

FOR BOCES USE ONLY:	
PO #	_____
W9	_____
INV/SIG	_____

**SCHOOL DISTRICT REQUEST FOR EXPLORATORY ENRICHMENT CONTRACT**

Contract must be received by BOCES one month prior to the event (Pre-Pays require 8 weeks). Assure District Coordinator receives contract according to your district process in time to meet these deadlines. Enclose W9/invoice, if needed, to ensure prompt payment.

**Program Date(s):** \_\_\_\_\_ **Site-Based FEE:** \_\_\_\_\_  
**District:** \_\_\_\_\_ **School (s):** \_\_\_\_\_ **Grade level:** \_\_\_\_\_

**Vendor/Organization:** \_\_\_\_\_  
**Name of Program:** \_\_\_\_\_  
**Address/City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **OR TIN#:** \_\_\_\_\_

\*Please assure the information provided here reflects name/address of check recipient and exactly matches the 1099 (W9) for reporting purposes

**School Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
Evaluation of program is required. Staff responsible for follow-up/evaluation is \_\_\_\_\_

**PRE-PAYMENT (purchases only, e.g. tickets, registrations) REQUIRED BY** \_\_\_\_\_

**Program Details: Please check as applicable:**

\_\_\_ **PERFORMANCE** \_\_\_ **RESIDENCY** \_\_\_ **WORKSHOP** \_\_\_ **FIELD STUDY** \_\_\_ **ON-SITE** \_\_\_ **OFF-SITE: IF**  
**SO, WHAT LOCATION?** \_\_\_\_\_  
**# OF PERFORMANCES** \_\_\_\_\_ **WORKSHOPS** \_\_\_\_\_ **DAYS** \_\_\_\_\_

Which NYS STANDARDS areas does this program align with (excluding the Arts Standards which are covered under the Arts-in-Education Co-Ser only). Please check all that apply:

Career Development \_\_\_ Character Education \_\_\_ Civics, Citizenship, and Government \_\_\_  
Common Core English Language Arts \_\_\_ Common Core Mathematics \_\_\_ Economics \_\_\_ Environment \_\_\_  
Family and Consumer Sciences \_\_\_ Geography \_\_\_ Health \_\_\_ History of U.S. and NYS \_\_\_  
Languages Other Than English \_\_\_ Occupational Studies \_\_\_ Physical Education \_\_\_ Science \_\_\_  
Technology \_\_\_ World History \_\_\_ Other \_\_\_\_\_

Explain briefly how this program is aligned with and will enrich your curriculum:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N.B.: District Administrator's signature certifies that any transportation/food costs associated with this contract are being paid through the district's general funds budget, that they are Authorized to guarantee payment, and understand that all contracts are subject to a 10% administration fee.

**Signature**..... **Signature** .....  
District Exploratory Coordinator District/School Administrator Authorizing Payment

**Signature**..... **Date** .....  
Vendor/ Organization/or Vendor Invoice in lieu of signature

**Signature**..... **Date** .....  
BOCES Administrator