



**Please Note:** This can be submitted at the time of application or at the time of reimbursement. Please check here if this has already been submitted ☐

**District/Board of Education Emergency Plans**

**District** \_\_\_\_\_

**Date Emergency Plan last exercised:** \_\_\_\_\_

**Note:** By signing this document, the signatory is attesting that the grantee/board of education listed above has an emergency plan in place which was developed in concert with the appropriate local first responders and exercises the plan. The signatory is also attesting that the district/board of education has provided for a uniform assessment of the schools under its jurisdiction including any security infrastructure using the National Clearinghouse for Educational Facilities /Safe Schools Facilities Checklist, which assesment was conducted under the supervision of the local law enforcement agency.

**Signatures:**

**NCEF Checklist**

**Reviewed:**

\_\_\_\_\_  
**Superintendent of Schools**  **Yes or No** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Chief Executive Officer**  **Yes or No** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Local Law Enforcement Agency**  **Yes or No** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Fire Chief**  **Yes or No** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Local Fire Marshal**  **Yes or No** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Local Emergency Medical Services**  **Yes or No** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Local Emergency Management Director**  **Yes or No** **Date** \_\_\_\_\_

Updated -11/4/2013