



Erie 2 – Chautauqua – Cattaraugus BOCES
ARTS – IN – EDUCATION ACTIVITY PRE-APPROVAL
EACH ARTS – IN – EDUCATION ACTIVITY MUST RECEIVE PRIOR APPROVAL IN ORDER TO BE
PAID THROUGH CoSer 403

NOTE: This activity pre-approval form must be completed in full and received by BOCES **at least 30 days** prior to the event scheduled. The designated District Arts-in-Education Contact Person must sign this approval form, no other signature is acceptable!

School District: _____

Date & Time of proposed event: _____

Location of proposed event: _____

Name of Artist/Organization: _____

Name of Vendor (if different from Artist/Organization): _____

Name of Program/Activity: _____

Address of Artist/Organization: _____

Address of Vendor (if different from Artist/Organization): _____

Phone and Fax numbers of Artist/Organization: _____

Phone and Fax numbers of Vendor (if different from Artist/Organization): _____

Cost per Person: _____ Number of paid Tickets: _____

Total Cost: _____ **Requires Prepayment:** Yes: _____ No: _____

Please write a *brief* description about the above program request and how it is related to your school's ARTS CURRICULUM objectives.

Check the Arts Standard(s) for the program (please check all that apply)

1. ☐ Creating, performing and participating in the arts
2. ☐ Knowing and using arts materials and resources
3. ☐ Responding to and analyzing various works of art
4. ☐ Understanding the cultural contributions of the arts

Type of activity (please check all that apply)

In-School Activity

- ☐ Performance
☐ Workshop
☐ Residency
☐ Other (specify)

Out-of school Activity

- ☐ Tour
☐ Tickets
☐ Field trip
☐ Other (specify)

Art Forms

- ☐ Music
☐ Dance
☐ Visual Arts
☐ Drama
☐ Storytelling
☐ Interdisciplinary
☐ Other (specify)

****NOTE – SED regulations require that schools use district funds for transportation to out-of school arts related activities.**

For projects over \$5000, attach a separate written proposal including the proposed budget.

For all projects, complete the following:

Name of Educational Contact Person for this event: _____

Phone # _____ E-mail _____ Fax # _____

Name of designated District Contact Person: _____

Phone # _____ E-mail _____ Fax # _____

District Contact approving signature/date: _____

For B.O.C.E.S. use only:

This activity is recommended as:

- ☐ an approved aidable CoSer 403 activity for this District.
☐ an approved aidable CoSer 403 activity for this District with the following limitations:

☐ unapproved CoSer 403 activity for this District.

BOCES approving signature/date _____

eMail the completed form to:

or **Robin Brown**, Director of Instructional Support Services
Tess Schmigiel, secretary to the Director of ISS
Erie 2 –Chautauqua – Cattaraugus BOCES
LoGuidice Educational Center
9520 Fredonia – Stockton Rd.
Fredonia, NY 14063
716-672-4371 x 2015 Fax: 716-672-2393 tschmigiel@e2ccb.org