



# CENTER FOR ENVIRONMENTAL EDUCATION

## SCHOOL DISTRICT REQUEST FOR SERVICES

**ALL PROGRAM REQUESTS MUST BE SUBMITTED TO BOCES A MINIMUM OF 30 DAYS PRIOR TO THE EVENT**

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@pnwboces.org](mailto:contractingservices@pnwboces.org)

Phone: 914.248.2349

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