

## SCHOOL DISTRICT REQUEST FOR SERVICES 2024 – 2025

This approved form should be received by BOCES at least 4 weeks prior to the start date of the program, trip or payment deadline.

BOCES Contract # \_\_\_\_\_

Reserve the date, time, and fee of the activity or event, then complete this form and submit for approvals. Contact us immediately if your program is canceled or rescheduled. Cancellation fees are non-refundable. This is a shared Coser, which means that a program must be used by more than one district to be aidable.

June requests are due no later than May 25, 2025

### COMPLETE ALL SECTIONS

#### DISTRICT / SCHOOL DETAILS

|                                       |              |
|---------------------------------------|--------------|
| District _____                        | School _____ |
| Person Who Arranged the Program _____ |              |
| Phone _____                           | Email _____  |
| School Contact _____                  |              |
| Phone _____                           | Email _____  |

#### VENDOR / ORGANIZATION DETAILS

|                          |                      |
|--------------------------|----------------------|
| Name of Facility _____   | Contact Person _____ |
| Address _____            | Phone _____          |
| City / State / Zip _____ | Alt. Phone _____     |
| Email _____              | Website _____        |

#### PROGRAM DETAILS

Field Trip (Day)   
  Field Trip (Overnight)   
  **Include Vendor Invoice for ALL Field Trips**

In-School   
  Virtual\*   
  **Check to confirm classroom teacher will be present during the entire program**   
  Staff Development

Program Title \_\_\_\_\_ Grade Level (s) \_\_\_\_\_

Name of Presenter \_\_\_\_\_

Is the Presenter Fingerprinted?   
 Yes   
 No

**A presenter having direct contact with students or a guest presenter working 5 times or more in a district is required to have NYSED fingerprint clearance. For information, click "FINGERPRINTING" to visit the NYSED website.**

#### PROGRAM DESCRIPTION

|   |                          |                                 |
|---|--------------------------|---------------------------------|
| Program Start Date _____                              | Program End Date _____   | Total # of Days _____           |
| # of Programs _____                                   | Rate per Program _____   | Total Program Cost _____        |
| # of Students _____                                   | Rate Per Student _____   | Total Student Cost _____        |
| # of Chaperones* _____                                | Rate Per Chaperone _____ | Total Chaperone Cost _____      |
| *We can process 1 chaperone per 6 students            |                          | Additional Costs _____          |
| <b>Cost should not include food or transportation</b> |                          | <b>Total Program Cost</b> _____ |

**By processing the Center for Environmental Education Request Form with PNW BOCES, this program is eligible for COSER State Aid. A 17% BOCES coordination fee is added to the service contract, and is included in the aid calculations.**

Approval Signature of School Principal/Administrator, if Required \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Approval Signature of District Superintendent/Designee \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Email Approved CEE Request Form to: [contractingservices@pnwbores.org](mailto:contractingservices@pnwbores.org)

Phone: 914.248.2349

Putnam | Northern Westchester BOCES | 200 BOCES Drive | Yorktown Heights, NY 10598-4399