

**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 \_\_\_\_\_  
knows and understands the contents of this request/affidavit and that he/she/it is making this request/affidavit of his/her/its own free will and 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