

NEW YORK STATE NONPUBLIC SCHOOL SAFETY EQUIPMENT GRANT

YEAR 9 (2021-2022) REIMBURSEMENT REQUEST FORM

Please note that only one application per grant 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:											

NYSED Internal Use Only:	
Reviewer Name: _____	Date Approved: _____
Amount Approved: _____	
Payment Entered by: _____	
Payment Date: _____	Payment Amount: _____
Payment Date: _____	Payment Amount: _____

SECTION I

A. Check one box below and submit the applicable documentation:

My school submitted a claim in a prior year and wants to claim **only** the remaining amount of approved, unreimbursed expenditures from a prior year claim.

Complete and submit pages 1 and 5. No further documentation is required, as required documentation was already supplied in a prior year.

My school wants to claim new expenditures.

Complete pages 1-4, including Summary of Expenditures section.

Submit invoices listing items purchased.

Provide proof of payment (either cancelled checks, bank statements, or complete, detailed credit card statements).

SECTION II

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), 7 (2019-20), 8 (2020-2021), and 9 (2021-2022)	Total Cost
SECURITY 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 – items in this category are subject to SED approval	
SECTION II SUBTOTAL (enter on page 4)	\$

SECTION III

Scope of Work listed in this section can be used for Years 4-9 funding only. Years 4 (2016-17), 5 (2017-18), 6 (2018-19), 7 (2019-20) 8 (2020-21) and 9 (2021-22)	Total Cost
ENVIRONMENTAL/HEALTH 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 (contracted personnel)	
<input type="checkbox"/> School security (school employee personnel) 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	
FIRE PREVENTION 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 – items in this category are subject to SED approval	
SECTION III SUBTOTAL (enter on page 4)	\$

SECTION IV

Scope of Work listed in this section can be used for Years 7, 8, and 9 only. Expenditures need to be dated March 1, 2020 through March 31, 2023.	Total Cost
COVID-19 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"/> Temperature scanners	
<input type="checkbox"/> Other – items in this category are subject to SED approval	
Child Abuse Prevention Training Including the Identification of Child Abuse in an Educational Setting Please include proof of attendance and proof of payment. Expenditures need to be dated October 23, 2019 through March 31, 2023.	
<input type="checkbox"/> Identification and Reporting of Child Abuse and Maltreatment Training (Mandated Reporter training)	
<input type="checkbox"/> Child Abuse in an Educational Setting training	
SECTION IV SUBTOTAL	\$
SECTION III SUBTOTAL (from page 3)	\$
SECTION II SUBTOTAL (from page 2)	\$
GRAND TOTAL (SECTION II + SECTION III + SECTION IV)	\$

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								

<u>Collaborating Agency</u>		
<input type="checkbox"/> (check and complete this section only if applicable to your school) <i>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.</i>		
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 1074 EBA
Albany, New York 12234**