

Albany-Schoharie-Schenectady-Saratoga Counties Board of Cooperative Education Services

CROSS CONTRACT FOR BOCES SERVICES

2024/2025 school year

Part I To be completed by district requesting cross contract

Please note certain services require participation in the base service to be eligible for BOCES aid.

School District requesting service: _____

Address: _____

Name of Service Requested: _____

Estimated Cost: _____ + 6.25% admin **\$0.00**

BOCES Providing the Service: Albany-Schoharie-Schenectady-Saratoga Counties

_____ Date School Superintendent 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 Capital Region BOCES to provide the service listed above.

_____ Date Local BOCES District Superintendent Signature

Local BOCES name and Address: _____

Forward to District Superintendent of BOCES providing service

Part III To be completed by BOCES District Superintendent providing the service

Service Title: _____ 0:00:00 COSER # _____

Estimated Charge: \$0.00 Activity Code _____

In accordance with Board of Education policy, a 6.25% administrative assessment will be charged for all services furnished to other BOCES and their component districts.

_____ Date Providing BOCES District Superintendent Signature

After all parts are completed and signed distribute to:
Providing BOCES Administrator, Requesting BOCES Superintendent,
Requesting School Superintendent