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FOR BOCES USE ONLY:

PO # _____

W9 _____

INV/SIG: _____

SCHOOL DISTRICT REQUEST FOR ARTS IN EDUCATION 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): _____ **Fee:** _____

District: _____ **School(s):** _____ **Grade Level(s):** _____

PERFORMANCE(s) _____ **RESIDENCY:** _____ **WORKSHOP(s)** _____ **FIELD TRIP** _____

Artist/Organization: _____

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 will be _____

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

☐ **IF Federal/State/County Grant Used: Grant Amount Awarded:** _____, **Source** _____
(Put ONLY the amount remaining after subtracting the partial grant dollars in the "FEE" section above)

Check all NYS Learning Standards for the Arts that apply (at least one MUST apply):

___ **Creating, Performing and Participating in the Arts** ___ **Responding to and Analyzing Works of Art**
___ **Knowing and Using Arts Materials and Resources** ___ **Understanding the Cultural Contributions of the Arts**

4. Describe the ARTS program/component, and its OBJECTIVES, how it ALIGNS with and will enrich the current CURRICULUM, and detail how the STANDARD(S) checked above are FULFILLED:

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 7% administration fee.

Signature..... **Signature**
District Arts--In--Education Coordinator District/School Administrator Authorizing Payment

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

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