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SA-1

**THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OMS - STATE AID UNIT
507 WEST HALL, EDUCATION BUILDING
ALBANY, NEW YORK 12234**

**APPLICATION AND CLAIM FOR
AN APPORTIONMENT PURSUANT TO
CHAPTER 59 OF THE LAWS OF 2019**

SA-1 (5/20)

GENERAL INSTRUCTIONS: Only those school districts wishing to accrue the apportionment provided pursuant to Chapter 59 of the Laws of 2019 as revenue to the 2019-20 school year, and thereby reduce revenues in the 2020-21 school year by an equal amount, should complete and submit this form. No apportionment may be claimed on this form in excess of **the sum of** the Deficit Reduction Assessment of December 1990 as determined by the Commissioner of Education pursuant to Chapter 947 of the Laws of 1990, the Net Gap Elimination Adjustment for 2010-11 and the Gap Elimination Adjustment for 2011-12 **or** in excess of salary expenses incurred by the school district between April 1, 2020 and June 30, 2020. One (1) completed copy of the form, with original signature, should be filed by the school district with the State Aid Unit not sooner than June 8, 2020 but not later than June 19, 2020. This application will be accepted based on date of postmark. Such application shall be made by a school district after the Board of Education has adopted a resolution to do so. The application should contain an original signature and must be accompanied by an original copy of the Board Resolution. If approved, the claimed apportionment will be paid in September 2020.

School District Name: _____

1. School District's December 1990 Deficit Reduction Assessment (As Determined by the Commissioner on March 1, 1991) \$ _____
2. Net Gap Elimination Adjustment for 2010-11 (2010-11 GEN entries 131 + 132) \$ _____
3. Gap Elimination Adjustment for 2011-12 (2011-12 GEN Entry 26) \$ _____
4. Sum of Entries 1, 2 & 3 \$ _____
5. School District's Total Salary Expenditures Incurred between April 1, 2020 and June 30, 2020 \$ _____
6. Apportionment Requested Pursuant to Chapter 59, Laws of 2019 (May not exceed the lesser of entry 4 or entry 5) \$ _____

Certification:

I certify that the apportionment herein claimed is claimed as reimbursement for salary expenses incurred by the school district during the period from April 1, 2020 through June 30, 2020 and that such claim has been approved by the Board of Education on _____. I understand that this apportionment of aid will be paid in September 2020, and that this amount will first be deducted from the following payments in the following order: The lottery apportionment followed by the fixed fall payments (October, November, December 2020, for the 2020-21 school year), followed by the district's payments to the teachers' retirement system. Any remainder will be deducted from the individualized payments due the district (January – June 2021 General Aid).

For the School District:

By: _____
Title: _____
Date: _____