
School Emergency Response to Violence (Project SERV)
Hurricane Sandy Disruption Grants Application

Project Purpose: Hurricane Sandy, which struck New York on October 29, 2012, had significant impacts on school districts and BOCES in lower New York and Long Island. Over 175 schools were located within the storm surge zone, resulting in tremendous damage to numerous facilities. Project SERV funds are intended to provide education-related services to LEAs in which the learning environment was disrupted as a direct result of Hurricane Sandy. Project-funded costs must be in addition to costs that would have been incurred absent Hurricane Sandy. Only the listed allowable activities will be funded to restore a sense of safety and security and assist students and LEAs respond to the displacement of facilities due to the storm. These services may include mental-health assessments, referrals and services; leasing of space to substitute for damaged buildings; emergency transportation; temporary security measures; and overtime pay for teachers, counselors, law enforcement and security officers, and other staff.

Project Funding Source: U.S. Department of Education-Project SERV (School Emergency Response to Violence) under the Safe and Drug-Free Schools and Communities Act.

Project Reimbursement Period: Reimbursement expenses must occur within the project period of October 29, 2012– June 30, 2013. The Final Expenditure Report & NYS Standard Voucher must be submitted no later than July 30, 2013.

Eligibility:

1. Public school districts that suffered damage and/or educational disruption in counties declared eligible for FEMA Public Assistance outside of New York City, including Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster and Westchester Counties. See **Attachment 1** and **Attachment 2**.
 - Educational disruption is defined as displacement of facilities due to the storm, changes or additions to transportation requirements, interruption of educational services requiring additional teaching, counseling or security staff or hours, or physical damage requiring temporary security costs to protect the learning environment.

2. School districts must file a Damage Assessment Survey with the Office of School Operations – Facility Management by 5/15/13. If your district has not done so, it must before submitting your application. (see: <http://usny.nysed.gov/docs/sandy-school-damage-survey.doc>) Please contact Carl Thurnau, Coordinator of Facility Planning, at 518-474-3906 with questions or concerns related to this request for information. Please email completed forms to EMSCFP@mail.nysed.gov

Basis of Award: Project funds will be awarded based on the severity of the Hurricane Sandy-related educational disruption and the applicant district’s fiscal capacity and educational need. Applicants will be ranked according to their documented costs as a percentage of the district’s Total General Fund Expenditures (TGFE), as a proxy for the fiscal impact of the storm. The districts will then be stratified into three weighted impact bands (0-0.25%, 0.25-1.0% or greater than 1.0% of TGFE) Districts will then be eligible for reimbursement of their costs, based on which Need Resource Category they are in, the Department’s standard analytic framework for fiscal capacity. See **Attachment 3**. Funds will be awarded to the highest need resource categories first and to those with the highest percentage of damage, until funds are extinguished. No single award will be for more than 10% of the total grant funds available.

Application Requirements: School districts are required to apply to SED to receive funds under this program. The Application includes a cover sheet (See **Attachment 4**), a program narrative (See **Attachment 5**) and an Eligible Cost Spreadsheet (see **Attachment 6**.) Applications must be certified and submitted by the Chief Administrator.

Application Submission: Applications must be submitted electronically to emscmgts@mail.nysed.gov by **5/15/2013**.

A hard copy with original signature must be postmarked by 5/15/2013 and mailed to:

New York State Education Department
Office of Educational Management Services
Room 876 EBA
Albany, New York 12234
Attn: Project SERV Application

Allowable Activities under Project SERV: Allowable activities and costs are those that are reasonable, necessary, essential and intended to restore a sense of safety and security; activities intended to assist the victims/students to understand the dynamics of victimization and stabilize their lives; and activities that assist LEAs in managing the practical problems created by the traumatic event that has produced an undue hardship. Note: costs for activities which have been or will be supported by other forms of assistance, such as insurance, other Federal or State emergency assistance or State aid to schools, are not eligible under this grant, although the local share of such costs will be.

Allowable uses include but are not limited to:

- Targeted mental health assessments, referrals and services related to the traumatic event with the goal of restoring victims/survivors to their pre-incident levels of functioning;
- Overtime for teachers, counselors, and law enforcement and security officers and other staff;
- Substitute teachers and other staff as necessary;
- Emergency transportation;
- Technical assistance in developing an appropriate response to crisis;
- Transportation and other costs to operate school at an alternative site; e.g., leasing of space to substitute for damaged building;
- Temporary security measures such as non-permanent metal detectors and additional security guards and security cameras.

