



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)

Student Transportation and/or Child/Dependent Care Application

One application must be completed for **each project** requesting student transportation and/or child/dependent care expenditures. The application must indicate the accompanying funding stream used. All completed applications must be received on or before **Monday, May 5, 2025**.

Provider Name (as included on AEPP contract): _____

Provider Region _____

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 **childcare and or dependent care** funding to students:

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

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

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

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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:

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- 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 and percentage allocation is required. All percentages combined cannot exceed 6% of the total contract award amount:

a) Total amount of **student transportation** funding request & percentage: \$ _____ / _____%

b) Total amount of **childcare** funding request & percentage: \$ _____ / _____%

c) Total amount of **dependent care** funding request & percentage: \$ _____ / _____%

- 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, _____ on behalf of _____ commits to using the 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 the program with AEPP funds.
- The program Manager commits to collecting and documenting in ASISTS all required data and will abide by all data entry policies 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: _____

AEPP Review and Approval Status

Approved ☐ or Denied ☐

Regional Reviewer: _____

Date: _____

Comments:
