

# Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Stacy Bates

Business Name of Entity: Stacy Bee Art

I am a (an)  Board Member  Administrator  Employee

Mailing Address: 9800 Hanover Circle  
Fort Smith, AR 72908 Home Telephone: 479-883-2571  
Work Telephone:

Nature of transaction subject to disclosure and approval:

**The District desires to work with this local retail vendor when they are priced competitively.**

Estimated dollar of transactions with public educational entity for entire school year:

< \$10,000

Check One:

- I have a financial interest in the transaction.
- A household member has a financial interest in the transaction.
- Both a household member and I have a financial interest in the transaction.

Nature of financial interest:

**Employee owns 100% of the sole proprietorship named "Sandra Bryant".**

Justification for Approval:

- Single source provider.
- As needed, goods or services will be purchased on quote/bid for lowest price.
- As needed, equal opportunity for local retail vendors to provide goods or services.
- Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

Please attach any other additional information or documents you believe are necessary for a full, complete and accurate disclosure of the facts and circumstances of the transactions.

 \_\_\_\_\_ 2/1/2023  
Employee Signature Date

**For Office Use Only**

Date completed form received by district:

School Official's Signature \_\_\_\_\_ Telephone Number: 479-785-2501

Local Board Action:  Approved  Disapproved Fax Number: 479-784-8108

Date Presented to Board:

Required to be presented to the Commissioner of the Department of Education for written approval (resolution attached)?  Yes  No

Date Certified to ADE:

Date Commissioner's Written Approval received by district:

Effective Date: