

**Albany-Schoharie-Schenectady-Saratoga Counties Board of Cooperative Education Services
CROSS CONTRACT FOR BOCES SERVICES**

2026/2027 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: _____

Participants: _____

Estimated Cost: + 6.5% admin \$0.00 **\$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 Capital Region BOCES Board of Education Policy 6254 a 6.5% administrative assessment will be charged for all services furnished to other BOCES and school districts belonging to other BOCES. In addition, an administrative assessment of 8.1% will be charged to all independent school districts, non-public schools, organizations & municipalities.

Date Providing BOCES District Superintendent Signature

After all parts are completed and signed distribute to:

Providing BOCES Administrator, Requesting BOCES Superintendent,
Requesting School Superintendent