

PART A: Agency Information

AGENCY INFORMATION

Please provide the following information for your school:

* **Name of School:** Click here to enter text..

* **School AUN (9 digits):** Click here to enter text..

IU's – Please ensure that this nonpublic is added to the Nonpublic Organizations section before submitting.

* **Mailing Address:**

Street Address	City	State	Zipcode
Click here to enter text..	Click here to enter text..	PA	Click here to enter text..

* **Title of Authorized Representative of the School:** Click here to enter text..

* **Name of Authorized Representative of the School:** Click here to enter text..

* **Email Address of Authorized Representative of the School:** Click here to enter text..

Authorized Representative Phone Number: Click here to enter text..

PART B: Non-Public School Eligibility

* By **checking each box** below, I affirm that the following is true and correct regarding my school.

- ☐ The school requesting services or assistance is a non-profit school.
- ☐ The school requesting services or assistance is accredited, licensed, or otherwise approved to operate in accordance with State law.
- ☐ The school requesting services or assistance existed and operated prior to March 13, 2020.
- ☐ The school requesting services or assistance did not receive a loan under the Small Business Administration's Paycheck Protection Program (PPP) (15 U.S.C. 636(a)(37)) that is made on or after December 27, 2020. **
- ☐ None of the services or assistance for which I am requesting support in Part D of this application have already been supported by a loan under the PPP.

** NOTE: If a non-public school applies for a PPP loan on or after December 27, 2020, but did not receive funds under the PPP, the school may apply for services or assistance under the EANS II program, as long as the non-public school meets the requirements and deadlines of this application. If a non-public school applied for or received a PPP loan prior to December 27, 2020, it remains eligible for the EANS program.

PART C: Nonpublic Data

PART C: NONPUBLIC SCHOOL DATA

Section 312(d)(3)(C) requires an SEA to prioritize services or assistance to non-public schools that enroll low-income students and are most impacted by COVID-19. Accordingly, the State requests that the school provide the data described below. Such data must not include personally-identifiable information about students or their families.

ENROLLMENT AND LOW-INCOME DATA

* Total student enrollment of the school as of October 1st, 2021

Enter total number of students

* Number or estimated number of students from low-income families enrolled in the school as of October 1st, 2021

Enter total number of low income students

* Please identify the data sources used to determine the number of students reported from low-income families

- ☐ TANF
 - ☐ Free and Reduced Lunch
 - ☐ Census Poor
 - ☐ Medicaid
 - ☐ E-Rate Data
 - ☐ Scholarships
 - ☐ Family Financial Surveys
 - ☐ Other
-

If you selected "Other" from the data sources available above, please identify that data source here.

Click or tap here to enter text.

☐ **ASSURANCE:** Check here to verify that any duplication of names has been eliminated, if more than one data source was identified above.

PAYCHECK PROTECTION PROGRAM (PPP)

Did the school receive a loan guaranteed under the PPP *before* December 27, 2020?

☐ Yes

☐ No

If your answer was **Yes above**, what was the total amount of the PPP loan?

\$Click or tap here to enter text.

* Do you assure that any funds received under the EANS II program will be services or assistance NOT already funded by the PPP loan?

☐ Yes

☐ No

* Are you awaiting results from a PPP loan application *after* December 27, 2020?

☐ Yes

☐ No

IMPACT OF COVID-19

* Has your school been impacted by COVID-19?

☐ Yes

☐ No

* If Yes, please indicate types of loss due to COVID-19 Impact by selecting all that apply below:

☐ (1) loss of tuition revenue

☐ (2) decrease in enrollment

☐ (3) lack of capacity to provide remote learning due to insufficient technological support

☐ (4) data documenting the extent of learning loss attributable to the educational disruptions caused by COVID-19

☐ (5) N/A - ONLY Select if No was selected above.

Please provide a description for each selection made above.

Covid-19 Impact Type	Description
Choose an item.	Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.

EQUITABLE SERVICES UNDER THE CARES ACT

* Did the school receive equitable services from an LEA under the CARES Act?

☐ Yes

☐ No

PART D: Nonpublic School Services or Assistance Requested

PART D: NONPUBLIC SCHOOL SERVICES OR ASSISTANCE REQUESTED

A nonpublic school may apply to receive services or assistance from the SEA or its contractors to address educational disruptions resulting from COVID-19 for any of the following: ***IU level application will have the available Function/Object combinations listed per expenditure. Do we also want that on this application?**

1. Supplies to sanitize, disinfect, and clean school facilities
 2. Personal Protective Equipment (PPE)
 3. Improving ventilation systems, including windows or portable air purification systems
 4. Training and professional development for staff on sanitization, the use of PPE, and minimizing the spread of infectious diseases
 5. Physical barriers to facilitate social distancing
 6. Other materials, supplies or equipment recommended by the CDC for reopening and operation of school facilities to effectively maintain health and safety
 7. Expanding capacity to administer coronavirus testing to effectively monitor and suppress the virus
 8. Educational technology
 9. Redeveloping instructional plans for remote or hybrid learning or to address learning loss
 10. Leasing sites or spaces to ensure social distancing
 11. Reasonable transportation costs
 12. Initiating and maintaining education and support services or assistance for remote or hybrid learning or to address learning loss
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Please select the type of **Services or Assistance** being requested from the dropdown below, and provide a description detailing need.

Type of Services or Assistance	Description	Dollar Amount
Choose an item.	Click here to enter text..	\$ Enter amount
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