



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK /
ALBANY, NY 12234**

ADULT CAREER AND CONTINUING EDUCATION SERVICES
ADULT EDUCATION PROGRAMS AND POLICY
89 WASHINGTON AVE. ROOM 460 EBA
ALBANY, NY 12234
Tel. 518 474-8940

Adult Education Programs & Policy (AEPP)

Application for Student Transportation and/or Child/Dependent Care Expenditures

One application must be completed for **each project** requesting student transportation and/or child/dependent care expenditures. All completed applications must be received on or before **April 30, 2024.**

Provider Name (as included on AEPP contract): _____

AEPP-Assigned Project Number (use N/A for EPE): _____

Funding (check one only):

ALE WIOA (Area 1) WIOA IELCE WIOA LZ EPE

Address of program site using Transportation and/or Child/dependent Care funding (include ZIP+4 if possible): _____

1) Provide detailed justification for providing **transportation** funding to students:

2) Provide detailed justification for providing **child/dependent care** funding to students:



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3) List how the provider will determine which students will receive transportation services:

4) List how the provider will determine which students will receive child/dependent care services:

5) List transportation method(s) provided, including whether they are public, private or provider-owned:

6) List the nature of the transportation services provided:

- Service only, such as direct bus to and from the student's residence
- Transferrable item, e.g., bus/subway pass (specify) _____

7) Describe how the provider will keep the transportation passes (if planned to be used) secure until provided to students:



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- 8) Describe which records will be kept regarding student transportation, including students' use of the transportation provided:

- 9) Describe which records will be kept regarding student child/dependent care, including the name and address of the licensed provider:

- 10) Who will be responsible for managing transportation, child/dependent care recordkeeping, and entering transportation and child/dependent care data into ASISTS?

Name(s): _____

Title(s)/Position(s): _____

Phone number(s): _____

Email address(es): _____

- 11) Total Amount of Funding Request & Percentage Allocation. Reminder that all percentages combined cannot exceed 6% of the total contract award:

a. Total amount of student transportation funding request: \$ _____

b. Total percentage of total contract award for student transportation: _____ %



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- c. Total amount of childcare funding request: \$ _____
- d. Total percentage of childcare allocating: _____ %
- e. Total amount dependent care funding request: \$ _____
- f. Total percentage dependent care allocating: _____ %

12) Total Students Served:

- a. Anticipated number of students to be served via all modes of AEPP-funded transportation:

- b. Anticipated number of students to be served via AEPP-funded childcare: _____
- c. Anticipated number of students to be served via AEPP-funded dependent care: _____

Program Manager Attestation

- Program Manager, NAME on behalf of PROGRAM NAME commits to using any funding allocated by AEPP for student transportation and/or child/dependent care exclusively for AEPP funded students that are actively participating in literacy services provided by said program with AEPP funds.
- Program Manager further commits to collecting and documenting in ASISTS all required data (outlined in accompanying memo dated March 28, 2024) relative to any mode of transportation and/or child/dependent care.
- Program Manager will secure the safekeeping of records, funding and tangibles associated with the transportation, child/dependent care funding, and will abide by AEPP policies listed on the Transportation and Child/dependent Care Memo dated March 28, 2024.

Program Manager/Director (print or type full name): _____

Signature: _____

Date: _____