



Form Revised: 6/15/10

## Environmental Education CoSer Pre-Program Information Form

**Please submit this form and a copy of the agreement/ contract with the program provider a minimum of 6 weeks in advance of the program start date.**

1. District: \_\_\_\_\_ Participating Building(s): \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Site/Consultant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Individual Providing Service: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Social Security # or Federal ID #: \_\_\_\_\_  
 Checks should be made payable to: \_\_\_\_\_

3. Describe the anticipated student outcomes. What will your students know and be able to do?  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Which of the NYS Standards does your program address? (utilizing attached sheet , circle all that apply)

- Health, Physical Education, Family & Consumer Sciences Standard:*    1    2    3
- MST Standards:*                    1    2    3    4    5    6    7
- ELA Standards:*                    1    2    3    4                    *LOTE Standards:*    1    2    3
- The Arts Standards:*    1    2    3    4                    *CDOS Standards:*    1    2    3a    3b
- Social Studies Standards:*        1    2    3    4    5

5. Describe the planning process and how this activity will be integrated with the curriculum:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Where will the program take place? \_\_\_\_\_  
*When a program provider visits your school or district, they must first complete an Ulster BOCES Independent Contractor Agreement & Affidavit. Please inform visiting providers they can expect to receive paperwork that must be completed and returned to Ulster BOCES a minimum of 10 days prior to the program start date. When an individual is scheduled to visit your building/ district beyond 5 days in a given school year, they must receive NYS fingerprint clearance.*

**7. Program Schedule:**

Date(s) <i>(include rain/ snow dates)</i>	Participating Building(s)	Grade Level(s)	Name of Individual Providing Program	Length of Program (Hours)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**8. Anticipated maximum number of students participating:** \_\_\_\_\_

**9. Program Cost:** Please outline all costs below. We can only pay for items & charges listed on this form. Any additional charges will be your district's responsibility.

How is the cost determined? *(circle one)*    *Set Fee*    or    \$ \_\_\_\_\_ *Per Child*  
*(price)*

Is there a charge for adults? *(explain)* \_\_\_\_\_

Please outline any additional charges:

What is the anticipated maximum total cost of this program: \$ \_\_\_\_\_

**10. Have you attached a copy of the contract with the site/consultant to this form?**    Yes    or    No  
*The event can not be processed without it.*

***Important Reminders:***

- ❖ *This form and a copy of the agreement/ contract with the program provider must be submitted to Ulster BOCES a minimum of 6 weeks before the program start date. All forms must be received by May 15<sup>th</sup> to be processed in the same school year.*
- ❖ *When planning your program, please notify the program provider that they will be paid by Ulster BOCES and can expect to receive an Ulster BOCES Purchase Order sometime before the program begins. As the Purchase Order will state, the program provider will need to submit an original invoice to Ulster BOCES at the completion of the program. Faxed invoices are not accepted.*
- ❖ *Please notify us of any date changes immediately. All dates must be approved in advance.*
- ❖ *At the conclusion of the program, the school/ district must submit a Program Completion & Evaluation Form. Payment can not be processed without this form.*

**Optional District Signatures:**

Teacher Initiator: \_\_\_\_\_ Date: \_\_\_\_\_

PTA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**Required District Signatures**

**IAC Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Asst. Supt.)*

**Business Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax signed form & copy of agreement/contract to: 255-3836**

Program Contact: Ean McDermott, 255-1402 x1248, emcdermo@ulsterboces.org

Program Coordinator: Jonah Schenker