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**Initial Application for**

**New York State Education Department**

**Approval to Operate a**

**Private School-Age (5-21)**

**Special Education Program**

**In-State or Out-of-State**

***Day/Residential***

**New York State Education Department**

**Office of P-12 Education: Office of Special Education**

**89 Washington Avenue**

**Albany, NY 12234**

**518-473-6108**

[**https://www.nysed.gov/special-education**](https://www.nysed.gov/special-education)

**Please submit as MS word or PDF document to: OSEapplications@nysed.gov**

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**Initial Application for Private School-Age Special Education Programs**

**INSTRUCTIONS**

**The information contained in this instruction packet is organized according to the following steps in the application process:**

**Step 1: Before Submitting An Application**

**Step 2: Completing The Application**

**Step 3: How To Submit The Completed Application**

**Step 4: Application Review and Approval Process**

**Who May Submit an Application?**

Private entities seeking initial approval to operate a private school-age (5-21) special education program pursuant to Article 89 of the Education Law.

**Step 1: Before Submitting An Application**

1. Prior to submitting an application, the applicant **must** provide the New York State Education Department (NYSED) Office of Special Education, Special Education Quality Assurance (SEQA) Office with documentation that there is a demonstrated need for the expansion. For information regarding the determination of regional need, contact the SEQA office in the region where the school is to be located, see <http://www.nysed.gov/special-education/special-education-quality-assurance-regional-offices>. A Determination of Regional Need form must accompany your application. Applications will **not** be accepted without a determination of regional need.
2. Read and become familiar with Article 89 of the New York State (NYS) Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education (<http://www.nysed.gov/special-education/new-york-state-laws-and-regulations-related-special-education-and-students>).
3. Read and become familiar with the NYSED Reimbursable Cost Manual (RCM) (<http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/home.html>).

**Step 2: Completing The Application**

**\* Please Read Instructions Carefully and Provide All Requested Information. \***

**Applications must be typed.**

**To use the application as a “Form” document, it must be in restricted format.**

* **If using Word 2003, you must save it in a ‘lock’ mode as a form. To lock the form, hit the lock icon. Image of lock icon. **
* **If using Word 2010, under the Developer tab on the ribbon, select Restrict Editing, check the box under number 2 and select Filling in forms from the drop-down box.**

**To enter information into the form, hit the tab key to bring you to the form field and type the information needed. Tab to the next form field. Save the document in locked form. If you unlock the document in the process of completing the application, you may lose already entered information.**

**Do not leave any applicable items blank. Mark not applicable items as “N/A”.**

**NYSED will only initiate an application review if all components of the application are completed and the required documentation is provided.**

**Where the application calls for a narrative response, please type the response on the application form itself. Please do not indicate that the response is provided in an attachment, unless an attachment is specifically requested in the application.**

**Applicants may wish to review the Evaluation Criteria for each section of the application to determine if responses meet NYSED’s standard for acceptance. See** [**http://www.nysed.gov/common/nysed/files/programs/special-education/school-age-initial-evaluation-criteria-july-2020.pdf**](http://www.nysed.gov/common/nysed/files/programs/special-education/school-age-initial-evaluation-criteria-july-2020.pdf)**.**

**The application may be submitted to** [**OSEapplications@nysed.gov**](mailto:OSEapplications@nysed.gov)**, with the exception of Part VIII: Payee Information and Substitute W-9 (see page 39).**

**CONTACT INFORMATION**

Provide the date the agency submitted the application, name of the agency/entity applying for approval to operate a private school-age special education program, and the name, email address and telephone number of the primary contact person(s) responsible for the application.

**CERTIFICATION AND ASSURANCES STATEMENT**

At the top of the Certification and Assurances Statement, provide the name and title of the individual signing the statement, and the name of the proposed private school-age program. After completing the application and carefully reading all of the assurances, the Chief Executive Officer/Executive Director of the applicant agency must sign and date the Certification and Assurances Statement.

**PART I: GENERAL INFORMATION**

**Section 1: Applicant Information**

Items 1-16: Provide requested information for items 1-16, as applicable. For item 8, please refer to Part VII of this application (Payee Information), if you do not have a 12-digit NYSED code. For item 16, specify what type of entity is seeking approval to operate a private school-age program by checking the appropriate boxes.

Attach, as applicable, the Regents Charter, Regents Certificate of Incorporation, or other legal authorizing documents if operating under another State agency or another not-for-profit structure. Also attach any related amendments, certificates of assumed name, and tax exempt documentation from the Internal Revenue Service. Residential school applicants must attach a copy of the residential license or certification from the appropriate State agency for the residential facility affiliated with the school. Out-of-State applicants must attach the charter, certification, or other comparable accreditation, authorizing the out-of-State school to operate as a school for the provision of special education services from the state educational agency in the state where the school is located. Check the appropriate boxes in the table titled, “Part I, Section 1 – Attachments”, to indicate documents that are attached.

**Section 2: Program Types**

Indicate in the table the type of school-age special education program(s) for which approval is being requested.

Program Types are defined as follows:

* Day School means an approved private school for school-age students with disabilities that is attended by students with disabilities only, on a day basis.
* Residential School means an approved private school with a residential component for students with disabilities that is attended by students with disabilities who reside in the residential facility affiliated with the school and may also have students with disabilities who attend on a day basis.

**Section 3: Site Information**

Identify any and all individual sites that will be utilized as part of the school-age program for which approval is being requested. This includes administrative sites (e.g., administrator’s offices, staff offices, record storage). If necessary, copy and attach additional sheets.

**PART II: PROGRAM DESCRIPTION**

**Section 1: Program Model**

Provide requested information for items 1-6 and attach a sample daily schedule of instructional activities from arrival to dismissal, excluding transportation and lunch.

**Section 2: Policies, Procedures and Practices**

Items 1-18: All applicants must provide narrative responses to items 1-17 and attach the following documents:

* yearly school and/or summer calendar;
* secondary school registration (if applicable);
* behavior management policies and procedures; and
* policy on the use of psychotropic medications (if these types of medications are used).

Residential school applicants must also complete item 18 and attach procedures for the protection of students.

**Section 3: Organizational Structure**

Provide a narrative to describe the organizational structure of the proposed program, including staffing structure and lines of administrative and/or clinical reporting between the board, administration and staff. Attach an organizational chart.

**Section 4: Staffing**

Items 1-6: Provide narrative responses, as indicated below, for items 1-6.

* Day school applicants only provide answers to items 1-4 and 6.
* Residential school applicants must provide answers to all items (1-6).

All applicants must complete the Program Staffing Summary table. In the last column of the table, provide the total weekly hours for each employee listed. Each employee’s number of hours worked per week should not exceed 40 hours.

If applicable, attach a copy of employee’s NYS certification/license and/or any other certificate(s)/license(s), as applicable.

For contract individuals, a copy of each specific contract does not need to be included with the application, but must be available upon request.

