

Contract Disclosure Form

Name of Public Educational Entity:	Fort Smith School District		
Name of Person Disclosing Transaction:	Ashley Morocco		
Business Name of Entity:	Marcos Pizza		
I am a (an)	<input type="checkbox"/> Board Member	<input type="checkbox"/> Administrator	<input checked="" type="checkbox"/> Employee
Mailing Address:	10717 Rye Hill Road S Fort Smith, AR 72916	Home Telephone:	479-414-6235
		Work Telephone:	479-646-1131

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.
 A family member has a financial interest in the transaction.

Nature of financial interest:

Employee works on commission with the vendor.

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.

Ashley Morocco

Employee Signature

1/12/20

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: