# New York State Nonpublic School Safety Equipment grant

## Year 6 (2018-2019) Reimbursement Request Form

**Please note that only one application per year can be processed for payment.**

**The maximum payment will be the total available funds.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BEDS Code:   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   OSC Vendor ID:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
| Institution Code: 8000000-   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
| School Name: |
| School Address: |

### **Section I**

1. Please complete the chart below using your school’s information from:

[Nonpublic School Safety Equipment Grant Allocation Listing](file:///\\nysed.gov\app\websites\Internet\EMSC32\nonpub\documents\npse_Year62018_log_121119.pdf)

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

1. Check one box below and submit the applicable documentation:

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.

\*NOTE: Section II Expenditures can be used for all funding years. Section III can be used for years 4-6 allocations only.

### **Section II**

|  |  |
| --- | --- |
| **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:* | |
| Central lockdown buttons, etc. |  |
| External security cameras |  |
| Identity cards (linked to a security door) |  |
| Intercom to speak with visitors |  |
| Interface with the building management system |  |
| Internal security cameras |  |
| Remote electronic door unlatching systems |  |
| Screens and other devices for monitoring cameras remotely |  |
| Bars, grills or other protective measures over existing glass to prevent access |  |
| Bollards and steel safety guards |  |
| Door frame replacement |  |
| Door hardware replacement |  |
| Door replacement |  |
| External lighting to illuminate primary entrances |  |
| Fire-rated blinds/shades for doors and windows that can be used during lockdowns |  |
| Glass films including security films or tinted films |  |
| Radios/Walkie-Talkies |  |
| Security fences |  |
| 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)** | $ |

### **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 |  |
| Eyewash stations |  |
| Lead testing in school drinking water (funds cannot be used to implement a lead remediation plan) |  |
| Parking decal or tag system for staff/students to identify vehicles |  |
| Radon testing |  |
| School security **(contracted personnel)** |  |
| School security **(school employee personnel)**  Cost is the prorated time spent on security responsibilities. Complete Addendum A. |  |
| School security and safety assessments to assist school officials in identifying potential vulnerabilities, and/or strengths |  |
| Software for tracking students during emergencies |  |
| Training to assist nonpublic schools in their efforts to create/maintain a safe learning environment free of crime and violence |  |
| **FIRE PREVENTION** Check all those that apply and indicate the cost for each in the column to the right. | |
| Annual inspection of fire extinguishers/fire alarms |  |
| Purchase of fire extinguishers and/or smoke detectors |  |
| Smoke detectors |  |
| Other\* - Please specify:  \*Items listed in Other category will be pending SED approval |  |
| **SECTION III SUBTOTAL** | $ |
| **SECTION II SUBTOTAL (from page 2)** | $ |
| **GRAND TOTAL (SECTION II + SECTION III)** | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Collaborating Agency** | | | | | | |
| **(check and complete this section only if applicable to your school) *I hereby certify that the school listed is authorized to pool School Safety funds with a consortium, a diocese, or other provider. Please list the information requested below.*** | | | | | | |
|  | | |  |  | | |
| Name of Lead Entity | | |  | BEDS Code (if applicable) | | |
|  |  |  | | |  |  |
| Contact Name |  | Contact Phone # | | |  | Contact Email |

**School Safety Certification**

*I hereby certify that the expenditures reported have been incurred and calculated in accordance with all applicable statutes, regulations and guidelines; that the school at which the services were performed is not a for-profit entity; that the claim is just and correct; that the balance is due and owing; and that any required building permits were obtained prior to the work being completed. Itemized receipts and proof of payment for the purchase and installation of approved items are available upon request.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Original** Signature –  Chief Administrator |  | Chief Administrator Name **(PLEASE PRINT)** |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Email Address |  | Telephone Number |  | Fax Number |
|  |  |  |  |  |
|  |  |  |  |  |
| Contact Person |  | Contact Number |  | Contact Email |

**Please submit 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**

**NYSED Internal Use Only:**

**Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_**

**Amount Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount: \_\_\_\_\_\_\_\_\_\_**

**Payment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount: \_\_\_\_\_\_\_\_\_\_**

**Payment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount: \_\_\_\_\_\_\_\_\_\_**

**Payment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount: \_\_\_\_\_\_\_\_\_\_**