**TO BE COMPLETED BY LEAD TEACHER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a lead teacher, employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of pre-K program), hereby affirm that all information provided in this application is true.

I acknowledge that the Lead Teacher Incentive application process requires ongoing coordination between the applicant and the program representative to submit a complete application and meet all lead teacher and program eligibility requirements.

I agree to notify my employer if there are any changes to my application or employment status that would prevent me from receiving the lead teacher incentive. I also understand that I must be continuously employed by my employer through **February 8, 2019** in order to receive the incentive payment.

**Lead Teacher Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENT**

**TO BE NOTARIZED TWICE**

Notary Public

**Separation of agreements**

**TO BE COMPLETED BY THE PROGRAM REPRESENTATIVE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the program representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of pre-K program), hereby affirm that all information provided in this application is true.

I acknowledge that the Lead Teacher Incentive application process requires ongoing coordination between the applicant and the program representative to submit a complete application and meet all lead teacher and program eligibility requirements.

If this application is approved by the contracting agency (DOE or ACS), I will issue the incentive funds received to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of lead teacher).

I understand that incentive funds received are due to the lead teacher applicant, and I will not use the funds for any other purpose. I understand that the contracting agency (DOE or ACS) will issue fringe rates on top of the teacher incentive funds for the program’s use. I understand that it is not within my discretion to withhold incentive funds from any eligible applicant who is an employee through **February 8, 2019**. If the employment status of the lead teacher applicant changes or he/ she is no longer eligible for the incentive, I understand that I need to contact the Pre-K for All Teacher Incentive Program Team and the contracting agency (DOE or ACS) with the information as soon as possible.

**Program Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public