

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 September 25, 2017. 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

WHEREAS _____ members were present, constituting a quorum for the conduct of legal business; and

WHEREAS the Board of Education received a recommendation from the Personnel Committee of the Board to approve contracts with the entities shown on the accompanying Contract Disclosure Summary List; and

WHEREAS a disclosure of the relationship between said entities and the listed employees of the Fort Smith School District as shown on the Contract Disclosure Summary List were 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 Summary List and supporting Contract Disclosure Forms; and

WHEREAS the unusual circumstances necessitating approval of the contracts was considered as set forth on said Contract Disclosure Summary List and Contract Disclosure Forms; 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 Summary List 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.

Adopted this the 25th day of September, 2017

Superintendent of Schools

President, Board of Education

Secretary, Board of Education

Attachment

Revision Date 7/2014

Contract Disclosure Summary List
for School Board Review

Location	Last Name	First Name	Employee Ownership	Household Ownership	Family Ownership	Business Name	Justification for Approval
Southside	Brewer	Grant	x			Suave Perceptions LLC	Equal opportunity for local retail vendors to provide services.
Spradling	Matlock	Tammy		x		Harold Matlock, Athletic Official	Equal opportunity for local retail vendors to provide services.
Ramsey	Rea	John		x		Ross Athletic Supply	Goods or services purchased on quote/bid for lowest price. Equal opportunity for local retail vendors to provide services.
Southside	Thompson	Meagan		x		Mack Thompson & Sons Signs	Goods or services purchased on quote/bid for lowest price.
Sutton	Mathews	Jennie	x			Young Actors Guild	Equal opportunity for local retail vendors to provide services.

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Grant Brewer

Business Name of Entity: Suave Perceptions LLC

I am a (an) Board Member Administrator Employee

Mailing Address: 1105 Fir Drive
Van Buren AR 72956 Home Telephone: 405-221-1100
Work Telephone: 479-646-7371

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 is the owner of Suave Perceptions LLC.

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.

Grant Brewer
Employee Signature

9-1-17
Date

For Office Use Only

Date completed form received by district: 9-1-17

Chae Warr 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:

Contract Disclosure Form

Name of Public Educational Entity:	Fort Smith School District		
Name of Person Disclosing Transaction:	Tammy Matlock		
Business Name of Entity:	Harold Matlock		
I am a (an)	<input type="checkbox"/> Board Member	<input type="checkbox"/> Administrator	<input checked="" type="checkbox"/> Employee
Mailing Address:	476001 E 1130 Road Muldrow OK 74948	Home Telephone:	479-414-0481
		Work Telephone:	479-783-8048

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 is a sole proprietor providing services as an Harold Matlock.

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.

<i>Tammy Matlock</i>	9-1-17
Employee Signature	Date

For Office Use Only	
Date completed form received by district:	9-1-17
<i>Charl Warren</i>	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:	

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: John Rea

Business Name of Entity: Ross Athletic Supply

I am a (an) Board Member Administrator Employee

Mailing Address: 3105 Canongate Way
Fort Smith AR 72908 Home Telephone: 479-422-5171
Work Telephone: 479-783-5115

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 is an owner of > 5% of Ross Athletic Supply.

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.

John Rea
Employee Signature

09/01/2017
Date

For Office Use Only	
Date completed form received by district: <u>Charles Warren</u>	9-1-17
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: Meagan Thompson

Business Name of Entity: Mack Thompson & Sons Signs

I am a (an) Board Member Administrator Employee

Mailing Address: 2800 S 99th Street
Fort Smith AR 72903 Home Telephone: 479-650-0301
Work Telephone: 479-646-7371

Nature of transaction subject to disclosure and approval:

The District desires to work with this local retail vendor when they are the lowest bid/quote.

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 more than 5% of Mack Thompson & Sons Signs.

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.

Meagan Thompson 9-1-17
Employee Signature Date

For Office Use Only

Date completed form received by district:	9-1-17
<u>Chae Ware</u> School Official's Signature	Telephone Number: 479-785-2501
Local Board Action: <input type="checkbox"/> Approved	Fax Number: 479-784-8108
Date Presented to Board:	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:	

Contract Disclosure Form

Name of Public Educational Entity: Fort Smith School District

Name of Person Disclosing Transaction: Jennie Mathews

Business Name of Entity: Young Actors Guild

I am a (an) Board Member Administrator Employee

Mailing Address: 9101 Sky Park Drive
Fort Smith AR 72903 Home Telephone: 479-653-2896
Work Telephone: 479-785-1778

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.

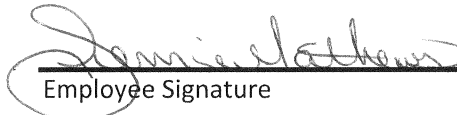
Nature of financial interest:

Employee is an elected officer of Young Actors Guild.

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.



 Employee Signature

8-31-17

 Date

For Office Use Only

Date completed form received by district: 9-1-17


 _____ 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: