N.Y.S. COALITION FOR INDEPENDENT & RELIGIOUS SCHOOLS

Request for Payment with Title IV Funds 2026-2027

Person Making Request: _____ **School:** _____

Date Submitted: _____ **Date Needed:** _____

Check made payable to: _____

Address: _____

Check Amount: _____

Please indicate which activity category:

- ☐ Stipends
- ☐ Mental Health/counseling service providers
- ☐ Professional Development activities
- ☐ Supplemental educational resources & equipment
- ☐ Field Trips
- ☐ STEM activities
- ☐ Music/Arts programming and materials
- ☐ World Language Instruction
- ☐ Career and College Counseling/guidance
- ☐ Civics instruction
- ☐ Social Emotional Learning
- ☐ Environmental Education
- ☐ Safe and Supportive Schools
- ☐ Other

Follow-up Plan:

(How will it be evaluated? What documentation will be provided? How will implementation be monitored?)

Cost Breakdown:

PD workshop/presentation by provider	$ _____
Materials required for the session	$ _____
Registration – conference, meeting, etc. (includes fees and dues)	$ _____
Travel (Hotel)	$ _____
Travel (Meals)	$ _____
Travel (Transportation)	$ _____
Total Requested	$ _____

Please include:

- ☐ Attendance rosters with signatures or other proof of attendance (copy of certificate, copy of name tag)
- ☐ Description of programming
- ☐ Receipts (if applicable)
- ☐ Copy of purchase order or proof of payment

_____ _____

Approval Signature **Date**

Please do not submit this form until all documentation is attached.

Please submit this form to:

Federal Programs Coordinator - NYSCIRS • PO Box 4761 • Halfmoon, NY 12065 • Email: **nyscirs338@gmail.com**

N.Y.S. COALITION FOR INDEPENDENT & RELIGIOUS SCHOOLS