Non-Allowable Uses include:

- Any activity for which other resources have or will have covered the costs, e.g., insurance; federal or state aid, such as building, transportation, or BOCES aid, (the local share of such activities remain eligible for assistance under Project SERV);
- Permanent security measures such as stationary metal detectors, permanent security cameras; construction;
- Claims recoverable under insurance coverage, including Medicaid reimbursements for related services to school staff;
- Costs for hospitalization, treatment of physical injuries, rehabilitation or prescription costs; payment for public relations consultants or activities;

- Services of existing County/public/private nonprofit mental health agency staff whose role is to respond to emergency mental health needs of children; services normally provided by the LEA;
- Mental health services for persons other than teachers, students, faculty, or members of the immediate families of students, faculty, and teachers;
- Emergency management planning;
- Violence and drug prevention activities or programs, except those specifically addressing hate crimes issues.
- Payments of fines assessed upon the LEA, employees and/or members of employees' or students' families;
- Payment of settlements assessed against the LEA, employees and/or members of employees' or students' families in civil court actions;
- Payment of legal fees or loss of wages due to court appearances incurred by the LEA, employees and/or members of employees' or students' families in civil court action.

Payment & Reporting Requirements

Interim payment claims are not allowed for this program. A final claim may be submitted for up to your approved budget total. Claims may only be submitted after expenses have been incurred. Final claims must be submitted by July 30, 2013. Please submit the following items:

- NYS Standard Voucher (see Attachment #7)
- A Final Expenditure Report showing documentation of eligible expenditures. (see Attachment #7a).

Send payment and final expenditure report to:

NYS Education Department

89 Washington Avenue

Room 876 EBA

Albany, NY 12234

Attn: Project SERV Claim

Requirements for Funding:

Registration In Federal System for Award Management (SAM) – In order to be awarded federal funds, an agency must be registered (and then maintain a current registration) in the federal System for Award Management known as SAM (<http://www.sam.gov>). SAM is a government-wide, web-enabled database that collects, validates, stores and disseminates business information about organizations receiving federal funds. Information on an agency's registration in SAM needs to be provided on the Payee Information Form that must be submitted with the application.

***Payee Information Form/NYSED Substitute W-9** – The Payee Information Form is a packet containing the Payee Information Form itself and an accompanying NYSED Substitute W-9. The NYSED Substitute W-9 may or may not be needed from your agency. Please follow the specific instructions provided with the form. The Payee Information Form is used to establish the identity of the applicant organization and enables it to receive federal (and/or State) funds through the NYSED. An on-line version of the packet is available at <http://www.oms.nysed.gov/cafe/forms/PIform.pdf>*

Additional Resources:

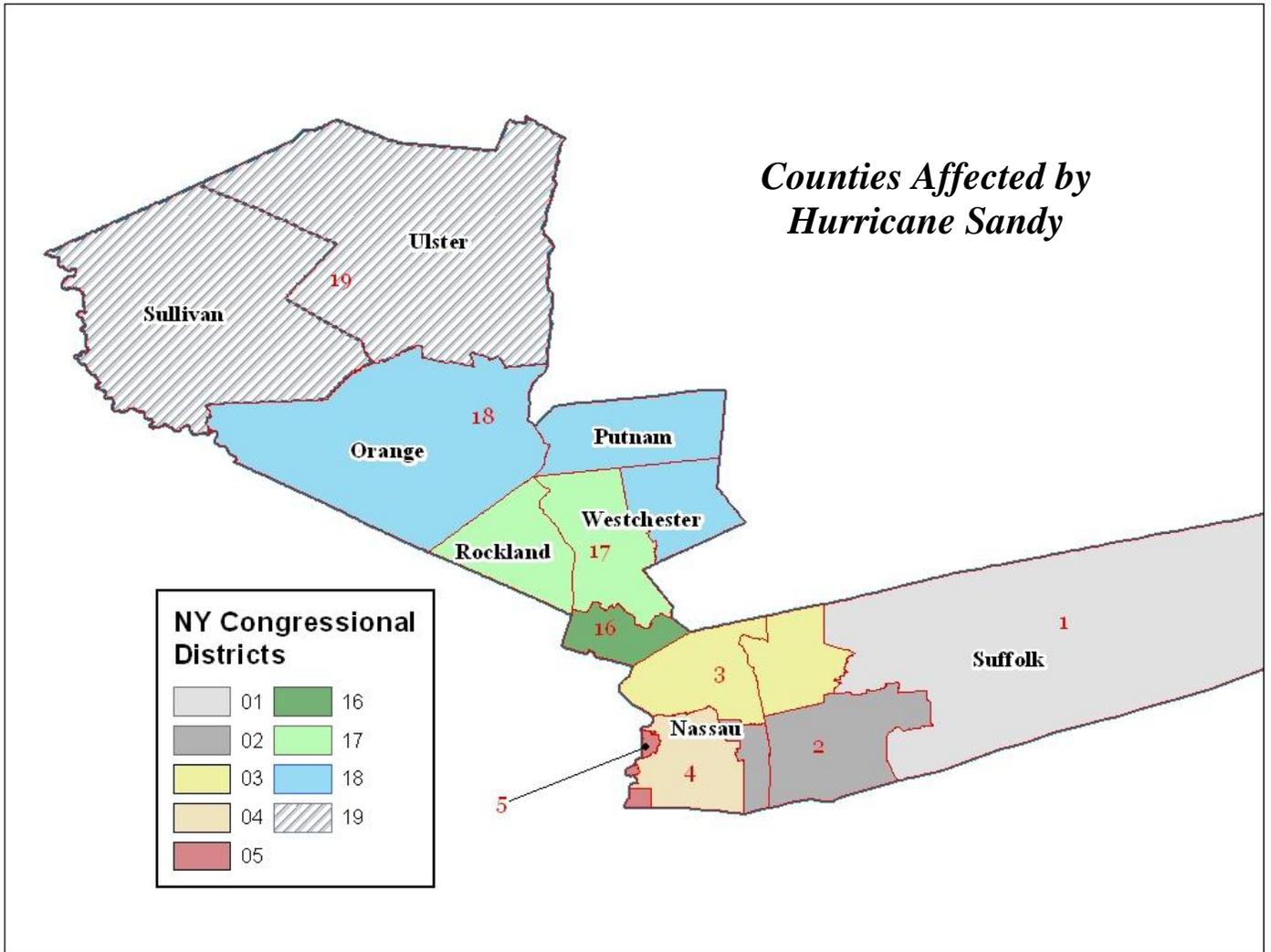
U.S. Department of Education Hurricane Sandy site: <http://www.ed.gov/sandy>

FEMA Hurricane Sandy site: <http://www.fema.gov/sandy>

NYSED Hurricane Sandy information: <http://usny.nysed.gov/hurricane-sandy.html>

NYSED Office of Grants Finance: <http://www.oms.nysed.gov/cafe/>

ATTACHMENT 1



ATTACHMENT 2

Eligible Districts

County	BEDS	District Name
Nassau	280210	BALDWIN
Nassau	280207	BELLMORE
Nassau	280253	BELLMORE-MERRICK
Nassau	280521	BETHPAGE
Nassau	280411	CARLE PLACE
Nassau	280203	EAST MEADOW
Nassau	280219	EAST ROCKAWAY
Nassau	280402	EAST WILLISTON
Nassau	280216	ELMONT
Nassau	280522	FARMINGDALE
Nassau	280222	FLORAL PARK
Nassau	280217	FRANKLIN SQUARE
Nassau	280209	FREEPORT
Nassau	280218	GARDEN CITY
Nassau	280100	GLEN COVE
Nassau	280407	GREAT NECK
Nassau	280201	HEMPSTEAD
Nassau	280409	HERRICKS
Nassau	280214	HEWLETT WOODMERE
Nassau	280517	HICKSVILLE
Nassau	280231	ISLAND PARK
Nassau	280226	ISLAND TREES
Nassau	280515	JERICHO
Nassau	280215	LAWRENCE
Nassau	280205	LEVITTOWN
Nassau	280503	LOCUST VALLEY
Nassau	280300	LONG BEACH
Nassau	280220	LYNBRook
Nassau	280212	MALVERNE
Nassau	280406	MANHASSET
Nassau	280523	MASSAPEQUA
Nassau	280225	MERRICK
Nassau	280410	MINEOLA
Nassau	280405	NEW HYDE PARK
Nassau	280204	NORTH BELLMORE
Nassau	280229	NORTH MERRICK
Nassau	280501	NORTH SHORE
Nassau	280211	OCEANSIDE
Nassau	280506	OYSTER BAY
Nassau	280518	PLAINEDGE
Nassau	280504	PLAINVIEW
Nassau	280404	PORT WASHINGTON
Nassau	280221	ROCKVILLE CENT
Nassau	280208	ROOSEVELT
Nassau	280403	ROSLYN
Nassau	280206	SEAFORD
Nassau	280252	SEWANAHKA
Nassau	280502	SYOSSET
Nassau	280202	UNIONDALE
Nassau	280213	V STR THIRTEEN
Nassau	280224	V STR TWENTY-FOUR
Nassau	280251	VALLEY STR CHS
Nassau	280230	VALLEY STR UF
Nassau	280223	WANTAGH
Nassau	280227	WEST HEMPSTEAD
Nassau	280401	WESTBURY
Orange	440201	CHESTER
Orange	440301	CORNWALL
Orange	442115	FLORIDA
Orange	440601	GOSHEN
Orange	442111	GREENWOOD LAKE
Orange	440901	HIGHLAND FALLS
Orange	441202	KIRYAS JOEL
Orange	441000	MIDDLETOWN
Orange	441101	MINISINK VALLEY
Orange	441201	MONROE WOODBURY
Orange	441600	NEWBURGH
Orange	440401	PINE BUSH
Orange	441800	PORT JERVIS
Orange	441903	TUXEDO
Orange	441301	VALLEY-MONTGOMERY
Orange	442101	WARWICK VALLEY
Orange	440102	WASHINGTONVILLE

County	BEDS	District Name
Putnam	480601	BREWSTER
Putnam	480102	CARMEL
Putnam	480404	GARRISON
Putnam	480401	HALDANE
Putnam	480101	MAHOPAC
Putnam	480503	PUTNAM VALLEY
Rockland	500101	CLARKSTOWN
Rockland	500402	EAST RAMAPO
Rockland	500201	HAVERSTRAW-STONY POINT
Rockland	500108	NANUET
Rockland	500304	NYACK
Rockland	500308	PEARL RIVER
Rockland	500401	RAMAPO
Rockland	500301	S. ORANGETOWN
Suffolk	580303	AMAGANSETT
Suffolk	580106	AMITYVILLE
Suffolk	580101	BABYLON
Suffolk	580501	BAY SHORE
Suffolk	580505	BAYPORT BLUE POINT
Suffolk	580512	BRENTWOOD
Suffolk	580909	BRIDGEHAMPTON
Suffolk	580233	CENTER MORICHE
Suffolk	580513	CENTRAL ISLIP
Suffolk	580402	COLD SPRING HARBOR
Suffolk	580410	COMMACK
Suffolk	580203	COMSEWOGUE
Suffolk	580507	CONNETQUOT
Suffolk	580105	COPIAQUE
Suffolk	580107	DEER PARK
Suffolk	580301	EAST HAMPTON
Suffolk	580503	EAST ISLIP
Suffolk	580234	EAST MORICHES
Suffolk	580917	EAST QUOGUE
Suffolk	580912	EASTPORT-SOUTH
Suffolk	580401	ELWOOD
Suffolk	580514	FIRE ISLAND
Suffolk	581004	FISHERS ISLAND
Suffolk	581010	GREENPORT
Suffolk	580405	HALF HOLLOW HILLS
Suffolk	580905	HAMPTON BAYS
Suffolk	580406	HARBORFIELDS
Suffolk	580506	HAUPPAUGE
Suffolk	580403	HUNTINGTON
Suffolk	580502	ISLIP
Suffolk	580805	KINGS PARK
Suffolk	580104	LINDENHURST
Suffolk	580212	LONGWOOD
Suffolk	581012	MATTITUCK-CUTCHOGUE
Suffolk	580211	MIDDLE COUNTRY
Suffolk	580208	MILLER PLACE
Suffolk	580306	MONTAUK
Suffolk	580207	MOUNT SINAI
Suffolk	580103	NORTH BABYLON
Suffolk	580404	NORTHPORT
Suffolk	581002	OYSTERPONDS
Suffolk	580224	PATCHOGUE-MEDFORD
Suffolk	580206	PORT JEFFERSON
Suffolk	580903	QUOGUE
Suffolk	580901	REMSENBURG
Suffolk	580602	RIVERHEAD
Suffolk	580209	ROCKY POINT
Suffolk	580413	S. HUNTINGTON
Suffolk	580205	SACHEM
Suffolk	580305	SAG HARBOR
Suffolk	580504	SAYVILLE
Suffolk	580701	SHELTER ISLAND
Suffolk	580601	SHOREHAM-WADING RIVER
Suffolk	580801	SMITH TOWN
Suffolk	580235	SOUTH COUNTRY
Suffolk	580906	SOUTHAMPTON
Suffolk	581005	SOUTHOLD
Suffolk	580304	SPRINGS
Suffolk	580201	THREE VILLAGE

