



# Cross Contract for BOCES Services

***PART I: To be completed by District requesting cross contract***

School District requesting service: \_\_\_\_\_ School Year of Service: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of service requested: \_\_\_\_\_  
Potential BOCES Provider: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
\_\_\_\_\_  
School Superintendent Signature Date: \_\_\_\_\_

**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 Monroe #1 BOCES to provide the service listed above.

\_\_\_\_\_  
Monroe #1 BOCES District Superintendent Signature Date: \_\_\_\_\_

Local BOCES name and address: Monroe #1 BOCES  
41 O'Connor Road, Fairport, NY 14450

**Forward to District Superintendent of BOCES requested to provide service**

***PART II: To be completed by BOCES District Superintendent providing cross-contracting services***

Service Title: \_\_\_\_\_ CO-SER# \_\_\_\_\_  
Activity Code# \_\_\_\_\_ Estimated Charge: \_\_\_\_\_  
\_\_\_\_\_  
District Superintendent Signature Date: \_\_\_\_\_

**After approval distribute completed and signed copies of this form to:  
Providing BOCES Administrator, Requesting BOCES District Superintendent, and Requesting  
School Superintendent**