

Contract Disclosure Form

Name of Public Educational Entity: **Fort Smith School District**

Name of Person Disclosing Transaction: **Matt Blaylock**

Business Name of Entity: **Blaylock Heating & Air Conditioning, Inc.**

I am a (an) ☒ Board Member ☐ Administrator ☐ Employee

Mailing Address: **1900 North O Street
Fort Smith, AR 72901** Home Telephone: **479-782-8940**
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:

Board member owns more than 5% of Blaylock Heating & Air Conditioning, Inc.

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.

Signature of School Board Member

Date

For Office Use Only

Date completed form received by district:

Telephone Number: **479-785-2501**

School Official's Signature

Fax Number: **479-784-8108**

Local Board Action: ☐ Approved ☐ Disapproved

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: