

**Albert Shanker Grant Program  
District Reimbursement Attestation**

Mail this Attestation with **an original signature**, after the [on-line form](#) has been completed.

**mail:** New York State Education Dept.  
Attention: Albert Shanker Grant  
89 Washington Ave.  
EB RM 5N  
Albany, NY 12234

The Albert Shanker Grant program provides tenured NYS public school teachers with funding support to participate in the National Board certification process. Each teacher is provided the cost of the process (\$1,900). In addition the law allows for each district to receive up to \$500 per candidate for supportive services.

The National Board process has been revised to span up to a three-year window for completion. The **\$500 support monies will only be reimbursed when the individual teacher, who began the process on or after 2015-2016 cycle, has completed the process\***.

*The term "completed the process" means the candidate has submitted all four of the components for the first time, regardless of certification status, and NYSED has been notified by National Board.*

District Name: \_\_\_\_\_

By signing this form, the undersigned certifies that it can provide or meet the mandatory requirements for reimbursement.

Contact Information for Superintendent or Chief School Officer:

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature Superintendent or Chief School Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name