All applicants must complete the Student/Staff Data table. Identify the number of students and staff that will be located in each special class (columns 1-4). Do not leave boxes blank. If not applicable, please indicate N/A. If there are more than four (4) classes in the program, please make copies and attach to the application.

Check the appropriate boxes in the table titled, “Part II Attachments”, to indicate attachments included for this section.

|  |
| --- |
| The following web links may be useful in completing Part II of the application:   * Teacher and Personnel Certification Guidance: <https://www.highered.nysed.gov/tcert/> * Bilingual Certification Guidance: <http://www.nysed.gov/bilingual-ed/ell-and-ml-educator-certification> * School Health Services: <http://www.nysed.gov/student-support-services/school-health-services> |

**PART III: PHYSICAL PLANT**

**Section 1: Health and Safety Compliance**

Items 1-5: All applicants must attach the documents identified in items 1-4 for each of the program’s physical sites. Check the appropriate boxes to indicate which documents are attached. No attachment is required for item 5.

**Section 2: Floor Plans**

Item 1: Line drawing floor plans must be submitted for each proposed site. Check the appropriate box(es) to indicate the sites for which a required floor plan is attached. If not applicable, please indicate N/A.

**Section 3: Accessibility**

Items 1-2: Check the appropriate boxes to indicate whether there are exterior and interior routes at each of the proposed sites that are accessible to people with disabilities.

Item 3: For each proposed site, indicate if the required documentation (identified in rows a, b and c) is attached by recording Y, N or N/A in the appropriate box(es).

In the table titled, “Part III Attachments”, indicate if the specified documents are attached for all sites by checking the appropriate boxes (Yes, No, N/A).

**PART IV: FISCAL INFORMATION**

**Section 1: Narrative Information**

Items 1-10: Provide narrative responses for items 1-10.

Attach copies of building lease(s) or amortization schedules (as appropriate) for each program site, and proof of current liability insurance.

**Section 2: Budget Information**

All applicants must complete Schedules 1, 2, and 3.

Schedule 1 includes two separate tables for applicants to list nondirect care and direct care positions. Applicable job titles are listed in the table titled, “Nondirect vs. Direct Care Position Classifications”, located at the beginning of Section 2. The formula for determining an employee’s full-time equivalent (FTE) is also provided at the beginning of Section 2.

The Reimbursable Cost Manual (RCM) defines items to be included in specific expense accounts listed on the budget schedules and is the basis for determining reimbursable cost on desk audits and field audits. The RCM is available by calling **(518) 474-3227** or at [www.oms.nysed.gov/rsu/Manuals\_Forms/Manuals/RCM/home.html](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/home.html).

In the box entitled, “Part IV Attachments”, indicate if the specified documents are attached by checking the appropriate boxes (Yes, No, N/A).

|  |
| --- |
| The following web links may be useful in completing Part IV of the application:   * Consolidated Fiscal Reporting (CFR) manual for calculating staff hours per week and for prorating salaries: <http://www.oms.nysed.gov/rsu/Manuals_Forms/> * Supplementary school personnel: <https://www.highered.nysed.gov/tcert/certificate/ta.html> * Reporting projected salaries of nondirect and direct care staff: <http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/home.html> |

**PART V: CHARACTER AND COMPETENCE REVIEW**

Each owner/administrator who serves as a Chief Executive of the proposed program must complete items 1-16 and provide his/her notarized signature and the date in the spaces provided in item 17. Additional pages may be copied and completed as necessary.

Attach a resume and copies of any related licenses and/or certifications for the Chief Executive Officer/Owner/Administrator(s).

In the box titled, “Part V Attachments”, indicate if the specified documents are attached by checking the appropriate boxes (Yes, No, N/A).

**PART VI: GOVERNANCE**

*The Board of Regents has authority over all elementary, secondary and postsecondary educational institutions, both public and private, libraries, museums, historical societies and other educational institutions chartered by the Regents or the Legislature and admitted to the membership of the University of the State of New York (USNY) by the Regents. Various provisions of the Education Law, Not-For-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon USNY institutions and the trustees/board members who run them. Each trustee or board member must understand and comply with applicable requirements. Noncompliance can result in the Regents’ revocation of an institution’s charter, the removal of trustees/board members from office, or other appropriate remedies under law. Prior to completing this section, all applicants should review appendix F of the NYSED Reimbursable Cost Manual which can be found at* [*http://www.oms.nysed.gov/rsu/Manuals\_Forms/Manuals/RCM/  
CurrentYear/201213RCMFinalVersion73112.pdf*](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/RCM/CurrentYear/201213RCMFinalVersion73112.pdf)*.*

*For purposes of this application section, governance for a program means a combination of individuals filling executive and management roles, program oversight functions organized into structures, and policies that define management principles and decision making.*

This section of the application should be completed consistent with the applicant’s proposed governance structure. The agency’s owners or founding group/prospective Board of Trustees are required to read the most current version of NYSED’s RCM “Statement on the Governance Role of a Trustee or Board Member.” An agency whose governance structure does not contain a Board of Trustees or Board Members must adhere to the governance and oversight principles to the greatest extent practicable and should describe, in the answers below, how its proposed governance structure will fulfill similar oversight responsibilities in order to ensure proper administration and accountability of the agency.

Items 1-9: Provide narrative responses for items 1-9, as applicable.

|  |
| --- |
| The following web links may be useful in completing Part VI of the application:   * Vendor responsibility: <http://www.osc.state.ny.us/vendrep/index.htm> * NYS Office of the State Comptroller   <http://www.osc.state.ny.us>  <http://www.osc.state.ny.us/localgov/pubs/lgmg/managementsresponsibility.pdf>  <http://www.osc.state.ny.us/localgov/pubs/lgmg/practiceinternalcontrols.pdf>  <http://www.osc.state.ny.us/localgov/pubs/lgmg/fiscal_oversight.pdf>   * United States Office of Government Ethics: <https://www.oge.gov/web/oge.nsf/ethicsofficials_mission> * NYS Board of Regents, RCM Reference Statement on the Governance Role of a Trustee or Board Member: <http://www.regents.nysed.gov/> |

**PART VII: PAYEE INFORMATION**

For agencies/programs that do not have a 12-digit NYSED code, a Payee Information and NYSED substitute W-9 form must be completed and **submitted with** the application. Forms and guidance are available at:

* [www.oms.nysed.gov/cafe/forms](http://www.oms.nysed.gov/cafe/forms)
* <http://www.nysed.gov/nonpublic-schools/osc-vendor-ids-and-nysed-substitute-form-w-9>

**Step 3: How To Submit The Completed Application**

Before submitting the application, please confirm all required information and attachments have been provided.

Please send the completed application and supporting documents to:

[**OSEapplications@nysed.gov**](mailto:OSEapplications@nysed.gov)

Please send Part VIII: Payee Information and Substitute W-9 (page 39) by mail with original signature to:

**New York State Education Department**

**P-12: Office of Special Education**

**Attention: Initial Application for School-Age Programs**

**89 Washington Avenue, Room 309 EB**

**Albany, NY 12234**

*PLEASE NOTE: APPLICATIONS THAT DO NOT INCLUDE ALL DOCUMENTATION AT THE TIME OF SUBMISSION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.*

Questions concerning the completion or submission of this application may be directed to the P-12: Office of Special Education at (518) 473-6108.

