# Resolution

### A.C.A. § 6-24-101 et seq.

WHEREAS the Fort Smith School District Board of Education Septebmer 26, 2022. The meeting was open to the public a place, the Service Center Auditorium, 3205 Jenny Lind Road	and was conducted in the usual meeting
WHEREASmembers were present, constituting a quo	rum for the conduct of legal business; and
WHEREAS the Board of Education received a recommendat District to approve any contracts (or other transactions) wit accompanying Contract Disclosure Forms; and	
WHEREAS a disclosure of the relationship between said ent Smith School District as shown on the Contract Disclosure F A.C.A. § 6-24-101 et seq that are relevant to the contracts;	orms was presented as required by
WHEREAS specific facts for the contracts were presented as Contract Disclosure Forms; and	s shown on the accompanying
WHEREAS the unusual circumstances necessitating approva as set forth on said Contract Disclosure Forms; and	al of the contracts was considered
WHEREAS the Board of Education considers the contracts to School District and appropriate for the normal conduct of n	
NOW THEREFORE BE IT RESOLVED: That the Board of Educato approve contracts as listed on the accompanying Contracts set forth any restrictions and/or limitations as noted; and	
BE IT FURTHER RESOLVED: That the Board directs that the pupon the date of approval.	period of the contract shall commence
Adopted this the 26th day of September, 2022	
	Superintendent of Schools
President, Board of Education	Secretary, Board of Education

Revision Date 7/2014

Attachment

# **Contract Disclosure Form**

Name of Public Educational Entity: Fort Smit		Fort Smith	School District		
Name of Person Disclosing Transaction:		Lisa	Lisa Genevie		
Business Name of Entit	y:		Genevie Drain & Irrigatio		rrigation
I am a (an)	Board Member		Administrator	х	Employee
Mailing Address:	1803 Central Street Poteau, OK 74953		Home Telephone: Work Telephone:		918-839-4351
Nature of transaction s	ubject to disclosure and	арр	roval:		
The District desir	es to work with this loca	ıl re	tail vendor when they a	re pric	ed 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.  X 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 inte	rest:				
EMPLOYEE'S	SPOUSE OWAS 100	0%	OF GENEVIE DRA	N €	IRRIGATION.
Justification for Approval:  Single source provider.  As needed, goods or services will be purchased on quote/bid for lowest price.  X 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.					
Lisa Hen	end		_ ,	0	1-14-22
Employee Signature				Date	
For Office Use Only					
Date completed form	eceived by district:				70 705 0504
al loss : Il si	South Ed		Telephone Number:		79-785-2501
School Official's Signat	ure	П	Fax Number:		79-784-8108
Local Board Action: Date Presented to Boa	rd.	Ш	Approved	۲-	isapproved
Required to be presented to the Commissioner of the Department of Education for					
5 5	esolution attached)?	Π̈́	Yes		No
Date Certified to ADE:	coolation attachea).	Ш			
	Vritten Approval receive	d b	v district:		
Effective Date:			* ** *********************************		

# **Contract Disclosure Form**

Name of Public Educati	ional Entity:	Fort Smith	School District		
Name of Person Disclos	sing Transaction:	Ashley Goddson			
Business Name of Entit	Business Name of Entity: Six Roses A		pparel & Shoes		
I am a (an)	Board Member	Administrator	X Employee		
Mailing Address:	2305 Meadow Lane Barling, AR 72923	Home Telephone: Work Telephone:	479-459-5786		
Nature of transaction s	subject to disclosure and ap	proval:			
The District desir	es to work with this local r	etail vendor when they a	re priced competitively.		
Estimated dollar of transactions with public educational entity for entire school year:  < \$10,000 Check One: X 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 inte	erest:				
Employee is 1009	% owner of Six Roses Appar	rel & Shoes.			
Justification for Approval:  Single source provider.  As needed, goods or services will be purchased on quote/bid for lowest price.  X 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.					
1/1	6 11-		9-19-22		
Employee Signature		Date			
For Office Use Only					
Date completed form	received by district:				
		Telephone Number:	479-785-2501		
School Official's Signat	ture	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					
	resolution attached)?	Yes	No No		
Date Certified to ADE:	ā 1 <u>1</u>	163	140		
Date Commissioner's Written Approval received by district:					
Effective Date:					

# **Contract Disclosure Form**

Name of Public Educat	ne of Public Educational Entity: Fort Smith School District		School District		
Name of Person Disclo	sing Transaction:	John Horne			
Business Name of Entit	ty:	FRK Inc. d/b/a Da' Bayou New Orleans Snowballs			
I am a (an)	Board Member	Administrator	X Employee		
Mailing Address:	2218 Glen West Way Fort Smith, AR 72916	Home Telephone: Work Telephone:	479-420-9788		
Nature of transaction s	subject to disclosure and ap	proval:			
The District desir	es to work with this local r	etail vendor when they a	re priced competitively.		
Estimated dollar of tra	nsactions with public educa	itional entity for entire sch	ool year:		
Check One:    X					
Employee Signature		_	Date		
	For Off	ice Use Only			
Date completed form	received by district:				
		Telephone Number:	479-785-2501		
School Official's Signat	ture	Fax Number:	479-784-8108		
Local Board Action:  Date Presented to Boa	<u> </u>	Approved	Disapproved		
Required to be presented to the Commissioner of the Department of Education for					
-	resolution attached)?	Yes	No No		
Date Certified to ADE:	_	-			
Date Commissioner's \ Effective Date:	Written Approval received	by district:			
enective pate:		İ			