

STACY CHRYSSIKOS  
 ARTS-IN-EDUCATION COORDINATOR

Dear New Artist / Organization,

Welcome to Putnam Northern Westchester BOCES Arts-in-Education. The criteria/guidelines for this service reference the following arts areas: Music, Literature, Drama, Dance, Visual Arts and Media Arts. School districts subscribe to this service to assist with the integration of arts programs to complement, enhance and illustrate aspects and concepts of the curriculum. To bring your arts program to one of our participating schools, follow the instructions below. Allow at least 4 weeks to process your application before the program start date.

1. Submit a brief description of your program. State how your program meets the NY State Learning Standards for the Arts. To learn more, go to <http://www.p12.nysed.gov/ciai/arts/artsls.html>. If your program is eligible, I will email instructions to join our on-line resource directory.
2. Complete the following forms and return:
  - W-9
  - Teacher’s Retirement System (TRS) form for individuals only
  - OSPRA-102 - to secure a Clearance for Employment for an individual previously fingerprinted by the NY State Education Department (NYSED).
3. All artists having direct contact with students; or guest lecturers and performing artists working five times or more in a district are required to be fingerprinted and cleared by (NYSED) before the program’s start date. For more information on the fingerprinting process, go to <http://www.highered.nysed.gov/tsei/ospra/>. To select a location and make an appointment for fingerprinting, follow this link: <https://www.identogo.com/> Click and enter the appropriate EMPLOYEE SERVICE CODE and URL from this table:

APPLICANT FOR	SERVICE CODE	URL
Employee	14ZGR7	<a href="https://uenroll.identogo.com/workflows/14ZGR7">https://uenroll.identogo.com/workflows/14ZGR7</a>

Contact me with your scheduled appointment date and I will request the fingerprint clearance.

4. The school district representative will submit a Program Request Form for your program. I will email the following forms to you:
  - Professional Services Contract. Sign and return the contract immediately upon receipt.
  - Invoice and Evaluation form. Hold onto these forms and bring them with you to school. If you forget them, contact me and I will email or fax them to you at the school. Give your signed Invoice and School Evaluation form to your PTA contact or lead teacher. It is your responsibility to submit these two forms to the correct person and to follow up so you are paid in a timely manner.

For further information, visit the PNW BOCES Arts-in-Education Website:  
<https://www.pnwboces.org/artsined/>

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b>	Business name/disregarded entity name, if different from above		
	<b>3</b>	Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b>	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code	<b>Arts in Education - PNW BOCES</b> <b>200 BOCES Drive</b> <b>Yorktown Heights, NY 10598</b>	
	<b>7</b>	List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>																		
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Putnam Northern Westchester  
BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
200 BOCES Drive, Yorktown Heights, NY 10598-4399**

NEW YORK STATE TEACHER'S RETIREMENT SYSTEM FORM

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_  
\_\_\_\_\_  
Fax # \_\_\_\_\_

Email \_\_\_\_\_ Website Address \_\_\_\_\_

Corporation Yes  No  If Yes, Federal ID # (EIN) \_\_\_\_\_

Nature of Work to be Performed Arts Program Date(s) When Work to be Performed 2017 – 2018

BOCES Contact Stacy Chryssikos 914.248.2349 [schryssikos@pnwboces.org](mailto:schryssikos@pnwboces.org)

**NEW YORK STATE TEACHER'S RETIREMENT SYSTEM STATUS**

**Please Select A or B below**

Failure to disclose membership in the New York State Teachers' Retirement System is fraudulent according to New York State Education Law

**A.**  I am a member of NYS Teachers Retirement System  
 Active  Retired  Inactive if inactive, attach the letter form TRS confirming Inactive Status

What subject(s) do or did you teach & grade level(s)? i.e. Math 1-3, Music K-6, Art 7-9 \_\_\_\_\_

My membership # is \_\_\_\_\_ Tier \_\_\_\_\_

Date of Membership \_\_\_\_\_ Date of Retirement \_\_\_\_\_

OR

**B.**  I am NOT a member of NYS Teachers Retirement System

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements contained herein and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Return this form to:  
Stacy Chryssikos, Arts in Education Coordinator  
Putnam Northern Westchester BOCES  
200 BOCES Drive  
Yorktown Heights, NY 10598-4399  
914.248.2349 FAX # 914.248.3838 -or- 914.248.2390



[schryssikos@pnwboces.org](mailto:schryssikos@pnwboces.org) [ARTS IN EDUCATION WEBSITE](#)



# OSPRA 102 (1/03)

## Clearance For Employment Request Form

Type or Print All Information

### Office of School Personnel Review and Accountability

NYS Education Department  
987 Education Building Annex  
Albany, NY 12234  
ph: (518) 473-2998 fax: (518) 473-8812  
[www.highered.nysed.gov/tcert/ospa](http://www.highered.nysed.gov/tcert/ospa)  
[OSPRA@mail.nysed.gov](mailto:OSPRA@mail.nysed.gov)

#### Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

**Type or print all information. Inaccurate, incomplete or illegible information will delay processing.**

### SECTION 1

Name: (Last, First, Middle Initial)		Social Security Number:		Date of Birth: (00/00/0000)	
Mailing Address		City		State	Zip

### SECTION 2

*(This section MUST be completed by the school district, charter school or BOCES)*

<ul style="list-style-type: none"> <li>• Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.</li> <li>• This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."</li> <li>• Make no other marks in the box below or the box to the right of this space.</li> </ul>		<i>OSPRA Processing Dates</i>	
Stacy Chryssikos, Arts-in-Education Putnam Northern Westchester BOCES 200 BOCES Drive Yorktown Heights, NY 10598		<i>(leave blank)</i>	
		First 6 digits of school BEDS or CS-ID #: Charter Schools: Please contact OSPRA to obtain your specific CS-ID number: <b>489000</b>	
		Title of position employee will be placed in:	
Signature of employer representative or fingerprint contact person:	Date:	Telephone # of fingerprint contact person: 914.248.2349	

### SECTION 3

1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998.

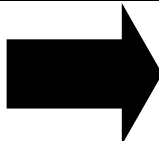
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer

Signature:

Date:

### SECTION 4

**Mail, email or fax completed OSPRA 102 to:**



Stacy Chryssikos, Arts-in-Education  
Putnam Northern Westchester BOCES  
200 BOCES Drive | Yorktown Heights, NY 10598  
[schryssikos@pnwboces.org](mailto:schryssikos@pnwboces.org) | FAX: 914.248.3838