

Contact us immediately if your program is canceled or rescheduled.

BOCES Contract # _____

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		Date _____
District _____	School _____	
Person Who Arranged The Program _____		
Phone _____	Email _____	
School Contact _____		
Phone _____	Email _____	

VENDOR / ORGANIZATION DETAILS	
Name of Vendor / Organization _____	
Contact Person _____	
Address _____	Phone _____
City/State/Zip _____	Alt. Phone _____
Email _____	Website _____

PROGRAM DETAILS		
<input type="checkbox"/> In-School	<input type="checkbox"/> Field Trip	<input type="checkbox"/> Virtual *If virtual, check to confirm that the classroom teacher will be present during the entirety of program <input type="checkbox"/>
Program Name _____		Grade Level _____
Name of Presenter _____		
Program Start Date _____	Program End Date _____	# of Students _____ # of Sessions _____
Program Cost* _____	COST SHOULD NOT INCLUDE TRANSPORTATION OR FOOD	
*INCLUDE VENDOR INVOICE AND/OR DOCUMENTATION TO SUPPORT PROGRAM COST		
Is the Presenter Fingerprinted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A presenter having direct contact with the students, or a guest presenter working 5 times or more in a district is required to have a NYSED fingerprint clearance. For information, click " FINGERPRINTING " to visit the NYSED website		

CHECK THE NYS ACADEMIC STANDARDS THIS PROGRAM ALIGNS WITH (Click here for Standards)				
<input type="checkbox"/> English/Language/Arts	<input type="checkbox"/> Languages Other Than English	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Science	<input type="checkbox"/> Health
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Technology Education	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Computer Science and Digital Fluency	
<input type="checkbox"/> Career Development and Occupational Studies		<input type="checkbox"/> Family and Consumer Sciences		

BRIEFLY DESCRIBE THIS PROGRAM AND HOW IT WILL ALIGN WITH THE NYS ACADEMIC STANDARDS AND ENRICH YOUR CURRICULUM

By processing the Exploratory Enrichment 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 the District Superintendent/Designee

Print Name

Date

EMAIL APPROVED EXPLORATORY ENRICHMENT REQUEST FORM TO

Contracting Services

contractingservices@pnwboces.org | Phone: 914.248.2349

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