

## NEW YORK STATE NONPUBLIC SCHOOL SAFETY EQUIPMENT GRANT

## YEAR 7 (2019-2020) 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

A. Please complete the chart below using your school's information from:

Nonpublic School Safety Equipment Grant Allocation Listing

Remaining Funds Years 1-6	+	New Allocation Year 7	=	Total Available Funds	Approved, Unreimbursed Expenditures
\$	+	\$	=	\$	\$

B. 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 5. No further documentation is required.

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

Complete pages 1-5, 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 1-5, including Summary of Expenditures\* section.

Submit invoices listing items purchased.

Provide proof of payment such as cancelled checks.

\*NOTE: Section IV Expenditures can be used beginning March 1, 2020 from funding year 6 through year 7.

## SECTION II

<b>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), 6 (2018-2019), and 7(2019-20)</b>	<b>Total Cost</b>
<b>SECURITY</b> Check all those that apply and indicate the cost for each in the column to the right.	
<i>Access control systems:</i>	
<input type="checkbox"/> Central lockdown buttons, etc.	
<input type="checkbox"/> External security cameras	
<input type="checkbox"/> Identity cards (linked to a security door)	
<input type="checkbox"/> Intercom to speak with visitors	
<input type="checkbox"/> Interface with the building management system	
<input type="checkbox"/> Internal security cameras	
<input type="checkbox"/> Remote electronic door unlatching systems	
<input type="checkbox"/> Screens and other devices for monitoring cameras remotely	
<input type="checkbox"/> Bars, grills or other protective measures over existing glass to prevent access	
<input type="checkbox"/> Bollards and steel safety guards	
<input type="checkbox"/> Door frame replacement	
<input type="checkbox"/> Door hardware replacement	
<input type="checkbox"/> Door replacement	
<input type="checkbox"/> External lighting to illuminate primary entrances	
<input type="checkbox"/> Fire-rated blinds/shades for doors and windows that can be used during lockdowns	
<input type="checkbox"/> Glass films including security films or tinted films	
<input type="checkbox"/> Radios/Walkie-Talkies	
<input type="checkbox"/> Security fences	
<input type="checkbox"/> Sidelight frame replacement or removal	
<input type="checkbox"/> Other* - please specify: *Items listed in Other category will be pending SED approval	
<b>SECTION II SUBTOTAL (enter on page 4)</b>	\$

## SECTION III

Scope of Work listed in this section can be used for Years 4-7 funding only. Years 4(2016-17), 5(2017-18), 6(2018-2019), AND 7(2019-20)	Total Cost
<b>ENVIRONMENTAL/HEALTH</b> Check all those that apply and indicate the cost for each in the column to the right.	
<input type="checkbox"/> Asbestos testing	
<input type="checkbox"/> Automatic external defibrillator (AED)	
<input type="checkbox"/> Carbon monoxide detectors	
<input type="checkbox"/> Eyewash stations	
<input type="checkbox"/> Lead testing in school drinking water (funds cannot be used to implement a lead remediation plan)	
<input type="checkbox"/> Parking decal or tag system for staff/students to identify vehicles	
<input type="checkbox"/> Radon testing	
<input type="checkbox"/> School security ( <b>contracted personnel</b> )	
<input type="checkbox"/> School security ( <b>school employee personnel</b> ) Cost is the prorated time spent on security responsibilities. Complete Addendum A.	
<input type="checkbox"/> School security and safety assessments to assist school officials in identifying potential vulnerabilities, and/or strengths	
<input type="checkbox"/> Software for tracking students during emergencies	
<input type="checkbox"/> Training to assist nonpublic schools in their efforts to create/maintain a safe learning environment free of crime and violence	
<b>FIRE PREVENTION</b> Check all those that apply and indicate the cost for each in the column to the right.	
<input type="checkbox"/> Annual inspection of fire extinguishers/fire alarms	
<input type="checkbox"/> Purchase of fire extinguishers and/or smoke detectors	
<input type="checkbox"/> Smoke detectors	
<input type="checkbox"/> Other* - Please specify: *Items listed in Other category will be pending SED approval	
<b>SECTION III SUBTOTAL (enter on page 4)</b>	\$

## SECTION IV

Scope of Work listed in this section can be used for Years 6 and 7 funding only. Expenditures need to be dated March 1, 2020 through March 31, 2021	Total Cost
<b>COVID-19</b> Check all those that apply and indicate the cost for each in the column to the right.	
<input type="checkbox"/> Air purifiers	
<input type="checkbox"/> COVID testing	
<input type="checkbox"/> Desk shields	
<input type="checkbox"/> Sanitation cleaning items	
<input type="checkbox"/> Temperature scanners	
<input type="checkbox"/>	
<b>Child Abuse Prevention Training Including the Identification of Child Abuse in an Educational Setting</b> Please include proof of attendance and proof of payment	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Other* - Please specify: *Items listed in Other category will be pending SED approval	
<b>SECTION IV SUBTOTAL</b>	\$
<b>SECTION III SUBTOTAL (from page 3)</b>	\$
<b>SECTION II SUBTOTAL (from page 2)</b>	
<b>GRAND TOTAL (SECTION II + SECTION III + SECTION IV)</b>	\$

When submitting your proof of payment and invoices, please consider using a table of contents, which could be in the below format or another format.

Table of Contents for Appendix or Attachments (add rows as needed - or attach another page)

Invoice Letter Code	Invoice #	Invoice Date	Vendor Name	Invoice Amount	Payment Method (i.e. check or credit card)	Check #/Credit Card Statement Date	Payment Date	Payment Amount
A								

**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:** \_\_\_\_\_