**Step 4: Application Review and Approval Process**

Agencies must not operate the proposed school-age program with disabilities until NYSED issues a written notice of conditional approval.

Upon receipt of an application, NYSED will conduct a preliminary review to ensure all required components are completed and documentation is provided. The applicant will be notified if anything is missing and will have 30 days to provide the required materials. NYSED will initiate its application review when all required documentation is provided. The application review will generally be completed within 60 days of receipt of a complete application. NYSED will not initiate a review until an application is complete. The application review process may include an onsite review and/or meeting with the applicant, at the discretion of NYSED. NYSED may be in contact with the applicant at various stages of the review process.

If NYSED determines that the application meets required expectations and standards, NYSED will grant conditional approval to operate the proposed program. Conditional approval shall be limited to a period of not more than one school year. Final approval of programs which have had conditional approval will be based on at least two site visits by program or fiscal staff of NYSED during the year of conditional approval; and documentation that the agency has participated in NYSED required training regarding consolidated fiscal reporting and governance. Final approval will take effect as of the date a final approval letter is issued by the Commissioner of Education, or his designee.

If NYSED determines that the application does not meet required expectations and standards, the application for approval will be denied. Applicants that are denied approval will be given a written explanation of the reason(s) for denial. An applicant who is denied approval may submit a revised application, addressing the reasons the application was denied, within 30 days of the receipt of the NYSED letter of denial to the applicant.

**APPLICATION MATERIALS**

**Initial Application for**

**New York State Education Department**

**Approval to Operate a**

**Private School-Age (5-21)**

**Special Education Program**

**In-State or Out-of-State**

***Day/Residential***

The following information will be used to communicate with the applicant during the review of the application and for New York State Education Department (NYSED) electronic mailings.

|  |  |
| --- | --- |
| **Date submitted:** |  |
| **Name of Applying Entity:** |  |
| **Key contact person(s):** |  |
| **Email:** |  |
| **Telephone number:** |  |

|  |
| --- |
| **CERTIFICATION AND ASSURANCES STATEMENT** |

**APPLICANT:**

I hereby certify that I will comply with the requirements of Article 89 of the New York State (NYS) Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education and understand the program and fiscal requirements for operating an approved private school for students with disabilities.

The applicant also make(s) the following assurances pursuant to the Individuals with Disabilities Education Act (IDEA), Article 89 of the Education Law and Parts 200 and 201 of the Regulations of the Commissioner of Education:

* Parents of students will not be asked to make any payments in lieu of, in advance of or in addition to, State, school district or county payments for allowable costs for students placed according to NYS procedures.
* Instructional materials to be used in the program will be available in a usable alternative format, which meets the National Instructional Materials Accessibility Standard, for each student with a disability in accordance with the student’s individualized education program (IEP).
* The program will not use any form of corporal punishment, aversive interventions, or seclusion, as such terms are defined in 8 NYCRR section 19.5, to modify a student’s behavior.
* The program will, as applicable, provide each student served with all of the special programs and services recommended in the student’s IEP at the recommended frequency, duration, and location.
* The program will cooperate with the school district, NYSED and other State oversight agencies in monitoring for compliance, effectiveness and fiscal integrity of the program.
* The program will provide data, records and reports to the referring school district, NYSED, and other State fiscal and program oversight agencies upon request.
* The program will conform to all applicable fire and safety regulations of the state and municipality in which the program is located and will submit building plans and specifications to fire and local law enforcement officials to ensure rapid access to the school(s) in the event of an emergency.
* The program will comply with NYSED’s policies and procedures pertaining to the administration of medications to students.
* All special education instructional and extracurricular programs and services will be provided in nonsectarian, neutral settings.
* The program will not exceed the total capacity of students with disabilities listed on their NYSED approval chart.
* All board members and owners of private for-profit and not-for-profit agencies will complete NYSED training regarding their legal, fiduciary and ethical responsibilities within the first year of obtaining their role following approval of the program by NYSED or within one year of such training being made available by the NYSED, whichever is later.
* The executive director, or any individual that will sign or certify the Consolidated Fiscal Report (CFR) on behalf of the program, will complete annual on-line CFR training as required by NYSED.
* No student with a disability will be removed or transferred from an approved program without the approval of the school district contracting for education of such student.
* The owner or operator of an approved program who intends to cease the operation of such school or chooses to transfer ownership, possession or operation of the premises and facilities of such school or to voluntarily terminate its status as an approved school will submit to the Commissioner of Education written notice of such intention not less than 90 days prior to the intended effective date of such action with a detailed plan which makes provision for the safe and orderly transfer of each student with a disability who was publicly placed in such approved school in accordance with 8 NYCRR section 200.7(e).
* Changes to the program’s approval will not be implemented without prior approval by NYSED.

I hereby certify that the information submitted in this application is true to the best of my knowledge and belief; and further, I understand that, if approval to operate a school-age program is granted, the proposed program shall operate consistent with the conditions of approval and in conformance with all applicable federal and State laws, regulations and policies; shall provide quality services in a necessary and cost-effective manner; and shall operate in conformance with the requirements of the Reimbursable Cost Manual of NYSED.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Print/Type Name and Title: |  |

**Part I  
  
  
GENERAL INFORMATION**

Section 1: Applicant Information

Section 2: Program Types

* Day School
* Residential School

Section 3: Site Information

**Section 1: Applicant Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Legal Name of Applying Agency | | | | | | |
| 2. Assumed Name or Doing Business As (DBA), if applicable | | | | | | |
| 3. Mailing Address of Agency Administrative Office | Street | | | | | |
| City State Zip Code | | | | | |
| 4. County and School District where Administrative Office is Headquartered | County | | | | | |
| School District | | | | | |
| 5. Telephone/Email Address of Administrative Office  Area Code       Number       Ext.  Email Address | | | | 6. Fax Number of Administrative Office  Area Code       Number | | |
| 1. Federal ID Number  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | | |
| 8. Agency/District 12-digit NYSED Code (Complete Payee Information and Substitute W-9 Form section if you do not have a 12-digit NYSED Code)   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | |
| 9. Name and Title of Chief Executive(s)/Chief School Official(s) (CEO) | Name | | | | | |
| Title | | | | | |
| Telephone | Fax Number | | | | Email Address |
| 10. Primary residence of CEO | City | | | | | State |
| 11. Contact Person for the Evaluation/Education Program | Name | | | | | |
| Title | | | | | |
| Telephone | | Fax Number | | Email Address | |
| 12. Chief Financial Officer (CFO) | Name | | | | | |
| Title | | | | | |
| Telephone | | Fax Number | | Email Address | |
| 13. Certified Public Accountant (CPA) Firm | Name of CPA Firm  Name of CPA | | | | | |
|  | Title | | | | | |
|  | Telephone | | Fax Number | | Email Address | |

|  |  |  |  |
| --- | --- | --- | --- |
| 14. For Residential School Applicants: Contact person for the State agency(ies) that license or certify the residential component. | State Agency  Name of Contact Person | | |
|  | Title | | |
|  | Telephone | Fax Number | Email Address |
| |  |  |  |  | | --- | --- | --- | --- | | 15. For Out-of-State Applicants: Contact person for the state educational agency (SEA) in the state where the school is located. | State Educational Agency  Name of Contact Person | | | |  | Title | | | |  | Telephone | Fax Number | Email Address | | | | |
| 16.  Private Entity  Indicate whether this is a domestic or foreign entity? | Corporation (Specify Type and Date of Incorporation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Partnership (Specify Type and Date of Formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Professional Limited Liability Company (PLLC) (Specify:      )  Limited Liability Company (LLC) (Specify:      )  Other (Specify Type and Date of Formation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Domestic  Foreign | | |
| Nonprofit | Regents Charter  Education Corporation (Regents Certificate of Incorporation)  Other not-for-profit corporation or organization | | |

Attach copies, as applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part I, Section 1: Attachments** |
|  |  |  |  |
|  |  |  | Residential license or certification |
|  |  |  | Charter, certification, or other comparable accreditation, authorizing the out-of-state school to operate as a school for the provision of special education services from the SEA in the state where the school is located |
|  |  |  | Regents Charter |
|  |  |  | Regents Certificate of Incorporation |
|  |  |  | Other legal authorizing documents if operating, in part, under another State agency or another not-for-profit or for-profit structure. Include any amendments thereto, as well as any certificates of assumed name, and tax exempt documentation from the Internal Revenue Service. |

**Section 2: Program Types**

Specify the program type for which you are applying for approval.

|  |  |  |
| --- | --- | --- |
| **Program Types** | **Requesting Approval** | **Program Calendar** |
| Day School | Yes  No | 10-month (September – June)  12-month (July – June)  2-month (July – August) |
| Residential School | Yes  In-State  Out-of-State  No | 10-month (September – June)  12-month (July – June)  2-month (July – August) |

**Section 3: Site Information**

Provide the following information for each site to be utilized for the proposed program. Attach additional pages if necessary.

|  |  |  |
| --- | --- | --- |
| **Name of Site 1:** | | **Owned**  **Leased / Rented** |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |

|  |  |  |
| --- | --- | --- |
| **Name of Site 2:** | | **Owned**  **Leased / Rented** |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |

|  |  |  |
| --- | --- | --- |
| **Name of Site 3:** | | **Owned**  **Leased / Rented** |
| **Street** | | |
| **City State Zip Code** | | |
| **County School District** | | |
| **Name and Title of Site Supervisor** | | |
| **Telephone** | **Email Address** | |

**Part II  
  
  
PROGRAM DESCRIPTION**

Section 1: Description of Proposed Program

Section 2: Policies, Procedures and Practices

Section 3: Organizational Structure

Section 4: Staffing

**Section 1: Description of Proposed Program**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Population to be served   Disability categories to be served in the program (check those that apply):   |  |  |  | | --- | --- | --- | | Autism | Intellectual Disability | Speech or Language Impairment | | Deafness | Learning Disability | Traumatic Brain Injury | | Deaf-Blindness | Multiple Disabilities | Visual Impairment  (including blindness) | | Emotional Disability | Orthopedic Impairment | | Hearing Impairment | Other Health Impairment |   Ages:  Projected numbers[[1]](#footnote-1):  Student Management Needs:  Students will primarily need specialized instruction and will not have management needs that interfere with the instructional process.  Students’ management needs will be highly intensive, requiring a high degree of individualized attention and intervention.  Students’ management needs will be intensive and require a significant degree of individualized attention and intervention.  Students will have severe multiple disabilities and their programs will consist primarily of habilitation and treatment. |
| 1. Identify the total number of special classes proposed. |
| 1. For each special class, indicate the maximum class size[[2]](#footnote-2), age range of the students, instructional levels and the number of teachers, teaching assistants, teacher aides and other professionals assigned to each class.      |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Class**  **1** | | **Class**  **2** | | **Class**  **3** | | **Class**  **4** | | **Class**  **5** | | Maximum Class Size |  | |  | |  | |  | |  | | Age Range of Students |  | |  | |  | |  | |  | | Instructional Levels |  | |  | |  | |  | |  | | Number of Teachers |  | |  | |  | |  | |  | | Number of Certified Teaching Assistants |  | |  | |  | |  | |  | | Number of Teacher Aides |  | |  | |  | |  | |  | | Other Professionals  Assigned to Each Class  (List Separately) |  |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | |  | |  | |  | | |
| 1. Describe how the program will group students for instructional purposes based on similarity of needs. |
| 1. List the related services to be provided to meet the IEPs of students enrolled in the program.     Identify the projected caseloads (numbers only) of related services providers. |
| 1. Program Schedule   Attach a sample daily schedule of instructional activities from arrival to dismissal. Note that each school day must provide not less than 5 hours of instruction at the elementary level and 5 1/2 hours of instruction at the middle/secondary level, including related services, but excluding transportation and lunch.  Provide the proposed total number of instructional hours per day for the program:    Identify the specific times when instruction will occur:   |  | **Morning**  **Instructional Time** | | **Afternoon**  **Instructional Time** | | | --- | --- | --- | --- | --- | | **Start** | **Finish** | **Start** | **Finish** | | Monday |  |  |  |  | | Tuesday |  |  |  |  | | Wednesday |  |  |  |  | | Thursday |  |  |  |  | | Friday |  |  |  |  |   Notations: (optional) |

**Section 2: Policies, Procedures and Practices**

|  |
| --- |
| 1. Agency Background Information: Provide relevant background information on the agency, including the agency’s experience in providing educational or other programs for school-age students with disabilities or similar populations. |
| 1. Mission Statement and Goals: Provide a mission statement that defines the core purpose and key values of the agency. Briefly describe the proposed program’s goals/objectives as they relate to ensuring quality and cost-effective programs, services for students with disabilities. |
| 1. Preopening Plan: Describe the ‘preopening’ plan that documents key tasks to be completed between approval of the application and the opening of the proposed program. Include a schedule for initiation, development and completion of those tasks, identify primary responsibility by individual or position, and document anticipated resource needs. |
| 1. Measure(s) of Outcomes and Effectiveness of Program: Describe how the program will assess its effectiveness. |
| 1. Operational Calendar (yearly): Provide narrative information regarding days of operation. The program must be in operation for not less than 180 days[[3]](#footnote-3) a year. A program approved for July-August must be in operation for not less than 30 days.     Attach the school and /or summer calendar |
| 1. Curriculum: Describe how the program will ensure that students with disabilities have access to the full range of programs and services set forth in Part 100 of the Regulations of the Commissioner of Education and provide instruction in curriculum aligned with the NYS P-12 Common Core Learning Standards[[4]](#footnote-4), as applicable, at the elementary, middle and secondary level.     Assessments: Describe how the program will ensure that students with disabilities participate in the NYS 3-8 and high school State assessments (including, as appropriate, the New York State Alternate Assessment (NYSAA). |
| 1. If the school will include a secondary school-age program, is it a registered secondary school authorized to award credits and diplomas?   Yes  No  Not Applicable  If yes, attach a copy of the secondary school registration.  If no, describe the process that the program will use to ensure that course credit, diplomas and nondiploma NYS credentials[[5]](#footnote-5) are appropriately awarded to students with disabilities at the secondary level.    List all courses that the program will offer at the middle and secondary level. |
| 1. Behavior Management Policies: Describe how the program will provide positive behavioral supports and interventions for students.     Attach a copy of the program’s behavior management policies and procedures relating to functional behavioral assessments, behavioral intervention plans, use of emergency interventions and use of a time out room, as applicable. |
| 1. Discipline Procedures: Describe the program’s policy on school conduct and discipline. Explain how the program will ensure the procedural safeguards are provided to students and families relating to discipline, including but not limited to notice, manifestation determinations, functional behavioral assessments, behavioral intervention plans, and education services provided to students during any period of suspension or removal as required by federal and State law and regulations. |
| 1. Programs for students with disabilities who have limited English proficiency: Describe how students will be provided instruction and evaluations in their native language or other mode of communication if recommended in their IEPs. |
| 1. Use of Psychotropic Medication: Does the program propose to use psychotropic medications?   Yes  No  If yes, attach the program’s written policy pertaining to use of psychotropic medication. |
| 1. Confidentiality: Describe the program’s policies to ensure the confidentiality of personally identifiable information in a student’s record, including, but not limited to, maintenance and storage of records, release of information and safeguarding student information in the event of technology failure or natural disasters. |
| 1. IEP Development: Describe the process by which the proposed program will participate in the committee on special education (CSE) meetings to develop and review student IEPs. |
| 1. IEP Dissemination and Implementation: Explain how the program will provide copies of the students’ IEPs to teachers and other providers and how individuals responsible for IEP implementation will be informed of their responsibilities for each student. |
| 1. Professional Development: Describe the staff orientation and professional development that will be provided[[6]](#footnote-6). Recommended topics include, but are not limited to, the following.  * NYS’ P-12 Common Core Learning Standards * Positive behavioral supports and interventions * Safe and therapeutic emergency interventions * Privacy rights of students * Child abuse prevention and identification * Health, safety and security procedures * Staff code of conduct * Whistleblower policies * Working with parents * Culturally responsive education * Roles and responsibilities for participation in CSE meetings * Record keeping |
| 1. Progress Monitoring and Reports to Districts: Describe how an educational progress report on each student, which describes the student’s progress toward meeting the annual goals, will (a) be provided to the CSE at least annually; and (b) will be provided to the student’s parent(s) at the frequency described in the student’s IEP. |
| 1. Parent Involvement: Describe the program’s plans to encourage and support parent involvement in their child’s program.       Describe how parent counseling and training will be made available as a related service, as appropriate, to assist parents in understanding the special needs of their child; provide parents with information about child development; and help parents to acquire the skills necessary to allow them to support the implementation of their child’s IEP[[7]](#footnote-7). |
| 1. For residential school applicants, attach the program’s procedures for the protection of students from abuse, neglect and significant incidents, including, but not limited to:  * staff training and orientation * instruction provided to all students in techniques and procedures which will enable them to advocate for and protect themselves from abuse, neglect and significant incident, and * use of an incident review committee.   Attach a copy of the program’s written procedures. |

**Section 3: Organizational Structure**

|  |
| --- |
| Describe the entity’s organizational structure in relation to the proposed program(s) that includes the staffing structure and reporting responsibilities for the board or, if applicable, individuals having any ownership interest in the program, and the program’s administration and staff.    Attach an organizational chart. |

**Section 4: Staffing**

|  |
| --- |
| 1. Describe the proposed staffing plan for the program: |
| 1. Describe how the proposed staffing will meet the needs of the students to be served without reliance on one-to-one aides. |
| 1. Describe how the proposed staffing will ensure appropriately qualified individuals will be available to provide instruction to students during staff absences (i.e., substitutes). |
| 1. Describe the procedures to be followed, ensuring that all staff in the hiring process are screened and all instructional and noninstructional personnel are appropriately certified and/or licensed. For residential schools, personnel screening procedures must be developed consistent with the requirements of section 200.15(c) of the Regulations of the Commissioner of Education. |
| 1. For in-State residential schools: Describe how all staff and volunteers are screened to ensure that they are not on the Justice Center Staff Exclusion List[[8]](#footnote-8) or the State's Central Registry of Child Abuse and Neglect[[9]](#footnote-9). |
| 1. Describe the proposed plan for supervision of staff. Describe the manner and method for provision of supervision as well as the number of staff for whom each supervisor/administrator is responsible. For residential schools, the proposed plan must be developed consistent with the requirements of section 200.15(e) of the Regulations of the Commissioner of Education. |

**Complete Program Staffing Summary** (copy and attach additional sheets as needed)

| **Personnel Name** | **Job Title** | **Type of NYS Certification or License held, if applicable**  **🞏 Attach copies** | **Certificate/License and NPI Number, if applicable**  **🞏 Attach copies** | **Hours Per Week for Administrative Duties** | **Specify Staff (S), Contract (C) or per diem (P)** |  |  |  | **Hours Per Week for School-age program** | **Hours per Week for Other Programs within this Agency** | **Total Hours Per Week (not to exceed 40)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IN ADMINISTRATIVE TITLES:** |  |  |  |  |  |  |  |  |  |  |  |
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| **IN TEACHING TITLES:** |  |  |  |  |  |  |  |  |  |  |  |
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| **IN SUPPLEMENTARY SCHOOL PERSONNEL TITLES:** |  |  |  |  |  |  |  |  |  |  |  |
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| **IN RELATED SERVICE TITLES:** |  |  |  |  |  |  |  |  |  |  |  |
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| **OTHER:** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Student/Staff Data (**if there are more than four classes in the program, copy and attach additional sheets as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Classroom Data** | **Special Classes** | | | |
| **1** | **2** | **3** | **4** |
| Number of Students with Disabilities |  |  |  |  |
| Number of Certified Special Education Teachers |  |  |  |  |
| Number of Supplementary School Personnel – teaching assistants and teacher aides |  |  |  |  |

The maximum class sizes must be consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and be proposed as one or more of the following:

* 12 students to one teacher (plus additional staff)
* 8 students to one teacher (plus additional staff)
* 6 students to one teacher (plus additional staff)

No other class size options will be considered (e.g., 7 students to one teacher plus additional staff).

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part II Attachments** |
|  |  |  | Sample daily instructional schedule of a special class. |
|  |  |  | Operational yearly and/or summer schedule |
|  |  |  | Copy of the program’s secondary school registration |
|  |  |  | Policies and procedures relating to functional behavioral assessments, behavioral intervention plans, use of emergency interventions and use of a time-out room (as applicable) |
|  |  |  | Policy on Use of Psychotropic Medications (if applicable) |
|  |  |  | Organizational Chart |
|  |  |  | Copies of NYS certification(s) or License(s) held |
|  |  |  | Copies of Certificate(s)/License(s) and NPI number(s) |

**Part III  
  
  
PHYSICAL PLANT**

Section 1: Health and Safety Compliance

Section 2: Floor Plans

Section 3: Accessibility

**Section 1: Health and Safety Compliance**

|  |  |
| --- | --- |
| **Documentation Required** | **Attached** |
| 1. Certificate of Occupancy | Site 1:  Site 2:  NA:  Site 3:  NA:  Site 4:  NA: |
| 1. Fire Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved.[[10]](#footnote-10) | Site 1:  Site 2:  NA:  Site 3:  NA:  Site 4:  NA: |
| 3. Building Inspection Reports (must be current, within the past year). If report indicates noncompliance in any area, submit documentation that noncompliance was resolved. | Site 1:  Site 2:  NA:  Site 3:  NA:  Site 4:  NA: |
| 4. Fire/Disaster Evacuation Plan including procedures to evacuate nonambulatory individuals. (For additional information, see [http://www.p12.nysed.gov/facplan/ articles/EmergencyEvacuation2.htm](http://www.p12.nysed.gov/facplan/articles/EmergencyEvacuation2.htm)) | Site 1:  Site 2:  NA:  Site 3:  NA:  Site 4:  NA: |
| 5. Is the building used for instructional purposes in the summer? | No attachment needed.  **Yes No NA**  Site 1:  Site 2:  Site 3:  Site 4: |
| If yes, is the building air conditioned?  If no, describe for each site how climate will be controlled to ensure students can comfortably and safely attend during the summer months. | **Yes** **No** **NA**  Site 1:  Site 2:  Site 3:  Site 4: |

**Section 2: Floor Plans**

| **Documentation Required** | **Attached** | | |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **NA** |
| Submit clear, legible line drawings showing the floor plans, which need not be blueprint quality. If there are multiple sites, attach one line drawing for each site. Information on line drawings must clearly indicate:  a. Special education program room labels and square footage for each space:   * Office space (indicate number of staff designated in each space/room)   + Administrative   + Staff * Related services space   + Therapy type   + Instructional group size(s) * Classrooms   + Classroom staff to student ratio to be served * Other spaces, for example   + Record storage   + Staff lounge   + Maintenance   + Utilities   b. Building space utilized for purposes other than the operation of the approved private school program:   * 4410 preschool program * Early childhood programs * Day care * Adult programs * Community agencies * Public vendors/shops/business * Other (specify on plans) | Site 1: |  |  |  |
| Site 2: |  |  |  |
| Site 3: |  |  |  |
| Site 4: |  |  |  |
|  |  |  |  |

**Section 3: Accessibility**

| **Documentation Required** |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | | **No** | | **NA** |
| 1. Exterior Routes: People with disabilities should be able to arrive on site, approach the building, and enter as freely as everyone else. At least one route of travel should be safe and accessible for everyone, including people with disabilities. This route must include handicapped parking, curb cuts, ramps, and automatic door operators as necessary to enter the building.  For each site, identify whether there is an accessible exterior route as specified above. | Site 1: | |  | |  | |  |
| Site 2: | |  | |  | |  |
| Site 3: | |  | |  | |  |
| Site 4: | |  | |  | |  |
|  | |  | |  | |  |
| 2.Interior Route, Access to Goods and Services, and Restroom Facilities: The layout of the building should allow people with disabilities to obtain materials or services and use the facilities without assistance. This should include access to general purpose and specialized classrooms, public assembly spaces (such as libraries, gymnasiums, and auditoriums), nurse’s office, main office, and restroom facilities. Services include drinking fountains, telephones, and other amenities.  For each site, identify whether there is an accessible interior route as specified above. | Site 1: | |  | |  | |  |
| Site 2: | |  | |  | |  |
| Site 3: | |  | |  | |  |
| Site 4: | |  | |  | |  |
|  | |  | |  | |  |
| **Documentation Required** | **Attached (Y/N/NA)** | | | | | |  |
| **Site 1** | **Site 2** | | **Site 3** | | **Site 4** |  |
| 3. Accessibility based on the Americans with Disabilities Act (ADA) |  |  | |  | |  |  |
| a. Architect’s letter submitted by architect or engineer or organization familiar with public buildings and ADA |  |  | |  | |  |  |
| b. If any areas have been identified as noncompliant with ADA, include evidence of resolution of the issues |  |  | |  | |  |  |
| c. Or, submit a written plan of how you will accommodate persons with disabilities in accessing the functions and/or services provided in the building. |  |  | |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part III Attachments** |
|  |  |  | Certificate(s) of Occupancy |
|  |  |  | Fire Inspection(s) Documentation |
|  |  |  | Documentation of resolution of noncompliance as identified in Fire Inspection report(s) |
|  |  |  | Building Inspection Report(s) |
|  |  |  | Documentation of resolution of noncompliance as identified in Building Inspection Report(s) |
|  |  |  | Fire/Disaster Evacuation Plan |
|  |  |  | Line Drawings |
|  |  |  | ADA Accessibility Documentation (Architect’s letter; evidence of resolution of identified issues OR written plan to accommodate persons with disabilities) |

**Part IV  
  
  
FISCAL INFORMATION**

Section 1: Narrative Information

Section 2: Budget Information

**Section 1: Narrative Information**

|  |
| --- |
| 1. Provide a list of individuals (by name, if known, and by title) in the agency who will have access to financial records. |
| 1. Provide a list of minimal qualification requirements for the CFO/Business Manager position(s). |
| 1. For each program site, attach copies of Building Lease(s) or Amortization Schedule(s) (as appropriate).   Site 1 attached  Site 2 attached  NA  Site 3 attached  NA  Site 4 attached  NA |
| 1. Describe the agency’s financial internal control system that is designed to ensure that (a) the agency maintains accounts in accordance with generally accepted accounting principles and (b) that financial reports generated from the system allow analysis of revenues and expenses by program, including but not limited to enrollment and staffing data. |
| 1. Identify the name of the agency’s liability insurance carrier.     Attach proof of current liability insurance. |
| 1. Identify the resources and financing available to support operation of the program for the first year. |
| 1. Describe how the program will manage costs in the event of fluctuations in enrollment to ensure fiscal viability. |
| 1. Provide information describing the program’s policies and procedures developed to protect from retaliation those employees who report information concerning acts of fraud, abuse or waste, acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior encountered during their employment. (Whistleblower Policy). |
| 1. Provide a plan for how the agency will safeguard financial information in the event of technology failure or natural disasters. |
| 1. Describe the process that will be used to ensure that expenses incurred in operating the agency, and revenues received, can be specifically tracked to agency programs. Include a description of the process used to ensure only allowable directly charged and allocated expenses, as defined by NYSED, will be claimed for reimbursement. |

**Section 2: Budget Information**

**Schedule 1: Projected Personal Services**

In Schedule 1, report projected salaries of Nondirect Care (Administration/Facility) and Direct Care (Instructional, Social Services and Related Services) staff by job classification using the applicable job titles listed below as a guide. These job titles may also be found in Appendix R (pgs. 134-143) of the Consolidated Fiscal Report Manual at: <http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/home.html>.

The total salaries must reconcile with the projected expenditures reported on line 1, "Salaries," on Schedule 3 "General Program Budget."

**Nondirect vs. Direct Care Position Classifications**

|  |  |
| --- | --- |
| **Nondirect Care Positions** | **Direct Care Positions** |
| Executive Director/Superintendent | Teacher – Substitute |
| Finance Director/Business Official | Teacher – Special Education |
| Program Administrator/Supervisor |  |
| Administrator | Teaching Assistant, Teacher Aide – Students with Disabilities |
| Accountant/Bookkeeper |  |
| Office Related | Psychologist |
| Maintenance Worker | Social Worker |
| Other (Specify) | Speech and Language Pathologist |
|  | Physical Therapist |
|  | Occupational Therapist |
|  | Occupational or Physical Therapy Assistants |
|  | Other (Specify) |

The full-time equivalent (FTE) should be rounded to three decimal places (.000). The standard formula for calculating an employee's FTE is as follows:

|  |
| --- |
| Total Hours of Projected Employment  Standard Work Week Hours x 52 Weeks |

Complete Schedules 1-3

**Schedule 1: Projected Personal Services**

**Nondirect Care – Administration/Facility**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 3, Line 1)** |  |  |

**Direct Care – Instructional and Related Services**

|  |  |  |
| --- | --- | --- |
| **Job Title/Job Code** | **Salary** | **FTE** |
|  |  |  |
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|  |  |  |
|  |  |  |
| **Total (Must reconcile with Schedule 3, Line 1)** |  |  |

Note: Nondirect and Direct Care Job Titles must conform to the chart at the beginning of Section 2: Budget Information.

**Schedule 2: Projected Contracted Services (other than personal services)**

In Schedule 2, provide information relating to contracts with individual consultants or other contractors expected during the year. The total amount should reconcile to Line 9, "Contracted Services," on Schedule 3 "General Program Budget."

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contracted Service** | **Hours of Service** | **Total to be Paid**  **(Direct Care)** | **Total to be Paid (Nondirect Care)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Total (Must reconcile with Schedule 3, Line 9)** |  |  |  |

**Schedule 3: General Program Budget**

| **Account** | **Nondirect Care** | **Direct Care** |
| --- | --- | --- |
| **Personal Services:** | | |
| 1. Salaries |  |  |
| 2. Social Security |  |  |
| 3. Insurance (life and health) |  |  |
| 4. Pension and retirement |  |  |
| 5. Worker’s Compensation, Unemployment Insurance, NYS Disability |  |  |
| 6. Other Fringe Benefits (specify) |  |  |
| **7. Total Personal Services (Sum of Lines 1-6)** |  |  |
| **Other than Personal Services (OTPS):** | | |
| 8. Travel |  |  |
| 9. Contracted Services |  |  |
| 10. Supplies and Materials |  |  |
| 11. Repairs and Maintenance |  |  |
| 12. Staff Training |  |  |
| 13. Audit/Legal |  |  |
| 14. Office Supplies/ Postage |  |  |
| 15. Utilities/Phone |  |  |
| 16. Lease/Rental Vehicle |  |  |
| 17. Lease/Rental Equipment |  |  |
| 18. Depreciation – Vehicle |  |  |
| 19. Depreciation – Equipment |  |  |
| 20. Lease/Rental Property |  |  |
| 21. Leasehold and Leasehold Improvements |  |  |
| 22. Depreciation Building |  |  |
| 23. Depreciation – Building Improvements |  |  |
| 24. Depreciation – Land Improvements |  |  |
| 25. Interest – Mortgage |  |  |
| 26. Insurance – Property/Casualty |  |  |
| 27. Other (Specify) |  |  |
| **28. Total OTPS (Sum of Lines 8-27)** |  |  |
| **29. GRAND TOTAL (Sum of Lines 7 and 28)** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part IV Attachments** |
|  |  |  | Building Lease(s) (as applicable) or Amortization schedule(s) |
|  |  |  | Proof of liability insurance |

**Part V  
  
  
CHARACTER AND COMPETENCE REVIEW**

**Copy and complete this section and accompanying affidavit form for each Owner/Chief Executive Officer/ and/or Chief Administrator or Executive Director who may fulfill the role and responsibilities of a Chief Executive/Administrator, or a portion of these duties.**

|  |  |
| --- | --- |
| 1. Name of Chief Executive Officer/Owner/Administrator(s) | |
| 2. Primary Residence  City:       State: | |
| 3. Business Address | Street |
| City State       Zip |
| 4. Occupation | |
| 5. Educational History    Attach résumé | |
| 6. Certification(s)/License(s)  Attach copies of certification(s)/license(s)  Were your certificates/licenses ever refused?  Yes  No  revoked?  Yes  No  subject to other disciplinary action?  Yes  No  If yes, describe: | |
| 1. Community and philanthropic experience | |
| 1. Years of experience in the field of human services | |
| 1. Years of experience in a supervisory or management capacity | |
| 1. Indicate if you hold any other positions of employment     Yes  No  If yes, indicate the name of the employer, the job title, job responsibilities and the number of hours employed per week at the external position. | |
| 1. Identify any current and previous association(s) with a human services agency or vendor. Specify the positions held (e.g., employee, owner, executive director, member of the board of directors). | |
| 1. Indicate if you have been employed by or have been a board member of an agency that has been cited for findings of waste, fraud, abuse, or wrongdoing, including but not limited to the unlawful acquisition, use, payment or expenditure of agency or program funds.   Yes  No  If yes, indicate which agency and in what capacity you were associated with the agency during the time of these findings. | |
| 1. Have you had affiliations with any program whose approval was revoked or suspended by NYSED or another State or federal agency?   Yes  No  If yes:  Provide the name of the program(s) and State oversight agency(ies):    Indicate what your affiliation was to the program: | |
| 1. Have you had affiliations with any program or entity that has been subject to past, current or pending disciplinary action, disallowance, fine or other penalty by NYSED or another State or federal agency?   Yes  No  If yes:  Provide the name of the program(s) and State oversight agency(ies):    Indicate what your affiliation was to the program: | |
| 1. Have you ever been convicted of a crime by a federal or State court in any jurisdiction?   Yes  No  If yes:  What was the criminal offense(s):  Was the criminal offense(s) a misdemeanor or felony? | |
| 1. Do you currently have any criminal charge(s) pending against you in a federal or State court in any jurisdiction?   Yes  No If yes, provide an explanation: | |
| 1. Affidavit:   I,      , declare that, to the best of my knowledge, the information above is true, correct and complete.  Signature: Date:  **Acknowledgment of Individual**  STATE OF NEW YORK  COUNTY OF  On the day of in the year , before me, the undersigned, personally appeared , personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.    Notary Public  Printed Name:  My Commission Expires: | |

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| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part V Attachments** |
|  |  |  | Certifications/licenses of Chief Executive Officer/Owner/ Administrator(s) |
|  |  |  | Certifications/licenses of additional Chief Executive Officer/Owner/ Administrator(s) |
|  |  |  | Resume of Chief Executive Officer/Owner/ Administrator(s) |
|  |  |  | Resume of additional Chief Executive Officer/Owner/ Administrator(s) |

**Part VI  
  
  
GOVERNANCE AND INTERNAL CONTROLS**

The governance structure for for-profit entities is prescribed by the Business Corporation Law, Limited Liability Company Law or Partnership Law, as applicable.

