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complete a signed:

- **Regents, NYCDOE, and Buffalo BOE Authorized Schools:** Disclosure of Financial Interest Form
- **SUNY- Authorized**

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DISCLOSURE OF FINANCIAL INTEREST
BY A NOT-FOR-PROFIT CHARTER SCHOOL
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation:_____

2. Trustee's name (print):_____

3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.):_____

8. Is Trustee an employee of the education corporation? _____Yes.No. If you checked yes, please provide a description of the position you hold, your salary and your start date.

_____

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please ." Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
			nk.

10. Identify each individual, business, corporation association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please "   ."

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity	

_____

DISCLOSURE OF FINANCIAL INTEREST
BY A NOT-FOR-PROFIT CHARTER SCHOOL
EDUCATION CORPORATION TRUSTEE

_____

10. Identify each individual, business, corporation, association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please " ."

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
" !				

_____   _____
Signature   Date

10. Identify each individual, business, corporation, union association, firm, partnership, committee

_____

DISCLOSURE OF FINANCIAL INTEREST
BY A NOT-FOR-PROFIT CHARTER SCHOOL
EDUCATION CORPORATION TRUSTEE

1. Name of education corporation:_____

2. Trustee's name (print):_____

3. Position(s) on board, if any: (e.g., chair, treasurer, committee chair, etc.):_____

8. Is Trustee an employee of the education corporation? _____Yes. No. If you checked yes, please provide a description of the position you hold, your salary and your start date.

_____

9. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members have held or engaged in with the education corporation during the prior school year. If there has been no such financial interest or transaction, please .'' Please note that if you answered yes to Question 8, you need not disclose again your employment status, salary, etc.

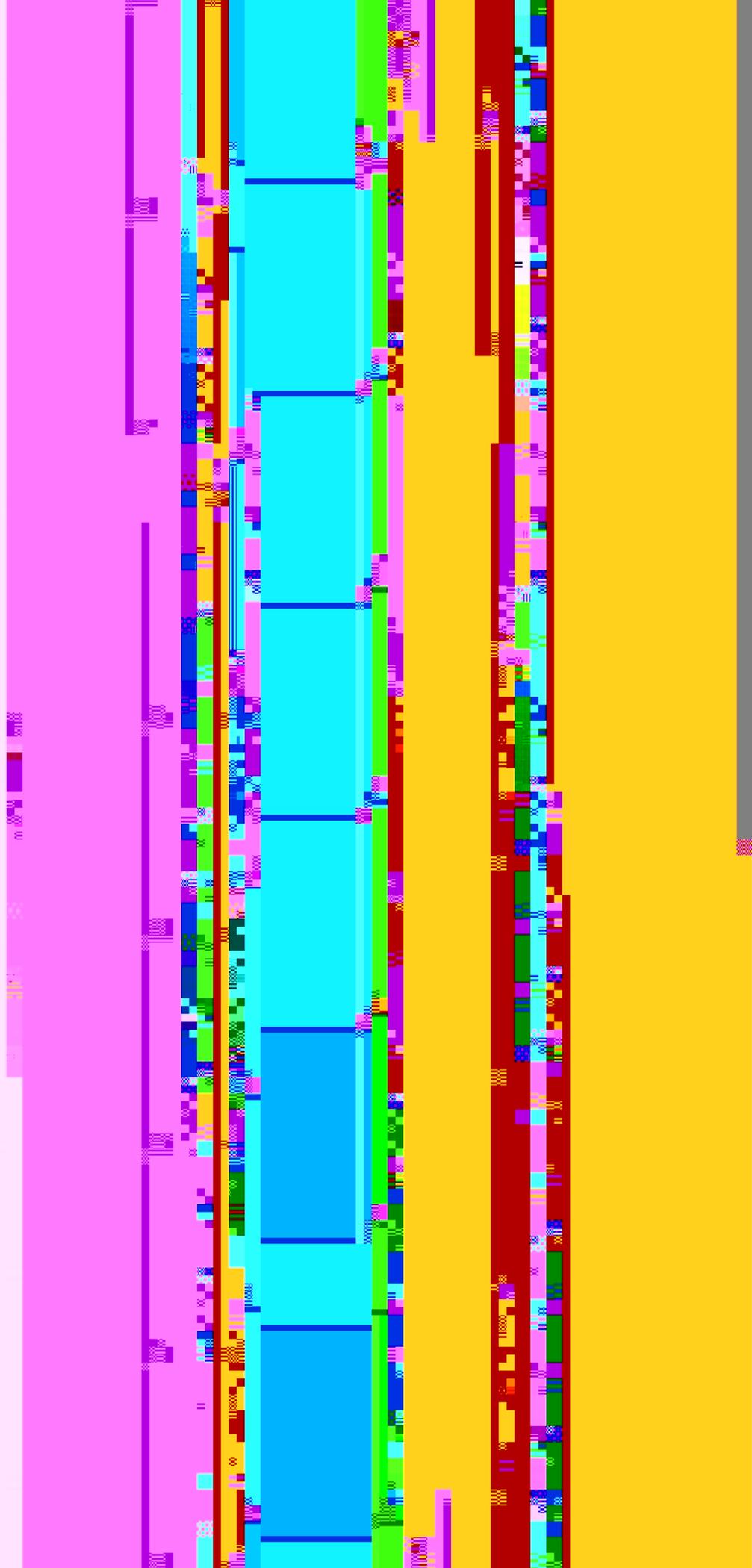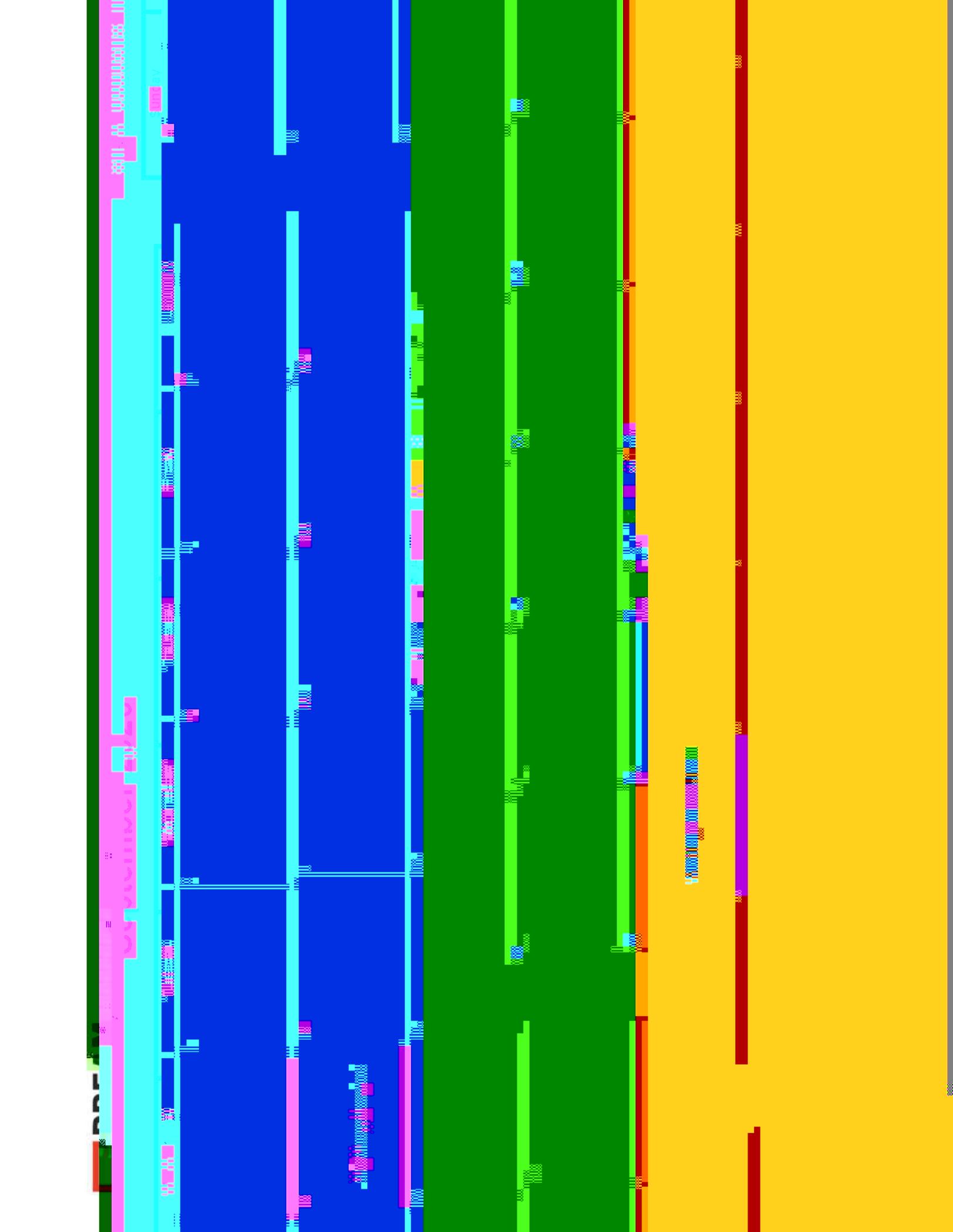| Date(s)	Nature of Financial Interest/Transaction	Steps Taken to Avoid a Conflict of Interest, (e.g., did not vote, did not participate in discussion)	Identity of Person Holding Interest or Engaging in Transaction (e.g., you and/or immediate family member (name))
			nk.

10. Identify each individual, business, corporation, union, association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please " ."
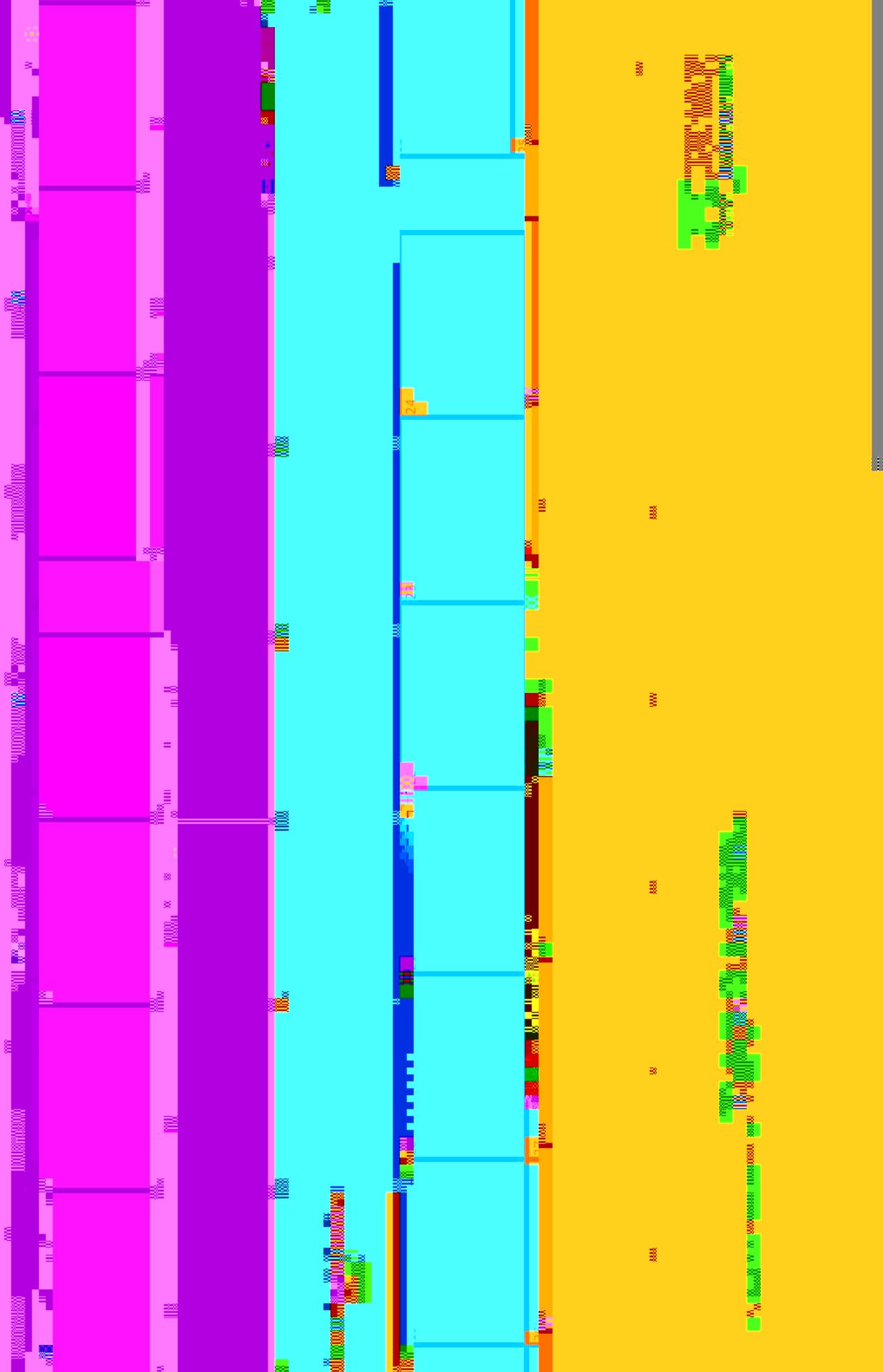
Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted		

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10. Identify each individual, business, corporation, association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the education corporation in which such entity, during the preceding school year (July 1 – June 30), you and/or your immediate family member(s) had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the education corporation that is doing business with the education corporation through a management or services agreement, you need not list every transaction between such entity and the education corporation that is pursuant to such agreement; rather, please identify only the name of the entity, your position in the entity as well as the relationship between such entity and the education corporation. If there was no financial interest, please "   ."

Entity Conducting Business with the Education Corporation	Nature of Business Conducted	Approximate Value of the Business Conducted	Name of Trustee and/or Immediate Family Holding an Interest in the Entity Conducting Business with the Education Corporation and the Nature of the Interest	Steps Taken to Avoid Conflict of Interest
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July 2020

DREAM

2-8 Math State Test

2020 2021 Total School Days

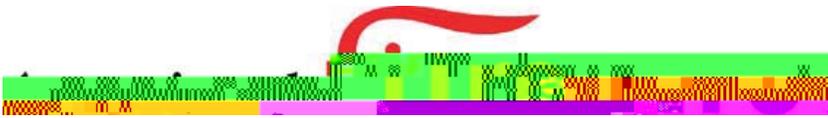|	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	PD Day	Tot
PK	6	20	21	17	17	19	15	23	22	15	14	8	181
K8	6	20	21	17	17	19	15	23	22	15	14	8	181
HS	6	20	21	17	17	19	15	23	0	0	0	8	130

system is back in service and made aware of any deficiencies?

    a) Name of person notified   Casey

  2) Has the fire or police department been notified that the system is back in service?   2) Name of person notified Name of pers

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9) Is the control valve in the correct (open or closed) position?　　　　　　9) ☑Yes　　　No
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Note: Our technicians are not engineers or design professionals. Comments contained in this report are for informational purposes only and shall not constitute a design analysis or an engineering review of the system. Any comments are made strictly as a courtesy to the owner, who should contact a licensed design professional to follow up on any potential concerns.
One copy must be available at the site, and a copy must be sent to the fire inspector.

Device Inspection for System #1 (Sprinkler Standpipe Sprinkler System)

Supervisory Switches Inspected during this Inspection

Hose Stations:

1 1/2 (2) 50ft (1) 25ft

	7/2020	Pass	
	7/2020	Pass	1 1/2 (2)

Others:

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
				7/2020	Pass	
1	Others on System					
1	Others Inspected during this Inspection					

General:

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
				7/2020	Pass	18 heads with wrench
1	General on System					
1	General Inspected during this Inspection					

Fire Dept Connections:

Dev #	Description	Location	Address	Last Insp	Pass/Fail	Comment
				7/2020	Pass	
1	Fire Dept Connections on System					
1	Fire Dept Connections Inspected during this Inspection					
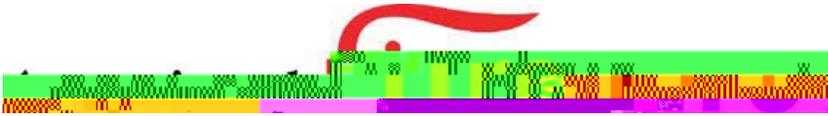
Location: Dream School
              1991 2nd Ave
              New York, NY 10029

Contact: Casey Williams

System ID #   14

System Description:

1) Does it appear that all appliances are properly covered?   1) ☑ Yes   No   N/A

2) Is the hood and duct free of visible penetrations?   2) ☑ Yes   No   N/A

3) Has an obstruction investigation been performed as per manufacturer's   3) ☑ Yes   No   N/A
recommendation?

4) Does it appear that the duct and plenum are properly covered?   4) ☑ Yes   No   N/A

5) List covered appliances (from left to right):

    a) 1st appliance: 6 burner

    b) 2nd appliance: convention oven

    c) 3rd appliance: pizza oven

    d) 4th appliance: tilt skillet

    e) 5th appliance: _____

    f) 6th appliance: _____

    g) List other appliances below:

6) Rate the accumulation of grease (high, medium, low):

    a) Hood & Duct   low

    b) Filters   low

    c) Appliances   low

System Function Test

1) System disarmed per manufacturer's recommendations?   1) ☑ Yes   No   N/A

2) Mechanical detection line tested and found to operate properly?   2) ☑ Yes   No   N/A

3) Proper number and placement of detectors/links?   3) ☑ Yes   No   N/A

4) Did the system operate properly from activation of a manual pull station?   4) ☑ Yes   No   N/A

5) Did the system operate properly from activation of terminal (last) link?   5) ☑ Yes   No   N/A

6) Gas shut-off valve installed and working properly? (Note Location)   6) ☑ Yes   No   N/A

7) Were all fusible links changed?   7) ☑ Yes   No   N/A

    a) 360 degree links changed   _____

    b) 500 degree links changed   _____

8) Is the manual reset for electric gas valves operational?   8) ☑ Yes   No   N/A

9) Did all electrical appliances shut off upon system operation, as required?   9) ☑ Yes   No   N/A

10) Did all gas appliances shut off upon system operation?   10) ☑ Yes   No   N/A

11) Did the make-up air shut down?   11) ☑ Yes   No   N/A

12) Did the fire alarm system activate when the system was activated?   12) ☑ Yes   No   N/A

