

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Facilities Planning, Room 1060 EBA
Albany, NY 12234**

Telephone: (518) 474-3906 / Fax No.: (518) 486-5918

**Special Cost Allowance for Purchase of Security Cameras
Claim for Aid**

Complete this claim and return two (2) copies for expenses incurred for the purchase of security cameras installed in a student occupied building. A separate claim form is required for each building.

School District: _____ County: _____

Contact Person: _____ Title: _____

Address: _____

_____ Telephone: () _____

Name of Building: _____

Project Control Number: - - - - - -

Vendor: _____ Date of Purchase: _____

Equipment Cost Per Camera:	\$	
Installation Cost Per Camera:	+	
Total Cost Per Camera: (\$2000 per unit cost allowance)	=	
Number of Cameras Installed:	x	
Total Cost Per Building:	=	

Superintendent's Certification: I hereby certify that the expenditures claimed on this form have been made and include expenditures as provided by Section 3602, Subdivision 6-C of the Education Law. The information contained in this report is true and correct to the best of my knowledge.

Signature of Superintendent of Schools

Date

FOR SED USE ONLY

Maximum Cost Allowance	--	\$2,000 per unit
Number of Units Installed	--	
Maximum Cost Allowance for Building	--	

Approved by: _____
Facilities Planning

Date

cc: State Aid Unit