County	BEDS	District Name
Suffolk	580913	TUCKAHOE COMMON
Suffolk	580302	WAINSCOTT
Suffolk	580102	WEST BABYLON
Suffolk	580509	WEST ISLIP
Suffolk	580902	WESTHAMPTON BEACH
Suffolk	580232	WILLIAM FLOYD
Suffolk	580109	WYANDANCH
Sullivan	590801	ELDRED
Sullivan	590501	FALLSBURGH
Sullivan	590901	LIBERTY
Sullivan	591302	LIVINGSTON MANOR
Sullivan	591401	MONTICELLO
Sullivan	591301	ROSCOE
Sullivan	591502	WILLIAM WEST
Sullivan	591201	TRI VALLEY
Ulster	622002	ELLENVILLE
Ulster	620803	HIGHLAND
Ulster	620600	KINGSTON
Ulster	621001	MARLBORO
Ulster	621101	NEW PALTZ
Ulster	621201	ONTEORA
Ulster	620901	RONDOTA VALLEY
Ulster	621601	SAUGERTIES
Ulster	621801	WALLKILL
Westchester	660405	ARDSLEY
Westchester	660102	BEDFORD
Westchester	661905	BLIND BROOK-RYE
Westchester	661402	BRIARCLIFF MANOR
Westchester	660303	BRONXVILLE
Westchester	661201	BYRAM HILLS
Westchester	661004	CHAPPAQUA
Westchester	660202	CROTON HARMON
Westchester	660403	DOBBS FERRY
Westchester	660301	EASTCHESTER
Westchester	660406	EDGEMONT
Westchester	660409	ELMSFORD
Westchester	660407	GREENBURGH
Westchester	660501	HARRISON
Westchester	660404	HASTINGS ON HUDSON
Westchester	660203	HENDRICK HUDSON
Westchester	660402	IRVINGTON
Westchester	660101	KATONAH LEWISBURG
Westchester	662401	LAKELAND
Westchester	660701	MAMARONECK
Westchester	660900	MOUNT VERNON
Westchester	660801	MT PLEASANT CENTRAL
Westchester	661100	NEW ROCHELLE
Westchester	661301	NORTH SALEM
Westchester	661401	OSSINING
Westchester	661500	PEEKSKILL
Westchester	661601	PELHAM
Westchester	660809	PLEASANTVILLE
Westchester	660802	POCANTICO HILL
Westchester	661904	PORT CHESTER
Westchester	661800	RYE
Westchester	661901	RYE NECK
Westchester	662001	SCARSDALE
Westchester	662101	SOMERS
Westchester	660401	TARRYTOWN
Westchester	660302	TUCKAHOE
Westchester	660805	VALHALLA
Westchester	662200	WHITE PLAINS
Westchester	662300	YONKERS
Westchester	662402	YORKTOWN

ATTACHMENT 3

Award Matrix

Districts will be eligible for reimbursement of their costs, based on which Need Resource Category they are in. Funds will be awarded to the highest need resource categories first and to those with the highest percentage of damage, until funds are extinguished. No single award will be for more than 10% of the total grant funds available. The Matrix shows the priority order of award, bearing in mind that the total award funds may be allocated before all categories of districts are reimbursed.

Costs as a Percent of District Total Expenditures	Need Resource Category		
	High Need	Average Need	Low Need
1.0% and up	1	2	3
.250%-0.999%	4	5	6
0-.249%	7	8	9

ATTACHMENT 5

Program Narrative and Budget Summary

- Complete Project Narrative. Please respond specifically to each of the following points:
 - Address disruptions to the educational environment in the district as a direct result of Hurricane Sandy. This could include a brief description of damage to buildings, facilities and/or equipment, lost instructional time or other relevant effects of the storm.
 - Specify which of the allowable activities below the district proposes to address and the associated costs.
 - Detail specifically which activities the district is seeking retroactive funding for, versus proposed additional services or costs expected to be provided or incurred during the project period.
 - Provide a rough timeline or schedule for any elements of the project not yet completed.
 - To the extent possible, explain how the district will ensure equitable participation by private school students and teachers in the project.

The project narrative should not exceed two pages.

ATTACHMENT 6

- Complete Eligible Activities or Expenditures Sections

Summary of Activities or Expenditures for Reimbursement

Allowable Activity or Expenditure	Documented Cost
Mental Health Services	\$
Technical Assistance for Crisis Response	\$
Staff Overtime	\$
Additional Staff/Substitute Teachers	\$
Emergency Transportation	\$
Costs for Alternate Site	\$
Temporary Security Measures	\$
Other:	\$
Other:	\$
Other:	\$
Total Costs	\$

Last Updated: April 12, 2013

State
Of
New York

STANDARD VOUCHER

Voucher Number

① Originating Agency (limit to 30 spaces) NYS Education Department		Orig. Agency Code 11000		Interest Eligible (Y/N)		② P-Contract		
Payment Date (MM/DD/YY)			OSC Use Only		Liability Date (MM/DD/YY)			
③ Payee ID		Additional	Zip Code	Route	Payee Amount		MIR Date (MM/DD/YY)	
④ Payee Name (limit to 30 spaces)					IRS Code	IRS Amount		
Payee Name (limit to 30 spaces)					Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (limit to 30 spaces)					⑤ Ref/Inv. No. (Limit to 20 spaces)			
Address (limit to 30 spaces)					Ref/Inv. Date (MM/DD/YY)			
City (Limit to 20 spaces)		(Limit to 2 spaces) →	State	Zip Code				

⑥ Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

⑦ Payee Certification <i>I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.</i>		Total	\$0.00
_____ Payee's Signature in Ink		Discount %	-\$0.00
_____ Title		Net	\$0.00
_____ Date		_____ Name of Company	

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT	
Merchandise Received _____ Date _____ Page No. _____ By		<i>I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.</i>		_____ Verified _____ Audited _____ Special Approval (as Required)	CERTIFIED FOR PAYMENT OF TOTAL AMOUNT By _____
_____ Authorized Signature in Ink		_____ Date		_____ Title	

Expenditure						Liquidation					
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					

NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. Originating Agency:

Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. P-Contract:

Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. Payee I.D./Additional/Zip Code:

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block only if you have been assigned an Additional Code.

4. Payee Name and Address:

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

5. Ref./Inv. No.:

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 30 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. Description of Material/Service:

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

VENDOR'S OPTION:

Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "amount" column. Attach invoices in duplicate to this voucher.

7. Payee Certification:

Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasure, bookkeeper, billing clerk, etc.

Project SERV Final Expenditure Report

Agency Name: _____

Directions: Provide a breakdown of cost by each activity.

Allowable Activities	Final Project Cost
Targeted mental health assessments, referrals and services related to the traumatic event with the goal of restoring victims/survivors to their pre-incident levels of functioning	
Overtime for teachers, counselors, and law enforcement and security officers and other staff	
Substitute teachers and other staff as necessary	
Emergency transportation	
Technical assistance in developing an appropriate response to crisis	
Transportation and other costs to operate school at an alternative site; e.g., leasing of space to substitute for damaged building	
Temporary security measures such as non-permanent metal detectors and additional security guards and security cameras	
Other (Please Describe)	
Total	

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that the reported expenditures have been made in accordance with the provisions of applicable statute, regulation and approved project and budget; that the claim is just and correct; that no part has been paid except as stated; that the balance is actually due and owing; and that proper fund accounting is followed, records are retained for the proper period, and that records will be made available to representatives of the Education Department or the Office of the State Comptroller when requested.

Date

Signature

Name and Title of Chief Administrative Officer