13) Did control head(s)/cv EMC /r 5.385 0 Td (No)Tj EMpcead(s)/cv tYes   ☑

                                                                                                       ☑

5) Were all fuel sources and power restored?   5) ☑ Yes   No   N/A

6) Were all pilot lights supplied by the gas valve relit?   6)   ☑

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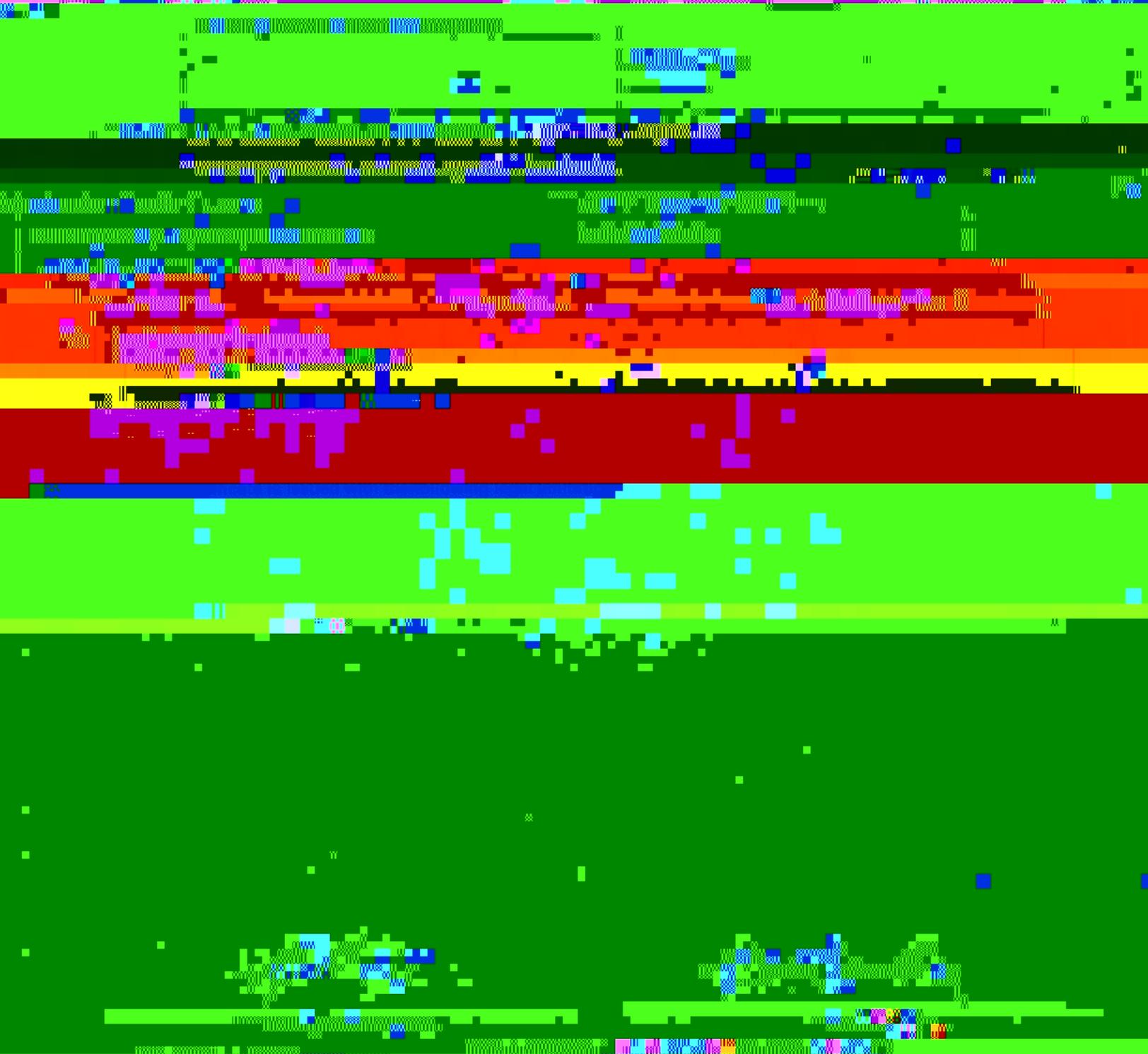☑

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NYC
Buildings

Certificate of Occupancy

CO Number: 121238115F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the

shall be made unless a new Certificate of Occupancy is issued. This document or a copy shall be available for
inspection at the building at all reasonable times.

Floor	persons permitted	lbs per sq. ft.	Occupancy group	Dwelling or Rooming Units	Zoning use group	
From	To						

END OF SECTION

Certificate of Occupancy

CO Number: 121181158F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. This document or a copy shall be available for inspection at the building at all reasonable times.

A.

Borough: Manhattan

Address: 222 EAST 104TH STREET

Building Identification Number (BIN): █████

Block Number: ████

Lot Number(s): ████

Building Type: ███

Certificate Type: Final

Effective Date: 12/02/2016

B.

C.

D.

E.

Certificate of Occupancy

CO Number:

Permissible Use and Occupancy							
All Building Code occupancy group designations below are 2008 designations.							
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use	

Certificate of Occupancy

CO Number: 121181158F

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.				