

**Affidavit
2020-2021**

This is to certify that

located at

is a privately operated school and/or educational facility and is profit making or non-profit organization providing non-sectarian services. It is further certified that the program meets the standards of, and is conducted in full compliance with the Individuals with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title II and III of the Americans with Disabilities Act, P.L. 101-336, N.J.S.A. 18A:46-1 et seq., N.J.A.C. 6A:14 and N.J.A.C. 6A:23A-18.1 through 18.23.

I hereby certify that all information submitted to the New Jersey Department of Education by the undersigned, is to the best of my knowledge accurate. It is further certified that all costs listed are directly attributable to the education of disabled children received from the public schools of New Jersey or private placements in the same classrooms with New Jersey public school children. It is further certified that the undersigned are aware of the non-allowable costs contained in N.J.A.C. 6A:23A-18.6 and that such costs charged as allowable costs in the private school for students with disabilities tuition rate are consistent with the Individualized Education Program of a disabled student and shall be reasonable, that is, ordinary and necessary and not in excess of the cost which would be incurred by an ordinary prudent person in the administration of public funds. It is also understood that the submission of erroneous and/or misleading information may lead to the prosecution by the State of New Jersey.

I further certify that all professional staff are appropriately certified for the positions that they hold. I assure the Department of Education that all necessary health, safety, and necessary emergency procedures will be followed. It is further agreed that an end-of-year adjusted tuition rate will be determined by a certified audit report, which may involve an increase, or decrease in the projected tuition rate assigned this private school that, in turn, may involve refunds or additional charges to the sending public school districts.

I agree to cooperate with any Division of Family and Youth Services investigation into alleged child maltreatment; and if applicable, I will submit written corrective action plans in a timely manner, as per the remedial recommendations of that office. In the event that an appeal of the investigative finding is sought, I will immediately provide written notification to the Office of Special Education Programs.

(Signature Board President/Chairperson)

(Signature Director in Charge)

(print or type name)

(date)

(print or type name)

(date)

This affidavit must be executed before an individual authorized by law to administer oaths.

State of

County of

on this

day of

personally appeared before me the said

and known to be the individuals described in and who executed the foregoing instrument, and they duly acknowledge to me that they execute the same, and that the statements contained therein are true.

Signature of Notary Public

(Official Seal)

Official Title