

SECTION D. EMERGENCY PLAN/ NCEF CHECKLIST CERTIFICATION



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 assessment was conducted under the supervision of the local law enforcement agency.

Signatures:

**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 _____