Various provisions of the Education Law, Not-for-Profit Corporation Law and General Municipal Law impose legal duties, fiduciary responsibilities and fiscal requirements upon The University of the State of New York institutions and the trustees/board members who run them.

For purposes of this application section, governance for a program meansa combination of individuals filling executive and management roles, program oversight functions organized into structures, and policies that define management principles and decision making.

**Narrative Information**

The agency’s owners or founding group/prospective Board of Trustees are required to read the most current version of the NYSED Reimbursable Cost Manual “Statement on the Governance Role of a Trustee or Board Member” and complete this section. An agency whose governance structure does not contain a Board of Trustees or Board Members must read the “Statement on the Governance Role of a Trustee or Board Member” and adhere to the governance and oversight principles to the greatest extent practicable and should describe, in the answers below, how its proposed governance structure will fulfill similar oversight responsibilities in order to ensure proper administration and accountability of the agency.

|  |
| --- |
| 1. Describe the governance structure, as applicable, of the proposed program. |
| 1. Explain the procedures to be followed in instances where an individual’s personal or business interests may be advanced by an action of the governing structure of the agency. |
| 1. Explain the agency’s policy that would prohibit impermissible nepotism in hiring and other institutional business. |
| 1. Disclose any and all at-arms-length relationships as well as any affiliations/relationships with other entities that accept public funds including, but not limited to, Early Intervention providers, agencies providing related services and approved preschool programs. |
| 1. Describe the role of the individuals filling executive and management roles, and as applicable individuals with ownership interest, in establishing policies that define management principles and decision making. |
| 1. Provide a description of how periodic operating financial reviews and reports will be submitted and reviewed by the agency’s governing structure, including how the agency’s governing structure will perform a review of all claims and ensure proper itemization and documentation necessary for the approval of the agency’s expenditures. If the governing structure delegates this function to an individual(s) holding an executive or management role, the description outlines the format and frequency of reports that will be made directly to the agency’s board or owners. In the case of an agency that is structured as a sole proprietorship, this review function must be performed by an individual separate from the sole proprietor.     State the relationship the reviewer has with the agency. |
| 1. Provide evidence that individuals filling executive and management roles reside within a geographic region in proximity to the proposed program(s) to ensure appropriate and timely on-site oversight of the program. |
| 1. Provide a description of the internal controls that will be established to ensure that the program is operating effectively and efficiently in all program and fiscal matters. Include information on internal controls relating to each of the following:    1. Ensuring a quality *control environment:*    2. Performing a *risk assessment*:    3. Designing effective *policies and procedures*:    4. Providing clear *communication* throughout the school/agency:    5. Conducting ongoing *monitoring* of policies and procedures: |
| 1. Attach a copy of the agency’s Code of Ethics.   The Code of Ethics must as a minimum include a Conflict of Interest policy, a policy outlining the procedure for reporting fraud, waste and abuse, and a whistleblower policy protecting employees from retaliation for disclosing information concerning acts of wrongdoing, misconduct, malfeasance or other inappropriate behavior. |

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| --- | --- | --- | --- |
| **Yes** | **No** | **NA** | **Part V Attachments** |
|  |  |  | Agency’s Code of Ethics |

**Part VII**

**PAYEE INFORMATION AND SUBSTITUTE W-9**

For agencies/programs submitting this application that have NOT been assigned a 12-digit NYSED Code, a Payee Information form and a NYSED Substitute W-9 form must be completed and submitted to NYSED, with an original signature, via mail. In order to receive funds from NYSED, all sections of the forms must be completed. Forms may be sent to:

**New York State Education Department**

**P-12: Office of Special Education**

**Attention: Initial Application for School-Age Programs**

**89 Washington Avenue, Room 309 EB**

**Albany, NY 12234**

Forms, instructions and guidance are available at:

[www.oms.nysed.gov/cafe/forms/](http://www.oms.nysed.gov/cafe/forms/)

<http://www.nysed.gov/nonpublic-schools/osc-vendor-ids-and-nysed-substitute-form-w-9>

Payee Information and Substitute W-9 form submitted via mail with original signature, as applicable.

1. Programs must provide instruction to a minimum of 16 NYS publically placed students with disabilities. [↑](#footnote-ref-1)
2. The maximum class sizes must be consistent with section 200.6(h)(4) of the Regulations of the Commissioner of Education and be proposed as one or more of the following:

   12 students to one teacher (plus additional staff)

   8 students to one teacher (plus additional staff)

   6 students to one teacher (plus additional staff)

   No other class size options will be considered (e.g., 7 students to one teacher plus additional staff). [↑](#footnote-ref-2)
3. No school may be in session on a Saturday or a legal holiday, except general election day, Washington’s Birthday and Lincoln’s birthday. Days may include not more than four conference days. A conference day may not be scheduled on any day in July or August. [↑](#footnote-ref-3)
4. <http://www.engageny.org/resource/new-york-state-p-12-common-core-learning-standards> [↑](#footnote-ref-4)
5. Skills and Achievement Commencement Credential for Students with Severe Disabilities who take the NYS Alternate Assessment and the NYS Career Development and Occupational Studies Commencement Credential for all other students with disabilities who meet the criteria for award of the credential. [↑](#footnote-ref-5)
6. Professional development for residential schools must address the requirements of section 200.15 of the Regulations of the Commissioner of Education pertaining to staff orientation and training. [↑](#footnote-ref-6)
7. For parents of students placed in 6:1+1, 8:1+1 and 12:1+(3:1) special classes, provision must be made for parent counseling and training for the purpose of enabling parents to perform appropriate follow-up intervention activities at home. [↑](#footnote-ref-7)
8. <http://www.nysed.gov/special-education/justice-center-protection-people-special-needs> [↑](#footnote-ref-8)
9. <http://www.nysed.gov/common/nysed/files/special-education/memo/scr-clearance.pdf> [↑](#footnote-ref-9)
10. The program must conduct at least 12 fire drills during the school year, eight of which must be held between September 1 and December 1 of each school year. A fire drill log, specifying time conducted, evacuation time and any difficulties encountered during the fire drill will be maintained. For programs operating on a 12-month basis, an additional two fire drills are required to be conducted during the months of July and August. [↑](#footnote-ref-10)