



Non-Portal Application

Office of Religious & Independent School Support (ORISS)

Art and Music (AMTS) Teachers Reimbursement Grant Y2, 2024-2025

Part I: Religious or Independent School Information

School Name												
School Address												
Affiliation*												
LEA District Name*												
School BEDS Code												
OSC Vendor ID*												
NYSED Institution ID*	8000000						Number of Teachers in Application:					

Complete the application below.

- All eligible AMTS teacher information will be grouped together in a single application.
- Pages 1, 2, & 3 only need to be completed once per BEDS Code.
- Please print and complete page 6 for all AMTS teachers (duplicate if more space is required).
- Pages 4 and 5 will need to be reproduced and completed for **each** teacher.
- ORISS must **RECEIVE by EMAIL** the complete application by **August 1, 2025**.
- Late applications will be deemed ineligible and will not be reviewed.
- Do NOT mail or fax the application. **Please only send via email at AMTS-ORISS@nysed.gov.**
- **Please see the AMTS Y2 Guidance & Resource Documents for further information.**

*Refer to the AMTS Application Instructions, pages 6 & 7, for instructions on how to find this information on SEDREF.

APPLICATIONS MUST BE SUBMITTED via EMAIL at AMTS-ORISS@nysed.gov

Part II: School & Contact Information

Is this a 853 or 4201 school?

- ☐ Yes
☐ No

Has your school had any of the following happen since 7/1/2024?

Please check all that apply (leave blank if not applicable):

- ☐ Name Change
☐ Change of Address
☐ BEDS Code Change
☐ OSC Vendor Id has changed
☐ School is scheduled to close at end of the year
☐ Other

If the "Other" box was checked please elaborate.

Part III: Master Schedule

All applications must include the school's master schedule (including in person, remote, hybrid). The master schedule must contain the following information:

- Every course taught at the school (including those ineligible for AMTS funding), specifying the course name, time & grade level
- Every teacher teaching at the school (whether or not included in the AMTS application), identified by name or initials
- All grades enrolled in the school building
- Schedules for the entire school year, including all terms/quarters
- School master schedule must match the individual teacher's schedule

*If you need help determining which type of master schedule your school uses, please refer to the MASTER SCHEDULE SELECTION TOOL on the AMTS Guidance & Resource Documents page.

What type of Master Schedule was used in 2024-2025? Check the schedule type that most closely resembles the schedule that your school used for this school year.

- | | |
|---|--|
| <input type="checkbox"/> 4x4 Block | <input type="checkbox"/> Rotating (4x4) Block |
| <input type="checkbox"/> A/B Block | <input type="checkbox"/> Rotating Standard |
| <input type="checkbox"/> Flex Mod | <input type="checkbox"/> SED supplied template for 2024-2025 |
| <input type="checkbox"/> Hybrid: Modified Block | <input type="checkbox"/> Standard Periods |
| <input type="checkbox"/> Hybrid Modified Standard | |
| <input type="checkbox"/> Intensive Block | |
| <input type="checkbox"/> Other | |

If the "Other" box was checked, what is the name of your master schedule type and provide any details that might help the reviewer.

How many terms did your school have this school year (semester, trimester, quarters, etc.)?

How many days are included in your current schedule (4,5,8,ect.)?

How many periods are taught in a day?

Is this the number of periods that are taught every day?

If the answer is no, please elaborate.

What is your period length (instructional time)?

Do you have consistent period lengths each day?

If the answer is no, please elaborate on the changing period lengths.

Part IV: Teacher & Course Information

Teacher's Full Name:	
Number of Teachers being claimed:	
Teacher Number: (Assign each teacher a # so reviewer can confirm all teacher info was received)	
Maiden Name or Former Names Used*	

*If the name on the application differs from diploma, certification, or any of the requested documents, please submit change of name documentation (marriage license or notarized statement signed by the teacher applicant).

Provide the schedules that were used consistently throughout the entire academic year. **Make sure the teacher schedule includes all the courses that the teacher taught (not just the ones being claimed) as well as period length for all classes (If time of instructional periods is not indicated on the master schedule please include a copy of your daily bell schedule).** Also include a copy of the matrix for your master schedule if applicable. For this grant's purpose, instructional time (hours) is defined as time that a teacher is teaching a curriculum to students. Supervisory duties (e.g., homeroom, study hall, bus monitoring) and scheduled planning periods are not considered instructional time. **Individual schedule should not just be a screenshot taken directly from the master schedule.**

Teacher's Schedule			
Subject(s) taught	Grade levels taught in each subject area	List the titles of the AMTS course(s) taught in subject area and provide a copy of the COURSE DESCRIPTIONS .	How many instructional hours per week does the teacher instruct in each subject taught?
<input type="checkbox"/> Art			# of hours:
<input type="checkbox"/> Music			# of hours:
	(grades k-12 eligible)		(Any class held after school is ineligible)

A teacher who provides non-secular instruction in any capacity is not eligible for reimbursement.

Part V: Teacher Qualifications/Education

Teacher Name:

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SELECT **ONE** OF THE FOLLOWING THREE ELIGIBILITY CHOICES FOR THIS TEACHER AND SUBMIT THE REQUIRED DOCUMENTARY EVIDENCE INCLUDING THE SCHOOL'S MASTER SCHEDULE.

Refer to the AMTS Documentary Evidence Y2 for details

☐ 1. **Certified to teach in NYS pursuant to Section 3004 of Education Law**

- ☐ Copy of the school's 2024-2025 master schedule for all applications
- ☐ Religious and independent school course descriptions for courses listed above, with evidence that curricula are guided by the New York State learning standards
- ☐ Copy of teacher's valid and current NYS Teacher Certificate(s)
- ☐ Copy of the teacher's schedule for the 2024-2025 school year
- ☐ Signed employment agreement including yearly salary or other evidence of employment by the religious or independent school, signed by both teacher and school administrator

☐ 2. **Holds a master's degree or Ph.D. in Dance, Theater, Visual or Media Arts, Fine Arts, Music, or Education (D,T,VoMA, FA, M o E)**

- ☐ Copy of the school's 2024-2025 master schedule for all applications
- ☐ Religious and independent school course descriptions for courses listed above, with evidence that curricula are guided by the New York State learning standards
- ☐ Official documentation from a college or university stating a master's degree or Ph.D. has been earned in an eligible program
- ☐ Copy of the teacher's schedule for the 2024-2025 school year
- ☐ Signed employment agreement including yearly salary or other evidence of employment by the religious or independent school, signed by both teacher and school administrator

☐ 3. **Holds a bachelor's degree in D,T,VoMA, FA, M o E and is currently enrolled in a master's or Ph.D. program in D,T,VoMA, FA, M o E**

(within 5 years from the date of April 10, 2020 or the employment start date with the school)

- ☐ Copy of the school's 2024-2025 master schedule for all applications
- ☐ Religious and independent school course descriptions for courses listed above, with evidence that curricula are guided by the New York State learning standards
- ☐ Official documentation from a college or university stating a bachelor's degree has been earned in an eligible program
- ☐ Official documentation from a college or university stating the teacher is currently enrolled (in the 2024-2025 school year) in an eligible master's or Ph.D. program
- ☐ Copy of the teacher's schedule for the 2024-2025 school year
- ☐ Signed employment agreement including yearly salary or other evidence of employment by the religious or independent school, signed by both teacher and school administrator

*For the Masters & Bachelor tracks degree must be an eligible US Degree or Eligible Foreign Degree verified by a NYS Office of Teaching Initiatives (OTI) Approved Service.

Please refer the AMTS anticipated approved subject list on the AMTS Guidance & Resource Documents page for more information on eligible degrees for this grant.

For foreign degrees, please provide a valid foreign credential report from an approved vendor from the New York State Office of Teaching Initiatives.

If the diploma does not indicate the degree subject area, official transcripts must be provided to confirm MA or MS eligibility.



Grant Attestation

Office of Religious & Independent School Support (ORISS)

Funding Opportunities

The information provided below, and evidence reported throughout this reimbursement application is just and correct, in accordance with all applicable statutes, regulations, and guidelines.

I hereby attest that each teacher listed below provided teaching services:

- at the listed religious and/or independent school.
- in the grant reimbursement subject matter.
- to the grant reimbursement grade levels.
- that are secular, neutral, and non-ideological.
- using curricula that are guided by the New York State learning standards.

School Name: _____

12-Digit BEDS Code : _____

Teacher(s) listed below DO NOT, in any capacity, provide non-secular instruction.

Role	Last Name	First Name	Grade(s)	Subject Area	Signature	Date
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						
Teacher						

Role	Last Name	First Name	Telephone	Signature	Date
Chief Administrator					
Application Contact					