**March 2017**

New York State Nonpublic School Application

Reimbursement for School Safety Equipment

Year 4

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

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

[2016-17 Nonpublic School Safety Equipment Grant Allocation Listing](http://www.p12.nysed.gov/nonpub/schoolsafety/documents/NPSE_YR4_FINAL_POSTED.xlsx)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Remaining Funds from Years 1-3 | **+** | New Allocation for Year 4 | **=** | Total Available Funds |
| (Column D) |  | (Column E) |  | (Column F) |
| $ |  | $ |  | $ |

|  |
| --- |
| Approved, Unreimbursed Expenditures |
| (Column H) |
| $ |

Section I-Choose an Option:

#1 Use **Total Available Funds** to pay **Approved but Unreimbursed eligible expenditures**

* No further documentation is required

#2 Use **Total Available Funds** to reimburse for eligible expenditures **not included in prior years**

* Complete Summary of Expenditures section\*
* Submit invoices listing items purchased
* Provide proof of payment such as cancelled check or zero balance invoice

**Please note:**

\*Summary of Expenditures:

**Section II** Expenditures can be used for **all funding years**

**Section III** can be used **for year 4** allocations only.

**Collaborating Agency**

**If your school will be pooling 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 E-mail

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.

** (check only if applicable to your school) I hereby certify that the school listed is authorize to pool School Safety funds with a consortium, a diocese, or other provider.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | |
| **Original** Signature of Chief Administrator |  | Chief Administrator Name  **(PLEASE PRINT)** | Date | | | |
|  |  |  |  | |
| Chief Administrator Email Address | Telephone Number | | Fax Number | |
| Person Completing Form  **(PLEASE PRINT)** |  | Title of Person Completing Form |  | Telephone Number | |
|  |

**Please submit proof of payment and reimbursement request form to:**

**New York State Education Department Office of Grants Management,**

**89 Washington Avenue, Room 475 EBA,**

**Albany, New York 12234**

p. 2



|  |  |
| --- | --- |
| **Section III:**  **Scope of Work listed in this section can be used for Year 4 funding only**  **(Check the scope of work that applies below, then fill in costs in the appropriate columns to the right)** | **Total Cost** |
| **ENVIRONMENTAL / HEALTH** |  |
| Asbestos Testing |  |
| Automatic External Defibrillator (AED) |  |
| Carbon Monoxide Detectors |  |
| Eyewash Stations |  |
| Lead Testing in School Drinking Water \*  \*NOTE: The funds cannot be used to implement a lead remediation plan |  |
| Radon Testing |  |
| Contracted Security Personnel |  |
| School Employee Personnel  \*Note: Cost can only be the prorated time spent on security responsibilities. Please complete Addendum A to certify the cost of such security hours. |  |
| School security and safety assessments to assist school officials in identifying potential vulnerabilities, as well as strengths relating to security and safety for students, staff and visitors |  |
| Training to assist nonpublic schools in their efforts to create/maintain a safe learning environment free of crime and violence |  |
| Other\*: Please specify  \*Items listed in Other category will be pending SED approval |  |
| **FIRE PREVENTION** |  |
| Smoke Detectors |  |
| Annual Inspection of Fire Extinguishers |  |
| Purchase of Fire Extinguishers |  |
| Other\*: Please specify  \*Items listed in Other category will be pending SED approval |  |
| **SECTION III SUBTOTAL BY CATEGORY** |  |
| **SECTION II SUBTOTAL BY CATEGORY (FROM PAGE 2)** |  |
| **GRAND TOTAL (SECTION II +SECTON III)** |  |

p. 4