



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:

Robin Brown, Director of Instructional Support Services
or **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