

TEXAS EDUCATION AGENCY
Automated External Defibrillator (AED) Reimbursement
 Authorized by HB 1, Article IX, Section 19.86; General Appropriations Act, 80th Texas Legislature

Reimbursement Applicant and Contact Information

Name of School District or Open-Enrollment Charter School: _____

County District Number (6 digits): _____

Mailing Address: _____

Primary Contact Person: _____

Telephone #: _____

E-Mail: _____

Secondary Contact Person: _____

Telephone #: _____

E-Mail: _____

Number of Campuses

1. How many campuses* does the school district or open-enrollment charter school operate?

*For the purposes of the Commissioner’s rules for AED reimbursement, “campus” is not necessarily defined as those entities are defined for PEIMS. A “campus” is defined as a single physical facility with a unique physical address.

Campuses with an AED purchased prior to June 1, 2007

2. Of the number of campuses indicated in question 1, identify each with an AED purchased prior to June 1, 2007. In the grid below, list the campus name and physical address. The campuses listed will not be eligible for reimbursement.

Attach additional pages as needed to list all campuses identified.

Campus Name	Physical Address

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Campuses with an AED purchased between June 1, 2007, and June 30, 2008, to comply with the Senate Bill 7 requirement to make available at each campus in the district at least one AED

3. Of the number of campuses indicated in question 1, identify each with an AED purchased between June 1, 2007, and June 30, 2008, purchased to comply with the aforementioned Senate Bill 7 requirement. In the grid below, list the campus name, physical address, and the eligible reimbursement amount*.

*The eligible reimbursement amount per AED is the actual cost of AED or \$1,475, whichever is less. A copy of the invoice must also be attached to this AED Reimbursement Form as supporting documentation of the purchase.

Attach additional pages as needed to list all campuses identified eligible for reimbursement.

Campus Name	Physical Address	Eligible Reimbursement Amount cost of AED or \$1,475*, whichever is less
Reimbursement Total		

Certification

I hereby certify that the information contained in this form is correct.

First and Last Name	Title	Signature
Phone Number	Fax Number	Date Signed
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Return one signed copy with original signature (with attached invoices) by mail or hand delivery to:
 Texas Education Agency
 Division of Formula Funding, Room 6-112
 1701 North Congress Avenue
 Austin, TX 78701-1494

These materials must be received by TEA no later than 5:00 p.m. central time, June 30, 2008.