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| **Name of Grant Program:** Emergency Impact Aid for Displaced Students | **Fund Code:** 312 |

**CERTIFICATION BY NON-PUBLIC SCHOOLS**

**FOR 2018 TEMPORARY EMERGENCY IMPACT AID FOR DISPLACED STUDENTS**

Federal funds are available to provide assistance to cover the costs associated with educating students (including those attending non-public schools) displaced\* to Massachusetts during the 2017-2018 school year by Hurricanes Harvey, Irma, or Maria or the 2017 California wildfires (covered disaster or emergency).

Non-public schools are asked to distribute and collect the attached Non-public School Parent or Guardian Application to families, and submit this certification to the school district within whose boundaries the non-public school is located to secure funds. **[Districts may add a deadline by when these applications are required. Estimated student counts are due to DESE by May 15, 2018, and final, confirmed numbers are due to DESE no later than June 15, 2018].**

Districts will make payments to accounts at the non-public schools on behalf of those enrolled in non-public schools who are counted on this application within 14 calendar days of the school district’s receipt of these grant funds.

1. **Contact information:**

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| Non-Public School Name: |  |
| Non-Public School Address: |  |
| Grant contact  (name, phone and email) |  |
| Name of Public School District within whose boundaries this non-public school is located: |  |

1. **Displaced Non-Public School Students**

Please provide total numbers of displaced students attending this non-public school by category for each quarter listed below. Include students displaced by Hurricanes Irma, Maria and/or Harvey or by the 2017 California wildfires. Non-public schools should collect and submit to the Public School District the Non-Public School Parent or Guardian Application for each student included in the numbers below.

| **Non-Public School Students** | **Quarter 1**  **By Oct. 2, 2017** | **Quarter 2**  **By Dec. 1, 2017** | **Quarter 3**  **By Feb. 1, 2018** | **Quarter 4**  **By Apr. 1, 2018** |
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| Total number of displaced elementary and secondary students enrolled in this non-public school, and   * who are not receiving special education and related services consistent with IDEA, and * who are not English learners |  |  |  |  |
| Total number of displaced elementary and secondary students enrolled in this non-public school, and   * who are receiving special education and related services consistent with IDEA |  |  |  |  |
| Total number of displaced elementary and secondary students enrolled in this non-public school, and   * who are not receiving special education and related services consistent with IDEA, and * who are English learners |  |  |  |  |

\***Displaced Students** (the students for whom a [State Education Agency] may receive payments) are students who:

* on the date that is one week prior to the date that the major disaster or emergency was declared for the area, resided in an area for which the Federal Government later declared a major disaster or emergency related to a covered disaster or emergency; and
* as a result of their displacement by a covered disaster or emergency, are enrolled in an elementary school or secondary school other than the school that the student was enrolled in, or was eligible to be enrolled in, on the date that is one week prior to the date that the major disaster or emergency was declared for the area. *(Definition from USED)*

**Assurances**

* I certify that this school is a non-public school that was in existence prior to February 9, 2018.
* I certify that the displaced students included in the count on the above list were enrolled in this school on the designated count date.
* I certify that payments to Emergency Impact Aid Accounts received from the local educational agency will be used by this school only for purposes of covering the 2017-2018 school year costs associated with educating students displaced by a covered disaster or emergency.
* I certify that I am authorized to make the representations and commitments in this certification, for and on behalf of this school, and otherwise to act as this school’s authorized representative in submitting this certification.

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| **Authorized Representative Signature** | **Date** |
| **Name/Title of Authorized Representative:** | |
| **Non-Public School:** | |