

Contract Disclosure Form

Name of Public Educational Entity: **Fort Smith School District**

Name of Person Disclosing Transaction: **Jeff Prewitt**

Business Name of Entity: **Megen Prewitt**

I am a (an) Board Member Administrator Employee

Mailing Address: **2500 Bugscuffle Rd
Lavaca, AR 72941** Home Telephone: **479-461-2514**
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.
 A family member has a financial interest in the transaction.

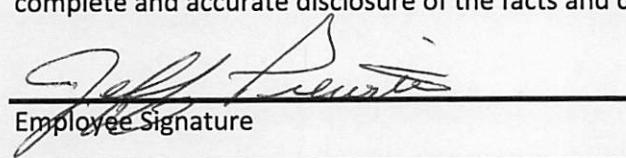
Nature of financial interest:

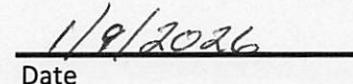
Employee's wife is a sole proprietor providing musical accompaniment.

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


Date

For Office Use Only

Date completed form received by district:

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: