

**2024-2025 NYCPS REQUEST FOR EQUITABLE
(IESP) SERVICES ASSISTANCE/ENHANCED RATE**

AGENCY AFFIDAVIT

Requester Instructions: If your child's services are being delivered by a provider who is working with an agency please have a representative of the agency complete this affidavit.

Name of Student:

Name of Agency:

Agency TIN:

Name(s) of Individual Provider(s):

Where the hourly rate being charged to parents for services does not equal the hourly rate paid to the provider, please complete the following:

1. What is the hourly rate being charged to the parent?

2. What is the hourly rate being paid to the provider?

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

4. 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:

5. If yes, explain:

_____ or type } _____
_____ _____
_____ _____
_____ _____
I, _____, do hereby certify that the above-named _____
_____ knowledge 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.

Date: _____

State of _____ County of _____
Subscribed and sworn to (or affirmed) before me
on this _____ day of _____, 20____
by _____

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Notary Public Signature