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

Request for Payment with Title II-A Funds 2026-2027

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

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

Check made payable to: _____

Address: _____

Check Amount: _____

Professional Development ESSA Section 8101(42) Activity Category:

- ☐ Academic/Instructional Coaches
- ☐ School Climate
- ☐ Stipends for mentor coordinators
- ☐ Professional Development provider
- ☐ Stipends to participate in PD training (outside of school hours)
- ☐ Contractor/Consultant fees
- ☐ Materials/Supplies and equipment for use in PD activities
- ☐ Conference Registration
- ☐ Conference Travel
- ☐ Course reimbursement
- ☐ Support for National Board Certification
- ☐ Career advancement opportunities

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**

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