

Contract Disclosure Form

Name of Public Educational Entity:

Fort Smith School District

Name of Person Disclosing Transaction:

Nicholas Kyrouac

Business Name of Entity:

Fort Smith Video Co LLC

I am a (an)

☐

Board Member

☐

Administrator

☒

Employee

Mailing Address:

1515 South 25th Street
Fort Smith, AR 72901

Home Telephone:

479-221-4187

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 (substitute) owns 100% of the LLC listed as "Fort Smith Video Co LLC".

Justification for Approval:

☐

Single source provider.

☐

As needed, goods or services will be purchased on quote/bid for lowest price.

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As needed, equal opportunity for local retail vendors to provide goods or services.

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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.



Employee Signature

4-13-2023

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: