of Required Instruction in 7th & 8th grade (DIRI). |  |  |  |
| 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**

**Mandate 9. Documentation of Expenditures for Documentation of Integration of Required**

**Instruction in 7th and 8th Grade (DIRI)**

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)****Combined Hours****(transfer Classroom Teacher hours from Section IV on the MSA-1)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
| Administrative | 1 |  |  |
| Support Staff | 1 |  |  |
|  | Total Expenditures **DIRI** |  |

**Calculation of Hourly Rate**

**Mandate 10. High School Graduation Report (HSGR)**

**Required Data Elements are Denoted with an Asterisk**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in High School Graduation Report (HSGR). | NA |  |  |
| 2.\* Total hours of work **for all assigned tasks** performed by employees reported in item 1. | NA |  |  |
| 3.\* Total salaries paid for all services performed by employees in item 1. | NA |  |  |
| 4.\* Total employee benefits paid on salaries reported in item 3. | NA |  |  |
| 5. Total salaries and benefits paid for employees reported in item 1. (Item 3 plus Item 4) | NA |  |  |
| 6. Average hourly rate. (Item 5 divided by Item 2). **Do not round.** | NA |  |  |

**Calculation of Expenditures**

Mandate 10. High School Graduation Report (HSGR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)\*****Combined Hours** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |  |
| Administrative | 1 or see below |  |  |
| Support Staff | 6 or see below |  |  |
| # of graduation candidates \_\_\_\_\_\_Note: If more than 85 graduation candidates:Administrative: # of graduation candidates x 1 85Support Staff: # of graduation candidates x 6 85 | Supplies and Materials | $10 |
| Total Expenditures **HSGR** |  |

**Calculation of Hourly Rate**

**Mandate 11. Grade Four Science Test (GFST)**

**Required Data Elements are Denoted with an Asterisk**

**Please refer to the special COVID 19 document**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in Grade Four Science Test (GFST). |  |  |  |
| 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**

Mandate 11. Grade Four Science Test (GFST)

Required Data Elements are Denoted with an Asterisk

**a. General Expenditures**

|  |  |  |  |
| --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)****Combined Hours****(transfer Classroom Teacher hours from Section IV on the MSA-1)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
| Administrative | 2  |  |  |
| Support Staff | 2  |  |  |
|  | Supplies and Materials | $118 |
| Total Expenditures **GFST** |  |

b. Teacher Workshop Expenditure (see Attachment 2 of the Guidelines for the definition)

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)\*****Total Hours of Allowable Workshop Training** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
|  |  | Workshop Fees |  |
|  |  | Total Workshop Expenditures  |  |

c. Test Kits

|  |  |  |
| --- | --- | --- |
|  1.\* Enter number of students taking Grade Four Science Test  | 1. |  |
|   2.\* Enter number of test kits purchased  (Note: each kit serves 30 pupils) | 2. |  |
|  |
|  3. Multiply entry #2 by $200 | 3. | x 200 |
|  4. Total expenditures on Test Kits | 4. |  |

**Mandate 12. Travel to Storage Sites (TSS)**

**Required Data Elements are Denoted with an Asterisk**

**Please refer to the special COVID 19 document**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **GFST****(May)** | **GEST (performance)****(May)** | **GEST (written)****(June)** | **NYSESLAT****(April)** | **NYSITELL** | **EIA****(Jan./****June)** | **REGENTS, ETC.** **(Aug.)** | **REGENTS, ETC.** **(Jan.)** | **REGENTS, ETC.** **(June)** |
| 1.\* Total number of staff employed by school who participated in Travel to Storage Sites (TSS). |  |  |  |  |  |  |  |  |  |
| 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.** |  |  |  |  |  |  |  |  |  |

 Mandate 12. Travel Costs to Examination Storage Sites (TSS)

|  |  |  |  |
| --- | --- | --- | --- |
|  **(1)****Examination Being Stored****at an Alternate Site** | **(2)****Combined Hours****(Preset)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 previous page)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| May Grade Four Science Test | 2 |  |  |
| May Grade Eight Science Test (Performance) | 2 |  |  |
| June Grade Eight Science Test (Written) | 2 |  |  |
| NYSESLAT | 4 |  |  |
| NYSITELL | 4 |  |  |
| EIA  | 8 [10] |  |  |
| AugustRegents, etc. | 2 |  |  |
| JanuaryRegents, etc. | 16 |  |  |
| JuneRegents, etc | 20 [22] |  |  |
|  | Total Expenditures **TSS** |  |

**Calculation of Hourly Rate**

**Mandate 13. Scholarships for Academic Excellence Application (SAE)**

**Required Data Elements are Denoted with an Asterisk**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1\*. Total number of staff employed by school who participated in the Scholarships for Academic Excellence Application (SAE). | NA |  |  |
| 2.\* Total hours of work **for all assigned tasks** performed by employees reported in item 1. | NA |  |  |
| 3.\* Total salaries paid for all services performed by employees in item 1. | NA |  |  |
| 4.\* Total employee benefits paid on salaries reported in item 3. | NA |  |  |
| 5. Total salaries and benefits paid for employees reported in item 1. (Item 3 plus Item 4) | NA |  |  |
| 6. Average hourly rate. (Item 5 divided by Item 2). **Do not round.** | NA |  |  |

**Calculation of Expenditures**

Mandate 13. NYS Scholarships for Academic Excellence Application (SAE)

|  |  |  |  |
| --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)****Combined Hours****(Preset)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 previous page)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Administrative | 37  |  |  |
| Support Staff |  3  |  |  |
|  | Supplies and Materials | $10 |
|  | Total Expenditures **SAE** |  |

**Calculation of Hourly Rate**

**Mandate 14. Grade Eight Science Test (GEST)**

**Required Data Elements are Denoted with an Asterisk**

**Please refer to the special COVID 19 document**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1.\* Total number of staff employed by school who participated in the Grade Eight Science Test (GEST). |  |  |  |
| 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**

Mandate 14. Grade Eight Science Test (GEST)

Required Data Elements are Denoted with an Asterisk

**a. General Expenditures**

|  |  |  |  |
| --- | --- | --- | --- |
|  **(1)****Employee Group** | **(2)****Combined Hours** **(transfer Classroom Teacher hours from Section IV on the MSA-1)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 previous page)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
| Administrative | 2  |  |  |
| Support Staff | 2 |  |  |
|  | Supplies and Materials | $145 |
| Total Expenditures **GEST** |  |

b. Teacher Workshop Expenditure (see Attachment 2 of Guidelines for definition)

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)\*****Total Hours of Allowable Workshop Training** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 previous page)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
|  |  | Workshop Fees |  |
|  |  | Total Workshop Expenditures  |  |

c. Test Kits

|  |  |  |
| --- | --- | --- |
|  1.\* Enter number of students taking Grade Eight Science Test  | 1. |  |
|  2.\* Enter number of test kits purchased (Note: each kit serves 30 pupils) | 2. |  |
|  3. Multiply entry #2 by $250 | 3. | x 250 |
|  4. Total expenditures on Test Kits | 4. |  |

Mandate 15 – REMOVED – Grade Eight Social Studies Test (GESST) - No Longer Offered

**Mandate 16 – REMOVED – Grade Five Social Studies Test (GFSST) - No Longer Offered**

**Mandate 17. Pesticide Neighbor Notification (PNN) \***

If your school notified parents and interested parties prior to pesticide applications as required by the Pesticide Neighbor Notification Law at least once during the school year, place an **“X”** in the box above and claim $100 on line 17 of Section I Summary of the MSA-1.

**Mandate 18.**

 **New York State English as a Second Language Achievement Test (NYSESLAT)**

**and New York State Identification Test for English Language Learners (NYSITELL)**

**Required Data Elements are Denoted with an Asterisk**

**Please refer to the special COVID 19 document**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TEACHERS** | **ADMINISTRATORS** | **SUPPORT STAFF** |
| 1\*. Total number of teachers **employed by school** who participated in NYSESLAT. Public school staff may not be claimed. |  |  |  |
| 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 teachers 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**

**Mandate 18.**

**New York State English as a Second Language Achievement Test (NYSESLAT) and New York State Identification Test for English Language Learners (NYSITELL) NYSITELL**

**a. General Expenditures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)****Combined Hours** **(transfer Classroom Teacher hours from Section IV on the MSA-1)** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 above)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |  |
| Classroom Teacher |  |  |  |
| Administrative 2 hours for NYSESLAT 2 hours for NYSITELL | 2 (4) |  |  |
| Support Staff 2 hours for NYSESLAT 2 hours for NYSITELL | 2 (4) |  |  |
|  |  | Supplies, cost of shipping multiple choice exams to scanning center at SED | $110 |
|  |  | Total General ExpendituresNYSESLAT and NYSITELL |  |

**b. Teacher Workshop Expenditures (see Attachment 2 of the Guidelines for definition)**

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)****Employee Group** | **(2)\*****Total Hours of Allowable Workshop Training** | **(3)****Hourly Rate for****Salaries and Benefits****(from #6 previous page)** | **(4)****Expenditures****(Col. 2 x Col. 3)** |
| Classroom Teacher |  |  |  |
|  |  | Workshop Fees |  |
|  |  | Total Workshop Expenditures  |  |

**Calculation of Expenditures**

**Mandate 19: RIC and Scoring Center Expenditure**

**Required Data Elements are Denoted with an Asterisk**

1.\* Number of Exams Scanned by RIC \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

2.\*RIC Expenditures for State Testing and HSGR $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

3.\* Number of Exams Scored by Scoring Center \_\_\_\_

4.\* Expenditures – Scoring Center $\_\_\_\_\_\_\_\_\_\_

Total Expenditures (Add 2 and 4) $\_\_\_\_\_\_\_\_\_\_

Did you remember?

* **Hourly rates** must be reported in **dollars and cents** (e.g., $26.77 = $26.77). Combined hours must be rounded to the nearest whole number (e.g., 16.49 and below = 16; 16.5 and above = 17). The online system will generate the combined hours.
* **Expenditures** must be roundedto **the next highest dollar** (e.g., $455.02 = $456).The online system will generate the expenditures.
* Email or fax the completed **MSA-1 and this Worksheet**.
* Keep copies of both documents for your records.