



**Approved Private Schools for Students with Disabilities
Prescribed “Cost of Ownership” Format
for Related Party Transaction
Real and Personal Property
for the 2024-2025 School Year
Instructions**

The Department of Education’s (“Department”) prescribed cost of ownership form for related party transactions involving approved private schools for students with disabilities (“APSSD”) must be submitted to the Department for ***all*** related party transactions, whether they relate to services provided, goods purchased, or lease of property/equipment.

This form must be prepared by the lessor/service provider/vendor (hereafter referred to as “lessor” for convenience) and attached to the applicable service agreement (lease, contract, etc.), with copies of both forwarded to the Department by the APSSD for every year the related party transaction(s) exists. The attached form must include the anticipated costs of ownership, which pertain to any real or personal property leased by the APSSD, or the cost of goods/services provided. For leases, until the lessor provides a final year-end accounting of the actual costs of ownership, the APSSD’s accounting records may only reflect an allowable lease expense of an amount less than or equal to the “Total Lease Amount” shown in column (2) “Allocated to Private School Lease,” on page 3 of this form.

The lease expense or cost associated with a service or purchase agreement that may be included in the certified actual cost per pupil is limited to the final year-end actual costs of ownership incurred by the related party plus a 2.5 percent return on the actual costs of ownership. See *N.J.A.C. 6A:23A-18.6(a)(44)(i) and (v)*. The related party must provide this information to the APSSD.

Please note that if the related party transaction is not a lease, questions on the form related solely to lease agreements or property do not need to be answered. In addition to the form being signed by the lessor, notarized, and made part of the lease, a completed copy of the notarized form along with a copy of the lease or contract, as applicable, must be forwarded to doe.pssd@doe.nj.gov.



Please forward this completed form for the 2024-2025 school year to the above address by October 1, 2024 or within 30 days of entering into a new related party lease or service agreement. If an APSSD enters into a related party transaction during the school year, a completed form must be filed within 60 days of the transaction.

Please forward this information to the appropriate personnel in the APSSD's administrative offices, including the school business manager. If you have any questions concerning this form, please contact Elise Sadler-Williams at (609) 376-3703 or doe.pssd@doe.nj.gov.

**Approved Private Schools for Students with Disabilities
Prescribed “Cost of Ownership” Format
For a Related Party Transaction
For the 2024-2025 School Year**

(To be completed and attached to all related party agreements)

- 1. Lessor/Service Provider
- 2. Lessee/Contracting Party (APSSD)

- 3. Type of Property Leased/Rented/Service Provided:
Real Estate Equipment Service Other

- 4. Description of Property/Goods/Services:

- 5. Term of Lease/Contract from _____ to _____

- 6. Type of Lease (please check one): Open Close Ended

- 7. Annual Payment(s) for services or lease:
Year 1: _____ Year 6: _____
Year 2: _____ Year 7: _____
Year 3: _____ Year 8: _____
Year 4: _____ Year 9: _____
Year 5: _____ Year 10: _____

- 8. Is this a sub-lease? If yes, please attach a copy of the primary lease to this form.
Yes No

- 9. Is the property leased by the APSSD also leased/used by another organization or individual? If yes, see #12.
Yes No



10. Does the lessor conduct other business on any portion(s) of the property leased by the APSSD? If yes, see #12.

Yes No

11. If the lease involves personal property, does the lessor also lease equipment to other parties in addition to the APSSD? If yes, see #12.

Yes No

12. When determining the Anticipated "Costs of Ownership" Per Year allocated to the APSSD agreement for services, the lessor must only include those costs specifically associated with the APSSD agreement for services, or an allocated portion based on square footage, usage or revenue, etc. as applicable. The "Costs of Ownership" must include anticipated dollar amounts in column (1) all other agreements, column (2) allocated to the APSSD agreement, and the total of columns 1 and 2 in column (3) will be automatically calculated by the form. Total costs for all three columns will automatically calculate and populate the row marked "Total Anticipated Costs." (Please complete the form on the next page.)

Anticipated "Costs of Ownership" Per Year

Lessor _____ Lessee _____

Description	(1) Costs for all Other Agreement	(2) Costs Allocated to APSSD Agreement	(3) Total
1. Depreciation			
2. Mortgage Interest			
3. Real Estate Taxes			
4. Property Insurance			
5. Maintenance			
6. Repairs			
7. Insurance			
8. Operations			
9. Salary			
10. Fringe Benefits			
11. Materials/supplies			
12. Other (Itemize)			
Total Anticipated Costs			

Allowable Return @ 2.5% of Column (2)	
Total Lease/Service Agreement Amount	

If one or more of questions 9 through 12 on pages 1 and 2 were answered yes, please explain the method used to allocate costs between the PSSD lease/service agreements and all other leases/service agreements. Use the back of this page, if needed.



**New Jersey State Department of Education
Division of Finance**

Affidavit

I hereby certify that all information contained on pages 1 through 4 of this form and submitted to the Division of Finance, New Jersey State Department of Education by the undersigned is to the best of my knowledge accurate. I also certify that if applicable (see items 9–11), the costs associated to the private school lease were allocated equitably based on square footage, usage, revenue or another equitable allocation method as appropriate and the costs identified in column 2 are not the entire cost of the lessor.

(Date)

(Signature of Lessor)

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

State of _____ County of _____

on the _____ day of _____,

personally appeared before me and is known to be the individual described in, and who executed the foregoing instrument, and they duly acknowledge to me, that they executed the same, and that the statements contained therein are true.

(Signature of Public Notary)

(Signature of Lessor)

Seal

(Official Title)