Please complete this application to receive reimbursement for items that were previously approved for “Future Reimbursement” through the Emergency Assistance to Non-Public Schools (EANS) program under the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA Act).

**SUpplemental REimbuRsement Form**

**(Use this form to file for reimbursement for items previously approved for future reimbursement under the Emergency Assistance to Nonpublic Schools (EANS) Program**

**All material must be submitted by July 15, 2021**

**PART A:  Cover Sheet**

|  |
| --- |
| Name of School:     |
| Mailing Address (Street Number and Name, City, State, Zip Code):  Email Address of Authorized Representative of the School:  |
| School’s BEDS Number:  |
| School’s Institution ID Number  |
| School’s Vendor ID Number:  |
| I certify to the best of my knowledge and belief, all of the information in this application is true and correct. I further understand that knowingly making a false statement or misrepresentation on this application may subject me to criminal or civil penalties under applicable State and Federal laws. Additionally, I certify that none of the services or assistance for which I am requesting support in Part B of this application have already been supported by a loan under the PPP. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, assurances, certifications.  |
| Authorized Representative of the School (Typed Name):   | Telephone:    |
| Signature of Authorized Representative of the School:    |  Date:  |

**Please submit this package to EANS@NYSED.gov**

**PART B: Supplemental Reimbursement Form**

|  |  |  |
| --- | --- | --- |
| **Please complete this table the same way you did when you requested FUTURE reimbursements in your application.** **This will remind us of what we approved and speed our review.**  | **Total Cost** | **Insert Invoice Letter Code**  |
| **Safety Supplies and Equipment:** Check all those that apply and indicate the cost for each in the column to the right. |  |  |
|  [ ]  Supplies to sanitize, disinfect, and clean school facility  |  |  |
|  [ ]  Personal Protective Equipment (PPE)  |  |  |
|  [ ]  Physical barriers to facilitate distancing  |  |  |
|  [ ]  Other materials, supplies or equipment recommended by the CDC for reopening and operation of school facilities to effectively maintain health and safety  |  |  |
|  [ ]  Expanding capacity to administer coronavirus testing to effectively monitor and suppress the virus  |  |  |
|  |  |  |
| **Health and Safety of the School Facility:** Check all those that apply and indicate the cost for each in the column to the right. |  |  |
|  [ ]  Portable air purifications systems  |  |  |
|  [ ]  Leasing sites or spaces to ensure social distancing  |  |  |
|  [ ]  Reasonable transportation costs  |  |  |
|   |  |  |
| **Educational Supports:** Check all those that apply and indicate the cost for each in the column to the right. |  |  |
| [ ]  Educational technology  |  |  |
| [ ]  Other - please specify (items listed in Other category will be pending NYSED approval):  |  |  |
|  |  |  |
| **PART E SUBTOTAL** | $ |  |

**PROOF OF PAYMENT**

*When submitting your proof of payment and invoices for new reimbursement request, please consider using a table of contents, which could be in the below format or another format. It will help our team review your documents more quickly.*

**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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**For additional information on allowable services or assistance, please see the** [**Frequently Asked Questions**](https://oese.ed.gov/offices/education-stabilization-fund/emergency-assistance-non-public-schools/) **posted online.**

**NYSED Internal Use Only:**

**Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Amount: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Made by: \_\_\_\_\_\_\_\_\_\_\_ Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**