

**The University of the State of New York**  
**THE STATE EDUCATION DEPARTMENT**  
**Office of Facilities Planning**  
**Room 1060EBA**  
**Albany, NY 12234**  
**WEBSITE: <http://www.emsc.nysed.gov/facplan/>**

**FORM A**

**APPLICATION FOR PROGRAM APPROVAL OF BOCES FACILITY PROJECT**

**INSTRUCTIONS:    [FOUR (4) COPIES NEEDED]**

This application should be completed and submitted to the Office of Facilities Planning for each facility proposal which affects use of space. See BOCES Handbook VI, pages 11 - 15 for directions. **[PLEASE PRINT OR TYPE].**

Name of Building: _____
Project Number: _____

<b>BOCES INFORMATION</b>	
BOCES Name: _____	
District Name: _____	
Project Contact Person: _____	
Telephone No (Area Code): _____	