



Service Now Request Form

Initial Requestor

Arts in Education Request Form

[Click Here for Arts in Education Request Form](#)

Educator Name* – Name of Educator requesting the service, event, or program.

Educator School District* – Requesting educators school district.

Educator School Building* - School building(s) in which the service, event, or program is provided to.

Grade Level(s)* - Grade level(s) the service, event, or program will be provided to.

Educator Email* - Requesting educators work email address.

Educator Phone Number* - Requesting educators work phone number.

Name of Artist/Author/Group/Program/Event* - Name of vendor or individual providing service.

Type of Program or Event (select one option)* - Select the type of program that best aligns with the service as outlined on the [Arts in Education Service Code Cheat Sheet](#).

Date(s) of Program or Event* - Date(s) service will be provided by vendor. Individual activities (e.g. workshops, individual residential programs, etc) must be less that 15 days in length. Consulting services, by an individual or firm, in excess of 90 days within one school year must be justified in detail in the Learning Targets section.

Location of Program or Event* - Provide full address.

Number of Students Served* - Approximately state how many students will this request impact. If requesting teacher professional learning, list approximate number of students assigned to teacher(s).

Total fees for program (these fees should not include travel, food or lodging)* - Total cost of service.



If tickets are needed, how many tickets and what is the cost per ticket? – If tickets are needed for this service (i.e. Shea’s, Buffalo Philharmonic Orchestra, etc.), list the total amount of tickets needed including chaperones and the cost per ticket.

Does this require prepayment? (amount and due date) – If the vendor requires a deposit or prepayment, provide details here.

Learning Target/Outcomes* - Briefly describe what the students will learn from this activity and the role the activity plays.

Preparation* - How will you and your students prepare for this program/activity?

Arts Standards* - How does this service correlate with the NYS Arts Standards? Select all that apply.

Vendor Billing Information

Name (to appear on check from BOCES)* - Vendor name as it appears on quote or invoice.

Address (street, city, state, zip)* - Vendor billing address.

Vendor Phone Number* - Best contact phone number for vendor.

Vendor Email* - Vendor email may not be a district email from the requesting district.

Federal ID Number (if applicable) – List if provided by the vendor.

Payment Delivery Information (if different than billing information – ie Music Festival Host School)

If the PO and payment should be directed to an address different than the Vendors Billing address, please complete this section.

* - *Required field*



Exploratory Enrichment Request Form

[Click Here for Exploratory Enrichment Request Form](#)

Educator Name* – Name of Educator requesting the service, event, or program.

Educator School District* – Requesting educators school district.

Educator School Building* - School building(s) in which the service, event, or program is provided to.

Grade Level(s)* - Grade level(s) the service, event, or program will be provided to.

Educator Email* - Requesting educators work email address.

Educator Phone Number* - Requesting educators work phone number.

Name of Group/Program/Event* - Name of vendor or individual providing service.

Date(s) of Program or Event* - Date(s) service will be provided by vendor. Individual activities (e.g. workshops, individual residential programs, etc) must be less than 15 days in length. Consulting services, by an individual or firm, in excess of 90 days within one school year must be justified in detail in the Learning Targets section.

Location of Program or Event* - Provide full address.

Number of Students Served* - Approximately state how many students will this request impact.

Total fees for program (these fees should not include travel, food or lodging)* - Total cost of service.

If tickets are needed, how many tickets and what is the cost per ticket? – If tickets are needed for this service (i.e. Museum Admission Tickets, Tour Tickets, etc.), list the total amount of tickets needed including chaperones and the cost per ticket.

Does this require prepayment? (amount and due date) – If the vendor requires a deposit or prepayment, provide details here.

Learning Target/Outcomes* - Briefly describe what the students will learn from this activity and the role the activity plays.

Preparation* - How will you and your students prepare for this program/activity?



Standards Addressed (list all that apply)* - List all Learning Standards that are addressed through this service.

Vendor Billing Information

Name (to appear on check from BOCES)* - Vendor name as it appears on quote or invoice.

Address (street, city, state, zip)* - Vendor billing address.

Vendor Phone Number* - Best contact phone number for vendor.

Vendor Email* - Vendor email may not be a district email from the requesting district.

Federal ID Number (if applicable) – List if provided by the vendor.

Payment Delivery Information (if different than billing information)

If the PO and payment should be directed to an address different than the Vendors Billing address, please complete this section.

* - *Required field*



Extracurricular Activity Request Form

[Click Here for Extracurricular Activity Request Form](#)

Educator Name* – Name of Educator requesting the service, event, or program.

Educator School District* – Requesting educators school district.

Educator School Building* - School building(s) in which the service, event, or program is provided to.

Grade Level(s)* - Grade level(s) the service, event, or program will be provided to.

Educator Email* - Requesting educators work email address.

Educator Phone Number* - Requesting educators work phone number.

Name of Group/Program/Event* - Name of vendor or individual providing service.

Date(s) of Program or Event* - Date(s) service will be provided by vendor.

Location of Program or Event* - Provide full address.

Number of Students Served* - Approximately state how many students will this request impact.

Total fees for program (these fees should not include travel, food or lodging)* - Total cost of service.

Does this require prepayment? (amount and due date) – If the vendor requires a deposit or prepayment, provide details here.

Program Description* - Briefly provide an overview of the program and describe what the students will learn.

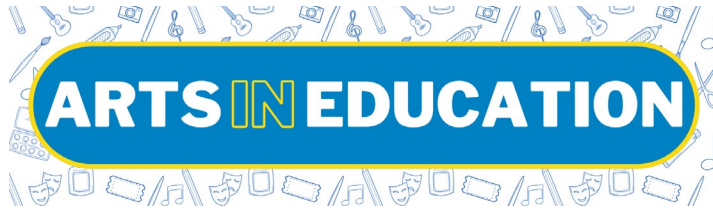
Vendor Billing Information

Name (to appear on check from BOCES)* - Vendor name as it appears on quote or invoice.

Address (street, city, state, zip)* - Vendor billing address.

Vendor Phone Number* - Best contact phone number for vendor.

Vendor Email* - Vendor email may not be a district email from the requesting district.



Federal ID Number (if applicable) – List if provided by the vendor.

Payment Delivery Information (if different than billing information)

If the PO and payment should be directed to an address different than the Vendors Billing address, please complete this section.

* - *Required field*

Questions?

Contact Dan Lynch at dslynch@e1b.org or 716-821-7480.