

**PUTNAM/NORTHERN WESTCHESTER BOCES  
2009 – 2010 ENVIRONMENTAL EDUCATION SERVICES REQUEST  
FOR STAFF DEVELOPMENT PROGRAMS ONLY**

CHECK IF PREPAYMENT REQUIRED

☞☞☞(INVOICE MUST BE ATTACHED)☞☞☞

BOCES Contract # EE \_\_\_\_\_

(entered by BOCES )

*All information on this form must be complete, failure to do so will result in this form being returned to you.*

*Please Note: This is a shared services COSE<sub>R</sub> which means that a program must be used by more than one district to be aidable.*

**District Information**

SCHOOL DISTRICT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

NAME OF PERSON WHO SET UP PROGRAM/PHONE: \_\_\_\_\_

**Program Information**

NAME OF FACILITY: \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

FACILITY PHONE \_\_\_\_\_ DATE(S) OF STAFF DEVELOPMENT: \_\_\_\_\_

TITLE OF STAFF DEVELOPMENT \_\_\_\_\_

PLEASE WRITE A BRIEF DESCRIPTION ABOUT THE PROGRAM AND HOW IT WILL SUPPORT YOUR ENVIRONMENTAL CURRICULUM.

TOTAL # TEACHERS \_\_\_\_\_ PRICE PER TEACHER \$ \_\_\_\_\_ TOTAL PROGRAM COST \$ \_\_\_\_\_

**PLEASE NOTE:** A 15% administrative fee will be charged for all programs.  
Food and transportation are not aidable  
Cancellation fees are the responsibility of the district.

**Authorized Signatures**

Both signatures are required or this form will not be processed and will be returned to you.

Signature of Building Principal \_\_\_\_\_

Date \_\_\_\_\_

Signature of Business Administrator \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name

**WHEN COMPLETED:**

1. Mail or Fax this copy to:  
Environmental Education State Aid  
Putnam Westchester BOCES  
200 BOCES Dr.  
Yorktown Heights, NY 10598  
Fax 914/248-2390
2. Please keep a copy for your records!
3. Questions: ceoffice@pnwboces.org Ph. 914/248-2339

*This request **MUST** be in the office of the  
Center for Environmental Education  
A MONTH prior to the program/trip.*