**Instructions for Completing the Year 6 Nonpublic School Safety Equipment (NPSE) Reimbursement Request Form**

1. Complete the school information section:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BEDS Code:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

OSC Vendor ID:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 |
| Institution Code: 8000000-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 |
| School Name: |
| School Address: |

* Do you need help finding your Institution Code and/or OSC Vendor ID?

*The allocation list, where you look up your school’s available funds, also includes the school’s BEDS code, Institution Code, and OSC Vendor ID.*

* Do you not have a Vendor ID listed for your BEDS code?

*Please complete the Payee Information Form (and Substitute W-9, if applicable), found at*: <http://www.p12.nysed.gov/nonpub/mandatedservices/osc.html> *and mail to*:

New York State Education Department

State Office of Religious and Independent Schools

89 Washington Ave., Room 1078 EBA

Albany, NY 12234

*You can submit the NPSE reimbursement request prior to receiving your Vendor ID, and you would leave this space blank. However, without a Vendor ID, the Department cannot make any payments to your school. The school will not receive reimbursement until payment information is established.*

1. Complete **SECTION I**
	1. Open the allocation list([Year 6-Nonpublic School Safety Equipment Grant Allocation Listing](file:///%5C%5Cnysed.gov%5Capp%5Cwebsites%5CInternet%5CEMSC32%5Cnonpub%5Cdocuments%5Cnpse_Year62018_log_121119.pdf)) and search for your school’s information.
	2. Enter the amounts available to your school, from the allocation list, in this table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Remaining Funds Years 1-5 | + | New Allocation Year 6 | = | Total Available Funds | Approved, Unreimbursed Expenditures |
| $ | + | $ | = | $ | $ |

* 1. Check one of these options:

[ ]  My school wants to claim funds and has **$0 in approved, unreimbursed expenditures**.

If your school does not have any approved, unreimbursed expenditures ($0), you should check this box.

[ ]  My school wants to claim **only** the approved, unreimbursed expenditures. (Schools whose approved, unreimbursed expenditures are greater than or equal to the total available funds should check this box.)

1. Approved, unreimbursed expenditures are those in which the school has submitted documentation for and have been approved for reimbursement in prior years. However, at that time, the school did not have enough available funds to reimburse for the total amount of approved expenditures.
* If your school has approved, unreimbursed expenditures that are greater than or equal to the Total Available funds, you should check the above box. For example, your school currently has $40,000 in Approved, Unreimbursed Expenditures and $5,000 Total Available Funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Remaining Funds Years 1-5 | + | New Allocation Year 6 | = | Total Available Funds | Approved, Unreimbursed Expenditures |
|  |  |  |  |  |  |
| $0 | + | $5,000 | = | $5,000 | $40,000 |

* Since $40,000 is greater than $5,000, you should claim the $5,000 of already-approved expenditures.
1. If your school has approved, unreimbursed expenditures that are less than the total available funds, **BUT** the school does not want to submit any additional receipts to claim the total available funds and only wants to claim the approved, unreimbursed expenditures, you can check this box. For example, your total available funds equal $8,000 and your approved, unreimbursed expenditures are $7,000. You can claim the $7,000 without submitting any receipts. The remaining $1,000 in available funds will not be claimed this year.

[ ]  My school has approved, unreimbursed expenditures, and we have more total available funds that we would like to claim.

If your school has approved, unreimbursed expenditures that are less than the total available funds and you want to claim new expenditures, you should check this box. For example, your school currently has $2,000 in Approved, Unreimbursed Expenditures and $8,000 in Total Available Funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Remaining Funds Years 1-5 | + | New Allocation Year 6 | = | Total Available Funds | Approved, Unreimbursed Expenditures |
|  |  |  |  |  |  |
| $0 | + | $8,000 | = | $8,000 | $2,000 |

You can claim the $2,000 in approved expenditures and claim new expenditures (not previously claimed) to be reimbursed up to $8,000 total. You will need to send invoices and proofs of payment for the new expenditures.

* 1. Prepare the applicable documentation\* listed under previously described options to submit with the reimbursement form.

[ ]  My school wants to claim **only** the approved, unreimbursed expenditures. (Schools whose approved, unreimbursed expenditures are greater than or equal to the total available funds should check this box.)

[ ]  Complete and submit pages 1 and 4. No further documentation is required.

[ ]  My school wants to claim funds and has **$0 in approved, unreimbursed expenditures**.

[ ]  Complete pages 1-4, including Summary of Expenditures\* section.

[ ]  Submit invoices listing items purchased.

[ ]  Provide proof of payment such as cancelled checks.

[ ]  My school has approved, unreimbursed expenditures, and we have more total available funds that we would like to claim.

 [ ]  Complete pages 1-4, including Summary of Expenditures\* section.

[ ]  Submit invoices listing items purchased.

[ ]  Provide proof of payment such as cancelled checks.

\* See Appendix A for additional details about invoices and proofs of payment.

1. Complete **SECTION II**
	1. Check the scope(s) of work that you are claiming reimbursement for and indicate the cost for each in the column to the right.
	2. Enter the SECTION II SUBTOTAL. If the subtotal is $0, please enter $0.

|  |  |
| --- | --- |
| **Scope of Work listed in this section can be used for all funding years.****Years 1(2013-14), 2(2014-15), 3(2015-16), 4(2016-17), 5(2017-18), and 6 (2018-2019)** | **Total Cost** |
| **SECURITY** Check all those that apply and indicate the cost for each in the column to the right. |
|  *Access control systems:* |
|  [ ]  Interface with the building management system |  |
|  [x]  Internal security cameras | $698 |
|  [ ]  Remote electronic door unlatching systems |  |
|  [ ]  Screens and other devices for monitoring cameras remotely  |  |
| [ ]  Radios/Walkie-Talkies |  |
| [x]  Security fences | $200 |
| [ ]  Sidelight frame replacement or removal |  |
| [ ]  Other\* - please specify: \*Items listed in Other category will be pending SED approval |  |
| **SECTION II SUBTOTAL (enter on page 3)** | $898 |

NOTE: Section II Expenditures can be used for all funding years.

1. Complete **SECTION III**
	1. Check the scope(s) of work that you are claiming reimbursement for and indicate the cost for each in the column to the right.
	2. Enter the SECTION III SUBTOTAL. If the subtotal is $0, please enter $0.
	3. Enter the SECTION II SUBTOTAL from SECTION II.
	4. Enter the GRAND TOTAL (SECTION II + SECTION III).

|  |  |
| --- | --- |
| **Scope of Work listed in this section can be used for Years 4-6 funding only.****Years 4(2016-17), 5(2017-18), and 6 (2018-2019)** | **Total Cost** |
| **ENVIRONMENTAL/HEALTH** Check all those that apply and indicate the cost for each in the column to the right. |
| [ ]  Asbestos testing |  |
| [ ]  Automatic external defibrillator (AED) |  |
| [ ]  Carbon monoxide detectors |  |
| [x]  Eyewash stations | $500 |
| **SECTION III SUBTOTAL** | $500 |
| **SECTION II SUBTOTAL (from page 2)** | $898 |
| **GRAND TOTAL (SECTION II + SECTION III)** | $1,398 |

NOTE: Section III can be used for years 4-6 allocations only.

1. On page 4 of the reimbursement form, complete the School Safety Certification section, including an **ORIGINAL** signature of the chief administrator.
2. *Optional:* If the school is authorized to pool School Safety funds with a consortium, a diocese, or other provider, check and complete the box on the top of page 4.
3. Mail proof of payment, invoices, and reimbursement request form to:

NYS Education Department

State Office of Religious and Independent Schools (SORIS)

89 Washington Avenue, Room 1078 EBA

Albany, New York 12234

* Since an original signature is required, we will not accept faxed or emailed copies of the reimbursement requests.
* The reimbursement requests should be postmarked by March 31, 2020.

**Appendix A: Invoices and Proofs of Payment**

In order to determine if the claimed expenditures are eligible for reimbursement, schools must submit detailed invoices and proofs of payment.

Invoices

Please ensure that invoices are detailed. They should include the vendor name and address, date of work performed, school and address where work was performed, description of work completed, costs of work, etc. If the invoices do not describe the work completed, then please provide additional information from the vendor. The Department needs to be able to match the amounts on the invoices to the amounts listed in Sections II and III of the reimbursement form.

If the SED reviewer is not clear, they will contact your school. However, the review process will be easier and faster if all information is included with the application.

If an eligible scope of work (e.g., internal security cameras) is found on multiple invoices, it would be helpful for the school to include that information with the application. For example:

|  |  |
| --- | --- |
| **Scope of Work listed in this section can be used for all funding years.****Years 1(2013-14), 2(2014-15), 3(2015-16), 4(2016-17), 5(2017-18), and 6 (2018-2019)** | **Total Cost** |
| **SECURITY** Check all those that apply and indicate the cost for each in the column to the right. |
|  *Access control systems:* |
|  [ ]  Interface with the building management system |  |
|  [x]  Internal security cameras | $698 |
|  [ ]  Remote electronic door unlatching systems |  |
|  [ ]  Screens and other devices for monitoring cameras remotely  |  |
| [ ]  Radios/Walkie-Talkies |  |
| [x]  Security fences | $200 |
| [ ]  Sidelight frame replacement or removal |  |
| [ ]  Other\* - please specify: \*Items listed in Other category will be pending SED approval |  |
| **SECTION II SUBTOTAL (enter on page 3)** | $898 |

Internal Security Cameras - $698

Invoice #123 Company A $300

Invoice #456 Company B $100

Invoice #789 Company C $298

Proofs of Payment

|  |  |
| --- | --- |
| Acceptable Proofs of Payment | Unacceptable Proofs of Payment |
| Cancelled checks (front and back, showing the check has been cashed by the vendor) | An image or stub of an issued check (e.g., from accounting software) without evidence the check was cashed |
| Detailed bank or credit card account statements | A screen shot of a single line without showing the bank account details |