



Cross Contract for BOCES Services

PART I: To be completed by District requesting cross contract

Adjustment Initiated by: _____ Date: _____ School Year of Service: _____

School District requesting service: _____

Name of service requested: _____

Potential BOCES Provider: **Cayuga-Onondaga BOCES** Estimated Cost: _____

If appropriate, please check box:

This service is not eligible for BOCES Aid due to payment from a special funding source

_____ Date: _____

▲ School Superintendent/Designee Signature

Forward to local BOCES District Superintendent

PART II: To be completed by local BOCES District Superintendent

It is requested that cross-contract arrangements be made with Cayuga-Onondaga BOCES to provide the service listed above.

_____ Date: _____

▲ Local BOCES District Superintendent/Designee Signature

Local BOCES name and address: _____

Forward to District Superintendent of BOCES requested to provide service

PART III: To be completed by BOCES District Superintendent providing cross-contracted services

Service Title _____

Co-Ser # _____ Activity Code # _____ Service Code # _____

Description _____

Quantity _____ Unit Cost _____ Estimated Charge _____

_____ Date: _____

▲ District Superintendent/Designee Signature of providing BOCES

After approval, distribute completed and signed copies of this form to:

- Providing BOCES Administrator
- requesting BOCES District Superintendent
- requesting School Superintendent