

Procedures for Health/Life Safety Emergency Funding Authorization (Instructions)

1. REQUEST FOR PRELIMINARY AUTHORIZATION TO PROCEED

INSTRUCTIONS:

- School District notifies Regional Superintendent of emergency – Form 35-95 (Page 4-8)
- Regional Superintendent reviews request and forwards approval to ISBE
- ISBE reviews and sends authorization approval back to Regional Superintendent
- Regional Superintendent notifies School District of approval

2. REQUEST FOR AUTHORIZATION FOR EMERGENCY PROCEDURES*

INSTRUCTIONS:

- School District adopts emergency resolution - Form 36-20 (Page 4-10)
- School District submits copies of board's resolution to Regional Superintendent, and Regional Superintendent to ISBE
- ISBE reviews and issues a Certificate of Authorization for Emergency Procedures to Regional Superintendent - Form 35-96 (Page 4-9)
- Regional Superintendent sends copy of certificate to School District

3. HEALTH/LIFE SAFETY AMENDMENT

INSTRUCTIONS:

- District proceeds with the Health/Life Safety amendment process for the emergency project.

Amendment should be received by ISBE in a timely manner.

(23 Ill. Admin.Code 180.530-4(a))

** The Certificate of Authorization for Emergency Procedures shall authorize the district to initiate work to be financed with fire prevention and safety funds (HLS funds) prior to the formal approval of such work through the normal process providing all criteria are met.*

School District - Regional Office of Education

EMERGENCY HEALTH/LIFE SAFETY FUNDING REQUEST FOR PRELIMINARY AUTHORIZATION

School Name and Address	District
	County

In accordance with the Health/Life Safety Code for Public Schools (23 Ill. Adm. Code 180 - Section 180.530 Emergency) an emergency situation exists that: *(Please check the appropriate statement(s)).*

CONDITION(S):

- presents an imminent and continuing threat to the health and safety of students or other occupants
- requires complete or partial evacuation of the building
- consumes one or more of the 5 emergency days or cause school to fall short of the minimum school calendar requirements.

Brief description of the nature of the emergency, how it correlates to the above conditions and the interim measures to sustain operations: *(Use additional sheets or attachments as necessary.)*

FUNDING:

- Fire Prevention and Safety Financing will be required to address the emergency.

_____ <i>Signature of District Superintendent</i>	_____ <i>Fax Number</i>	_____ <i>Date</i>
_____ <i>Signature of Regional Superintendent</i>	_____ <i>Fax Number</i>	_____ <i>Date</i>

ISBE USE ONLY	_____ <i>ISBE Authorization to Proceed</i>	_____ <i>Date</i>	<input type="checkbox"/> Approved
			<input type="checkbox"/> Disapproved

HEALTH/LIFE SAFETY
CERTIFICATE OF AUTHORIZATION
FOR EMERGENCY PROCEDURES

The Illinois State Board of Education has received and reviewed the required documentation and hereby concurs that the condition described in the Health/Life Safety Preliminary Emergency Authorization Request constitutes an emergency classification for:

SCHOOL NAME AND ADDRESS

DISTRICT

COUNTY

The school district is authorized to initiate work to be financed with fire prevention and safety funds or funds loaned to the Fire Prevention and Safety Fund prior to the formal approval of such work through the normal process provided that:

Proper application for use of fire prevention and safety funds will be initiated in a timely manner by the district (forms enclosed).

The work undertaken shall, in all respects conform to the requirements of the Health/Life Safety Code for Public Schools (23 Ill. Adm. Code 180).

Final approval of the use of fire prevention and safety funds will be predicated on the verification of the findings in the board resolution.

Illinois State Board of Education Signature

Date

HEALTH/LIFE SAFETY EMERGENCY BOARD RESOLUTION

School Name and Address	District
	County

INSTRUCTIONS: Requires two signed and dated copies submitted to Regional Superintendent and State Board of Education.

EMERGENCY SITUATION:

FUNDING:

Fire Prevention and Safety Financing will be required to address the emergency.

HLS Funds Available

OR

HLS Funds need to be raised

BIDDING:

Work will be bid

OR

Bidding requirements will be exempt

INTERIM MEASURES TO CONTINUE OPERATIONS:

SIGNATURES:

RESOLUTION MOTION:

Date of Board Meeting _____

Number of Board Members..... _____

Vote:

 Number Against _____

 Number in Favor _____

Date	Board President	Date	District Superintendent
Date	Secretary of the Board	Date	Regional Superintendent