

Contract Disclosure Form

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| Name of Public Educational Entity: | Fort Smith School District |
| Name of Person Disclosing Transaction: | Sandra Bryant |
| Business Name of Entity: | Sandra Bryant |

I am a (an) Board Member Administrator Employee

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|------------------|-----------------------------------|-----------------|--------------|
| Mailing Address: | 700 M Street Barling, AR 72923 | Home Telephone: | 479-561-0919 |
| | | 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.

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| <i>S. Bryant</i> | 11.17.23 |
| Employee Signature | Date |

For Office Use Only

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|---|-----------------------------------|--------------------------------------|
| Date completed form received by district: | | |
| School Official's Signature | Telephone Number: | 479-785-2501 |
| Local Board Action: | Fax Number: | 479-784-8108 |
| Date Presented to Board: | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| 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: | | |