THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK
Office of Facilities Planning, 89 Washington Avenue, Room 1060 Education Building Annex, Albany, NY 12234
Telephone: (518) 474-3906 www.p12.nysed.gov/facplan/

EARLY AID START REQUEST FORM

(Chapter 97 of the Laws of 2011 - only for projects approved 7/1/11 or later)

This form should be used to request that building aid begin in advance of district submission of the Final CSC and/or FCR, but at no time prior to 18 months after a Commissioner's approval date or submission of an SA-139, whichever is later.

Note: DO NOT submit this form in advance of the start of a construction project or at any time prior to 18 months after SED project approval. Not all projects will qualify. Not all requests will be granted. Districts are instructed to make every effort to complete projects within 18 months of Commissioner's approval. See March 2012 Joint State Aid and Facilities Planning Guidance Regarding Chapter 97.

Project Control Number:

District BEDS Code	Facility Code	Project No.	Review Number	Approval Date

School District Name: _____

Building Name: _____

Check all that apply: (all choices must be accompanied by a detailed description)

- ☐ The project is a significant construction or renovation that was not designed or intended to be complete within 18 months and anticipated costs exceed $5 million. Projects under $5 million are not considered complex and therefore not eligible for EAS;
- ☐ The project is delayed by items beyond the District's control such as liens, litigation, declared natural disaster, or force majeure events; or
- ☐ Quality of work is currently unsatisfactory and corrective action is required; or
- ☐ Other

Provide the following information as appropriate *(you must complete #1 or #2 and all of #3 through #6)* **:**

1) Date of Partial Substantial Completion: _____ (attach copy) **-OR-**
2) Date of Final Substantial Completion: _____ (attach copy) **-OR-** Date of Estimated Final Substantial Completion: _____
3) Estimated Final Cost Based on Current Expenditures: _____
4) Estimated Date of Final Completion: _____
5) Estimated Date for Submission of Final Cost Report: _____
6) Attach preliminary versions of completed "Source of Funds" page (21) and "Summary of Expenditures" page (22) of the Final Cost Report Form indicating which costs cannot be finalized.

Certification:

☐ The undersigned hereby certifies that they have read and understand the risks identified in the linked memo regarding EASR submission, that can be found here: https://stateaid.nysed.gov/build/html_docs/EASR_Submission.htm

Superintendent Signature _____ Date_____

For SED use only

Approved _____ Denied _____