

Contract Disclosure Summary List
for School Board November Review

Location	Last Name	First Name	Employee Ownership	Household Ownership	Business Name	Justification for Approval
Northside	Coats	Zachary		x	Jordan Coats Jewelry	Equal opportunity for local retail vendors to provide services.
Fairview	McCain	Mary		x	McCain Construction, Inc	Goods or services purchased on quote/bid for lowest price. Equal opportunity for local retail vendors to provide services.
Kimmons	Wilbanks	Joni	x	x	Geno's Pizza at the Central Mall	Goods or services purchased on quote/bid for lowest price.

Contract Disclosure Form

Name of Public Educational Entity:	Fort Smith School District
Name of Person Disclosing Transaction:	Zachary Coats
Business Name of Entity:	Jordan Coats
I am a (an) <input type="checkbox"/> Board Member <input type="checkbox"/> Administrator <input checked="" type="checkbox"/> Employee	
Mailing Address:	615 May Avenue Fort Smith AR 72901
Home Telephone:	479-965-6718
Work Telephone:	479-783-1171

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's household has a sole proprietor business owned by Jordan Coats.

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.

Zachary J. Coats
Employee Signature

11-8-17
Date

For Office Use Only

Date completed form received by district:	11-8-17
<u>Chad Warren</u>	Telephone Number: 479-785-2501
School Official's Signature	Fax Number: 479-784-8108
Local Board Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	
Date Presented to Board:	
Required to be presented to the Commissioner of the Department of Education for written approval (resolution attached)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date Certified to ADE:	
Date Commissioner's Written Approval received by district:	
Effective Date:	

Contract Disclosure Form

Name of Public Educational Entity:	Fort Smith School District
Name of Person Disclosing Transaction:	Mary McCain
Business Name of Entity:	McCain Construction
I am a (an) <input type="checkbox"/> Board Member <input type="checkbox"/> Administrator <input checked="" type="checkbox"/> Employee	
Mailing Address:	7720 Steep Hill Road Fort Smith AR 72916
Home Telephone:	479-629-0081
Work Telephone:	479-783-3214

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's household owns more than 5% of McCain Construction.

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.

Mary McCain
Employee Signature

11-7-17
Date

For Office Use Only	
Date completed form received by district: <u>Chad Warren</u>	11-8-17
School Official's Signature	Telephone Number: 479-785-2501
Local Board Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No
Date Certified to ADE:	
Date Commissioner's Written Approval received by district:	
Effective Date:	

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Joni Wilbanks

Business Name of Entity: Geno's Pizza at the Central Mall

I am a (an) Board Member Administrator Employee

Mailing Address: 1416 Keystone Loop
Mulberry AR 72947 Home Telephone: 479-997-5139
Work Telephone: 479-785-2501

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 and her household is the owner of Geno's Pizza at the Central Mall.

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.

Joni Wilbanks 11-7-17
Employee Signature Date

For Office Use Only

Date completed form received by district:		11-8-17
<u><i>Charles Warren</i></u>	Telephone Number:	479-785-2501
School Official's Signature	Fax Number:	479-784-8108
Local Board Action:	<input type="checkbox"/> Approved	Disapproved
Date Presented to Board:		
Required to be presented to the Commissioner of the Department of Education for written approval (resolution attached)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Certified to ADE:		
Date Commissioner's Written Approval received by district:		
Effective Date:		