

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Facilities Planning, Room 1060 EBA
Albany, NY 12234
Telephone: (518) 474-3906 / Fax No.: (518) 486-5918

**SPECIAL COST ALLOWANCE FOR INSTALLATION OF SAFETY DEVICES FOR
ELECTRICALLY OPERATED PARTITIONS CLAIM FOR AID**

Complete this claim and return two (2) copies for expenses incurred for the installation of safety devices for electrically operated partitions in a student occupied building. A separate claim form is required for each building.

School District: _____ County: _____

Contact Person: _____ Title: _____

Address: _____
_____ Telephone: () _____

Name of Building : _____

Project Control Number: - - - - -

Vendor: _____ Date of Installation: _____

Cost of Partition Retrofit: \$ _____

(\$6000 per unit cost allowance)

Number of Partition Retrofitted: x _____

Total Cost Per Building: = _____

Superintendent's Certification: I hereby certify that the expenditures claimed on this form have been made and include expenditures as provided by Section 3602, Subdivision 6-C of the Education Law. The information contained in this report is true and correct to the best of my knowledge.

Signature of Superintendent of Schools

Date

FOR SED USE ONLY

Maximum Cost Allowance	--	\$6,000 per retrofit
Number of Units Installed	--	_____
Maximum Cost Allowance for Building	--	_____

Approved by: _____
Facilities Planning

Date

cc: State Aid Unit