



# Oneida-Herkimer-Madison BOCES

Information & Technology Division

502 Court Street • Utica, NY 13502

www.oneida-boces.org

## Commitment for Participation in Engineering by Design 2017

The \_\_\_\_\_ School District agrees to participate in Engineering by Design™ statewide training in 2017.

### Registration Deadline is: May 31, 2017.

*\*Please note that trainings are subject to cancellation if participation is low.*

#### **District commitments:**

1. The district will pay the New York State Consortium fee for use of the EbD K-12 Curriculum. The Oneida-Madison-Herkimer BOCES serves as the lead agency. The maximum fee for the cost of participation will be **\$1,730** per district. **This will be a yearly fee that districts must pay to continue utilizing the online curriculum.**
2. The district will **complete** and **sign** the New York State Engineering by Design™ Agreement form and this commitment form found on the OHM BOCES website at [www.oneida-boces.org/ebd](http://www.oneida-boces.org/ebd). Please return completed and signed forms to OHM BOCES by mail or e-mail: [jpalmer@oneida-boces.org](mailto:jpalmer@oneida-boces.org).
3. Teachers **must** go through training prior to teaching the EbD curriculum. Training will be offered for four days at the **OHM BOCES (New Hartford, NY)** from **July 24-27, 2017**.
4. All districts using EbD and its resources, whether teachers are being trained this year or not, **MUST** pay the consortium fee of \$1,730.

#### District Expenses<sup>1</sup> (**OHM BOCES, New Hartford, NY Training**)

<input type="checkbox"/> Participation in the Engineering by Design Consortium (per district)		\$1,730
<input type="checkbox"/> Participating teacher registration @ \$150 per teacher	____ X \$150	_____
<input type="checkbox"/> Stipend for participating teacher (\$200/day)	____ X \$800	_____
<input type="checkbox"/> Food/Refreshments (a light breakfast, lunch, snacks and refreshments)	____ X \$120 total	_____
<input type="checkbox"/> Mileage (\$.535/mile)	____ X \$.535	_____

**Total** \$ \_\_\_\_\_

**Superintendent of Schools:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOCES you are affiliated with:** \_\_\_\_\_

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<sup>1</sup>Anticipated to be eligible for BOCES aid under Coser 538 from the Oneida-Herkimer-Madison BOCES.

\* This is an estimated cost. Your district will be billed for actual costs submitted, but BOCES must reimburse the participant.

**Teacher Name:**

**Email:**

**Phone:**

**Please select course:**

- HS – Foundations of Technology
- HS – Technology & Design
- MS
- MS – Water & Food
- Elem

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*Please use additional sheets, if necessary.*