

The Enhanced Rate Equitable Services Unit accepts requests related to services to be provided during the ten-month school year (September to June). All requests related to Extended School Year services and/or Compensatory Services should be directed to the CSE.

Instructions: Requesters must submit an agency affidavit completed by an agency representative for each provider when the rate charged by the agency exceeds the amount paid directly to the provider.

Please note that failure to complete all required fields will result in your request being rejected. This includes the Student Name and NYCID on each page.

1. Name of Student:
2. Name of Agency:
3. Agency TIN:
4. In the table below, please list the names of individual provider(s), the type of service they provided, the hourly rate charged by the agency for the service and the hourly rate paid to the provider for the service:

Name of Individual Provider	Type of Service Provided	Hourly Rate Charged for Service	Hourly Rate Paid to Provider for Service

5. Provide an itemized/detailed breakdown of costs covered by the excess of the rate beyond what is paid to each provider (include profit, if applicable):

6. Are any of the monies charged for services being used to finance the existing level of instruction in a private school or to otherwise benefit the private school?

☐

Yes

☐

No

6a. If yes, explain:

Affirmation and Notarization

I, _____ (print or type name), am completing this form in my capacity as _____ (role/title) for _____ (agency), which is providing or will provide IESP services to the above-named student. I understand that this request is limited to the relevant period within the ten-month school year (between September 1, 2025 and June 30, 2026) and that a new request must be submitted each school year. I acknowledge by submitting this request/affidavit that all records related to these services are subject to audit by New York City Public Schools and/or New York City. I swear (or affirm), under the penalties of perjury, that all of the information above is true and accurate.

Agency Representative Signature: _____ Date: _____

STATE OF:

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 whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity and that by his/her/their signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC SIGNATURE

NOTE: Please be advised that a notary must be a neutral party to the request and not have a financial interest in the request.