Additional Activity User Guide

Non-Public School Security Program Activity Pre-Approval Form (2024– 2025 Program Year)

Version 5.0

Version History

Version 1 – 03/23/2017 [original version]
Version 2 – 01/28/2022 [updated version]
Version 3 – 07/6/2022 [updated version]
Version 4 – 07/28/2023 [updated version]
Version 5 – 06/21/2024 [updated version]

Table of Contents

Non-Public School Security Program Activity Pre-Approval Form Overview

The Department of Citywide Administrative Services ("DCAS") will use the form to review and determine eligibility for additional activities submitted by participating schools in the *Non-public School Security Guard Reimbursement Program*[1] ("the Program") for the current program year. The webpage for this application will become inactive once all funds for the program year have been allocated, or at any time DCAS determines during the program year. If you need assistance completing the application, please contact DCAS at SchoolActivities@dcas.nyc.gov. DCAS will provide a determination email for each application submitted as per guidelines set forth in Local Law 2 of 2016 and Title 55, Chapter 14 of the Rules of the City of New York. Only receipt of a determination email will qualify an additional activity for coverage under the program. Assistance with submitted for reimbursements for approved additional activities shall be referred to Reimbursement4Schools@dcas.nyc.gov.

Determination Process Flow (by activity)

Activity Preapproval Form is Submitted to DCAS → DCAS Receives Activity Preapproval Form → DCAS Reviews Activity Preapproval Form → DCAS Provides School a Determination Email

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[1] DCAS manages the *Non-public School Security Guard Reimbursement Program* as per Title 55, Chapter 14 of the Rules of the City of New York.

Field Descriptions

The following fields (with field descriptions) are expected to be completed for successful submission of the Activity Pre-Approval Form:

Section 1 – School Details

Contact First Name	1	Required Field

Enter the full first name of the point of contact at the school. This individual should be an individual working at the school, not the security guard company.

Contact Last Name	2	Required Field

Enter the full last name of the point of contact at the school. This individual should be an individual working at the school, not the security guard company.

Contact Phone	3	Required Field

Enter the full number for the point of contact at the school, referenced above. This individual should be an individual working at the school, not the security guard company.

Contact Email	4	Required Field

Enter the full email address for the point of contact at the school, referenced above. This individual should be an individual working at the school, not the security guard company.

BEDS (Basic Educational Data Systems) Number	5	Required Field

Enter the full BEDS Number for the school listed in Field 7 of this application. The BEDS number should coincide with the BEDS number on file with DCAS for the school actively participating in the program for the current program year as listed in Field 7.

Estimated Number of Faculty in Building during Activity Period	6	Required Field

Enter the numeric amount of faculty expected to be in attendance at the event location during the activity/event that the school is submitting an application for in Section 2 of the application.

School Name	7	Required Field

Enter the full name of the school for which an application is being submitted for. The school name should match the name listed in HHS Accelerator.

Address	8	Required Field

Enter the full address of the school for which an application is being submitted for. The address should match the one listed in HHS Accelerator and referenced on the first page of a school's fully executed Memorandum of Understanding (MOU).

Section 2 – Event Details

Name of Activity	9	Required Field

Enter the full of the activity/event for which the school is submitting an Activity Preapproval for. The name of the activity should be specific. If the event name is identified in a language other than English, the English translation must be provided in parenthesis. Additional details may be provided in Field 10and/or Field 25 of the application.

Activity Description	10	Required Field

Enter a brief and clear description of the activity/event in full sentences. Details listed should be clear enough where someone outside of the school can understand the activities occurring. Be wary of phrases, acronyms and terms that an external entity may not know; if provided, a brief description should be included.

Activity Sponsors	11	Required Field

From the dropdown menu, select whether the activity/event is "School Sponsored" (organized, led and/or managed by the school) or "Outside Organization" (organized, led and/or managed by an

outside entity for enrolled students in said school). If "Outside Organization" is selected, Field 12 is required to be completed.

Name of Organization	12

If "Outside Organization" was selected in Field 11, the name of the outside organization should be written out in full. Please refrain from using organization acronyms.

Event Start Date	13	Required Field

Enter the start date for the event in MM/DD/YYYY format.

Time From	14	Required Field

Enter the start time for the event in HH:MM AM/PM format using the dropdown options.

- For recurring events (as identified in Field 18), the start time should be that of each day the activity occurs. For example, an event occurring twice per week from 6:00 PM – 7:30 PM should have a 6:00 PM start time.

Event End Date	15	Required Field

Enter the end date for the event in MM/DD/YYYY format.

Time To	16	Required Field

Enter the end time for the event in HH:MM AM/PM format using the dropdown options.

- For recurring events (as identified in Field 18), the end time should be that of each day the activity occurs. For example, an event occurring twice per week from 6:00 PM – 7:30 PM should have a 7:30 PM end time.

