Resolution

A.C.A. § 6-24-101 et seq.

WHEREAS the Fort Smith School District Board of Education met in regular session on the date of July 21, 2025. The meeting was open to the public and was conducted in the usual meeting place, the Service Center Auditorium, 3205 Jenny Lind Road, Fort Smith, Arkansas; and					
WHEREASmembers were present, constituting a quoru	im for the conduct of legal business; and				
WHEREAS the Board of Education received recommendations from the Administration of the District to approve any contracts (or other transactions) with the entities shown on the accompanying Contract Disclosure Forms; and					
WHEREAS a disclosure of the relationship between said entity and the listed employee of the Fort Smith School District as shown on each Contract Disclosure Form was presented as required by A.C.A. § 6-24-101 et seq that are relevant to the contracts; and					
WHEREAS specific facts for the contracts were presented as shown on the accompanying Contract Disclosure Form; and					
WHEREAS the unusual circumstances necessitating approval of the contracts was considered as set forth on said Contract Disclosure Form; and					
WHEREAS the Board of Education considers the contracts to be in the best interest of the School District and appropriate for the normal conduct of necessary business.					
NOW THEREFORE BE IT RESOLVED: That the Board of Education after serious consideration moves to approve contracts as listed on the accompanying Contract Disclosure Forms and further set forth any restrictions and/or limitations as noted; and					
BE IT FURTHER RESOLVED: That the Board directs that the period of the contract shall commence upon the date of approval including any prior year contracts.					
Adopted this the 21st day of July, 2025					
	Superintendent of Schools				
President, Board of Education	Secretary, Board of Education				

Attachment Revision Date 7/2014

Contract Disclosure Form

Name of Public Educational Entity:			Fort Smith School District		
Name of Person Disclo	sing Transaction:		Sarah Yancey		
Business Name of Entity:			Disaster Masters of Arkansas LLC		
		L	Content Solutions		
I am a (an)	Board Member	X	Administrator	Employee	
Mailing Address:	4626 Victoria Drive		Home Telephone:	479-414-6379	
	Fort Smith, AR 72904		Work Telephone:		
Nature of transaction s	subject to disclosure and	арр	roval:		
The District desir	es to work with this loca	al re	tail vendor when they a	re priced competitively.	
Estimated dollar of trai	nsactions with public edu	ucat	ional entity for entire sch	ool vear:	
	< \$10,000		7		
Check One:					
have a finar	ncial interest in the trans	actio	on.		
A household	member has a financial i	inte	rest in the transaction.		
X A family men	nber has a financial inter	est i	in the transaction.		
Nature of financial inte	rest:				
Employee's broth	her owns both companie	es.			
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 d	lefined by A.C.A. § 6-24-1	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		 -	6-23-25	
Employee Signature			-	Date	
For Office Use Only					
Date completed form received by district:					
Date completed form i	eceived by district.		Telephone Number:	479-785-2501	
School Official's Signat	····	-	Fax Number:	479-783-2301	
Local Board Action:	uic	П	Approved	Disapproved	
Date Presented to Boa	rd:	Ш	, the orea	Disappi oved	
Required to be presented to the Commissioner of the Department of Education for					
· ·	esolution attached)?	Π̈́	Yes	No No	
Date Certified to ADE:		لا] 100	
Date Commissioner's Written Approval received by district:					
Effective Date:			,		

Contract Disclosure Form

Name of Public Educati	ional Entity:	Fort Smith School District				
Name of Person Disclosing Transaction:		Deidra Barnes				
Business Name of Entity:		Deidra Barnes				
I am a (an)	Board Member	Administrator	X Employee			
Mailing Address:	6900 Lookout Drive Fort Smith, AR 72916	Home Telephone: Work Telephone:	479-650-6455			
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.			
Check One: X I have a finar A household	exactions with public education of the control o	ion. erest in the transaction.	nool year:			
Nature of financial inte	erest:					
Employee is the owner of the business.						
X As needed, e		etail vendors to provide g	oods or services.			
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.						
Deidra Bar	ines		7/8/2025			
Employee Signature			Date			
For Office Use Only						
Date completed form	received by district:		1 470 705 0504			
School Official's Signat		Telephone Number: Fax Number:				
School Official's Signat Local Board Action:	ure					
Date Presented to Boa	ırd:	Approved	Disapproved			
Required to be presented to the Commissioner of the Department of Education for						
	esolution attached)?	Yes	No			
Date Certified to ADE:			1 1 140			
	Written Approval received	by district:				
Effective Date:		,				