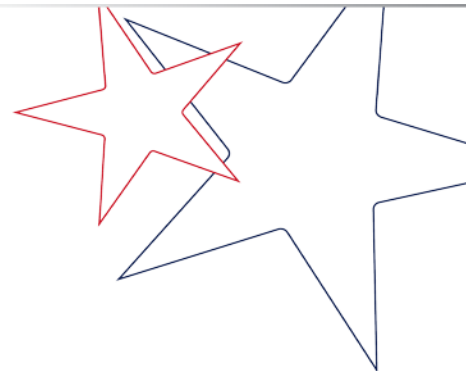


MDE REIMBURSEMENT FOR ACT WORKKEYS

2025-2026 Application



Directions

In accordance with Mississippi House Bill 1388, funds appropriated annually by the State Legislature shall be for exam costs for ACT WorkKeys and the National Career Readiness Certificate (NCRC).

The school districts or charter schools shall request reimbursement based on the following priorities:

- **Priority One:** Districts and charter schools shall be reimbursed the full cost of the ACT WorkKeys assessment for Career & Technical Education (CTE) students enrolled in the final course of their CTE program who have taken the assessments during the current school year.
- **Priority Two:** Districts and charter schools shall be reimbursed for students in grades 10-12 who have taken the ACT WorkKeys assessments during the current school year. In the event that funds are not adequate to cover the full amount of the assessment for Priority Two testers, funds shall be allocated on a per pupil basis.

School districts and charter schools participating in the statewide agreement are eligible to receive grant funds for students in grades 10-12 for one administration of the WorkKeys assessment series.

School districts and charter schools shall be required to submit testing rosters and documentation of current fiscal year expenditures for the above activities prior to requesting reimbursement. All documentation of expenditures and request for reimbursement must be received by **June 5, 2026** of the fiscal year for reimbursements to be processed.

Process for submitting documentation for reimbursement:

1. Complete Section A and Section B, noting student numbers for reimbursement from priorities listed above.
2. Upload **Cover Sheet** (Section A), **Excel Worksheet** (Section B), **Testing Rosters**, and **Paid Invoices** to the Student Assessment Navigator SharePoint <https://mdek12.sharepoint.com/sites/StudentAssessmentNavigator>:


Directions for Uploading Documents

1. Open the Student Assessment Navigator - Home link.

2. Select your District from the drop-down menu:




A-B ▾ C-D ▾ E-G ▾ H-J ▾ K-L ▾ M-N ▾ O-Q ▾ R-S ▾ T-V ▾ W-Z ▾

3. Scroll to and open the WorkKeys Reimbursement Folder:

	WorkKeys Reimbursement	January 10, 2025	JD Hartley	JD Hartley
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4. Select FY26 Reimbursement for ACT WorkKeys Folder:

Student Assessment > WorkKeys Reimbursement

	Name ▾	Modified ▾	Modified By ▾	Created By ▾
	FY25 Reimbursement for ACT WorkKeys	January 10, 2025	JD Hartley	JD Hartley
	FY26 Reimbursement for ACT WorkKeys	Monday at 2:07 PM	LaDewayne Harris	LaDewayne Harris

5. Upload relevant documentation to the appropriate folders:

Student Assessment > WorkKeys Reimbursement > FY26 Reimbursement for ACT WorkKeys

	Name ▾	Modified ▾	Modified By ▾	Created By ▾	Due June 5, 2026 ▾
	Excel Worksheet	Monday at 2:44 PM	LaDewayne Harris	LaDewayne Harris	
	FY26 Cover Sheet	Monday at 2:11 PM	LaDewayne Harris	LaDewayne Harris	
	Paid Invoices	Monday at 2:13 PM	LaDewayne Harris	LaDewayne Harris	
	Testing Rosters	Monday at 2:13 PM	LaDewayne Harris	LaDewayne Harris	

*Note: There will be confirmation of uploads and accurate information before the June 5th deadline.



For questions concerning ACT WorkKeys reimbursement, contact Dr. LaDewayne Harris at laharris@mdek12.org no later than **June 5, 2026**.

MDE will verify reimbursement total per school district and work through the Office of School Financial Services to make reimbursement available.

Each participating school district and charter school shall receive an allocation based on a per pupil basis amount. The per pupil amount shall be calculated as follows:

Per Pupil Amount = Funds remaining after Priority One reimbursement ÷ SY 24-25 Month 1 Total Number of Enrollment of grades 10-12 in participating school districts and charter schools.

Allocation = Per Pupil Amount x Participating School District's or Charter School's SY24-25 Month 1 Enrollment of grades 10-12.

FY2025-26 ACT WorkKeys Assessment Costs

2025-2026 Fees			
Product Name	Testing Mode	Grade Level	Per Unit Cost
ACT WorkKeys: Applied Math	Online	10-12	\$13.50
	Paper	10-12	\$14.50
ACT WorkKeys: Graphic Literacy	Online	10-12	\$13.50
	Paper	10-12	\$14.50
ACT WorkKeys: Workplace Documents	Online	10-12	\$13.50
	Paper	10-12	\$14.50



MDE REIMBURSEMENT FOR ACT WORKKEYS

2025-2026 Application Cover Sheet

Section A

District Information

School District _____

Contact Person _____ **Position** _____

Contact E-mail _____ **Contact Phone** _____

By signing below, I am acknowledging the following information submitted to the Mississippi Department of Education is true, accurate, and complete:

- I acknowledge that the students submitted are not duplicated as we can only be reimbursed for students in grades 10-12 for the 2025-26 school year.
- I acknowledge that reimbursement is based on one full administration per student and solely on Priority 1 or Priority 2 (as mentioned above).
- I acknowledge that reimbursement is based solely on amounts equal to or less than the amount of paid invoices submitted to the MDE.
- I acknowledge that the district must submit all required documentation by the **June 5, 2026** deadline.

Contact Person's Signature _____ **Date:** _____

Business Manager's Signature _____ **Date:** _____

Superintendent's Signature _____ **Date:** _____

- **Application Checklist:**
 - ☐ Cover Sheet
 - ☐ [Excel Worksheet](#) (Section B)
 - ☐ Testing Rosters
 - ☐ Paid Invoices



Section B
Example
Excel Worksheet

Fill in the chart below based on district's request:

District Name	School Name	Priority	# of Students	Amount of Reimbursement	Paid Invoices
Example District	Example School A	One - CTE Concentrators	165	\$2,227.50	\$2,430.00
	Example School B	One - CTE Concentrators	83	\$1,120.50	\$459.00
	Example School C	Two - Other Students	15	\$202.50	\$202.50
					\$459.00
			263	\$3,550.50	\$3,550.50



Please **highlight** Paid Invoices that correspond with requested amount:

Example



P.O. Box 4072
Iowa City, IA 52243-4072

Page 1

INVOICE

INVOICE NUMBER: 32478060

INVOICE DATE: 08-JAN-25

INVOICE AMOUNT: [REDACTED]

CUSTOMER NUMBER: [REDACTED]

BILL TO:



SHIP TO:



DETACH TOP PORTION OF THIS FORM AND RETURN WITH PAYMENT

REMIT TO: ACT Education Corp
FINANCE
PO BOX 4072
IOWA CITY, IA 52243-4072

PHONE: 319/337-1150
EMAIL: Invoice.questions@act.org

CUSTOMER NUMBER: [REDACTED]
DUE DATE: 07-FEB-25
TERMS: 30 NET
P.O. NUMBER: Mississippi DOE WorkKeys Fall 2024
ACT ORDER NO.: 64049417

ITEM DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	NET AMOUNT	TAX
WORKKEYS APPLIED MATH SCORING-PAPER	3	EACH	\$13.50	\$40.50	\$0.00
WORKKEYS GRAPHIC LITERACY SCORING-PAPER	3	EACH	\$13.50	\$40.50	\$0.00
WORKKEYS WORKPLACE DOCUMENTS SCORING-PAPER	3	EACH	\$13.50	\$40.50	\$0.00
WORKKEYS ELECTRONIC REPORTING	1	EACH	\$0.00		\$0.00
WORKKEYS NUMBER OF ANSWER DOCUMENTS BEING RETURNED FOR SCORING	3	EACH	\$0.00	\$0.00	\$0.00

Invoice Item Amount	\$121.50
Shipping Charges	\$0.00
Tax	\$0.00
TOTAL NET INVOICE	\$121.50

Invoice no: 32478060

ACH Payment Instructions

Account Name: ACT Education Corp.
Beneficiary Bank: JP Morgan Bank
Bank Account: 86310081
Routing: 021052053