Days of the Week	17	Required Field

Each day or days of the week that the activity/event is expected to occur should be checked off in this section.

- For recurring events that may occur on different days of the week, a detailed description should be provided in Field 26 indicating any fluctuation in days that the activity/event is expected to occur.

Recurring Event	18	Required Field

From the dropdown menu, select "Yes" if the application to be submitted is an event that is expected to occur on a regular basis – extending beyond one (1) week. Select "No" from the dropdown menu if the event is occurring once, occurring within a one (1) week span, or is an event that is expected to occur on an irregular basis.

- For events occurring on an irregular basis, separate applications should be submitted for each date that the event is expected to occur.

Event Frequency	19	Required Field

From the dropdown menu, select the appropriate event frequency for the activity/event being submitted. For events occurring on an irregular basis, select "One Day Event" and submit a separate form for each date the event is expected to occur.

Request for	20	Required Field

From the dropdown menu, select "After School Academic Program" for activities/events that are part of the traditional academic program (e.g. student course classes) or "After School Non-Academic Program" for activities/events that are not part of the traditional academic program (e.g. school play).

Estimated Number of Students Enrolled in the School Attending	21	Required Field

Enter the numeric amount of students enrolled in the school who are included in the school's BEDS data and are expected to be in attendance at the event location during the activity/event that the school is submitting an application.

Estimated Number of individuals not affiliated with your school attending	22	Required Field

Enter the numeric amount of individuals not affiliated with the school who are expected to attend the activity/event. This figure should not include the number of individuals listed in Fields 6 nor 21.

Have guards been previously approved for this time period	23	Required Field

Select "Yes" from the dropdown menu if this event was previously approved for a different date. Select "No" if the submission is for an event that was not previously approved by DCAS. An event is considered "previously approved" if a school received formal communication from DCAS stating such.

Event Location	24	Required Field

List all location details (including the full address) for the activity/event being submitted.

Comments	25	

Provide any additional details for the event that may offer additional clarification and justification for the event to undergo review for potential approval.

Agreement and Submission

I have read and agree to the requirements for reimbursement	26	Required Field

This box must be checked off for successful submission of an additional activity application for DCAS review. Checking this box acknowledges a school's review and agreement to details referenced in the "Please Note" box directly above the checkbox.

Check "I'm not a robot" box	27	Required Field

This box must be checked to verify you are a person.

Submit	28	Required Field

Click the "Submit" button upon successfully preparing responses to all required and optional fields. If all required fields are not prepared or are prepared in an incorrect format, the system will alert the individual preparing the application that additional details need their attention. Upon successful submission, the email address listed in Section 1 of the application will receive and auto-email stating that the application was successfully submitted for review.

NOTE this auto-email <u>is not</u> receipt of approval for an activity submitted, it is only acknowledgement that DCAS received the application and can begin to review it. Only formal emails from DCAS clearly identifying the decision on an application received will constitute approval for additional activities outside of those identified in a school's MOU for a given program year.

Section 1 - School Details

Contact First Name *

① 1

Contact Last Name *

② 2

Contact Phone *

③ 3

Contact Email *

④ 4

BEDS (Basic Educational Data Systems) Number *

⑤ 5

Estimated Number of Faculty in Building During Activity Period *

⑥ 6

School Name *

⑦ 7

Address *

⑧ 8

Section 2 - Event Details

9

Name of Activity or Event (Not the Name of the Submitter)*

10

Activity Description*

11

Activity Sponsors*

12

School Sponsored Outside Organization Name of Organization

13

Event Start Date*

Select a Date

14

Time From Hour*   Time From Minute*   Time From AmPm*

15

Event End Date*

Select a Date

16

Time To Hour*   Time To Minute*   Time To AmPm*

17

Day(s) of Week*

☐ Mon   ☐ Tue   ☐ Wed   ☐ Thurs   ☐ Fri   ☐ Sat   ☐ Sun

18

Recurring Event*

○ Yes   ○ No

19

Event Frequency*

20

Request for*

21

Estimated Number of Students Enrolled in the School Attending*

22

Estimated Number of Individuals Not Affiliated with Your School Attending*

23

Have guards been previously approved for this time period?*

○ Yes   ○ No

24

Event Location*

25

Comments

[text area]

26

Agreement*

☐ I have read and agree to the requirements for reimbursement

27

Please check "I'm not a robot" below to verify you are a person.

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

28

Submit

Who to Contact

Assistance with Completing the Activity Pre-Approval Form

Email: SchoolActivities@dcas.nyc.gov

Additional Contact Resources

Programmatic Questions

Email: ContactDCAS@dcas.nyc.gov

Reimbursements and Invoicing Questions

Email: Reimbursement4Schools@dcas.nyc.gov

Security Guard Vendor Questions

Email: Security4Schools@dcas.nyc.gov