

# BLUE VALLEY SCHOOLS

Blue Valley Unified School District No. 229

## **Regular Board of Education Meeting**

Monday, September 8, 2025, 5:30 PM

Board of Education Room, District Office, 15020 Metcalf Ave., Overland Park, KS 66223

### **MISSION STATEMENT**

*Cultivating lifelong learners prepared to navigate their future with purpose.*

#### **A. OPENING ITEMS.**

**1. Pledge of Allegiance.**

Hanna Ellsworth, a 4th-grade student from Timber Creek Elementary, will lead the Pledge of Allegiance.

**2. Conduct the Hearing to Exceed the Revenue Neutral Tax Rate for 2025-26.**

**3. Conduct the Hearing for the Legal Maximum Budget and Estimated Tax Rate for 2025-26.**

**4. Awards and Recognitions.**

**Distinguished Service Award Recipient:** Dana Huey is a Para 1 at Timber Creek Elementary.

**Excellence in Education Award Recipient:** Laura Benscheidt teaches Exploring Health Professions at CAPS.

**5. Public Comments.**

#### **B. REGULAR AGENDA.**

**1. Call the Meeting to Order.**

**2. Approve the Regular Board of Education Meeting Agenda.**

#### **C. CONSENT AGENDA.**

**1. Approve the Consent Agenda.**

*Our rules of Parliamentary Procedure provide for a consent agenda listing several items for approval of the Board by a single motion. Documentation concerning these items has been provided to all Board members and the public in advance to ensure an extensive review. Items may be removed from the consent agenda at the request of any board member.*

**2. Approve the Meeting Minutes.**

**3. Approve the Cash Summary Report.**

**4. Approve of Bids and Contracts.**

**5. Approve of the Human Resources Personnel Report and the Addendum.**

**6. Approve the Claims Report and the Disbursement Report.**

*September 15, 2025, Claims for Payment totaling \$15,575,163.83.*

*August 2025 Disbursements totaling \$11,919,340.86.*

*There are no Special Fund Transfers for July 2025.*

**7. Appoint Blue Valley Recreation Center Commissioner(s).**

Darren Dupriest will serve as the Blue Valley Recreation South Commissioner for a 4-year term commencing October 1, 2025.

**8. Appoint the Kansas Association of School Boards Delegate Assembly.**

Jodie Dietz as the delegate

Jan Kessinger as the alternate

**D. REPORTS AND DISCUSSION ITEMS.**

**1. Board of Education Reports.**

**2. Superintendent's Report.**

**3. Use of Powered Bicycles & Scooters Update.**

**4. School Safety Update.**

**E. ACTION ITEMS.**

**1. Approval of the 2025-26 Legal Maximum Budget and Estimated Tax Rate.**

**F. CLOSING ITEMS.**

**1. Board Comments.**

**2. Adjournment.**

**Exceeding Revenue Neutral for the 2025-2026 School Year**

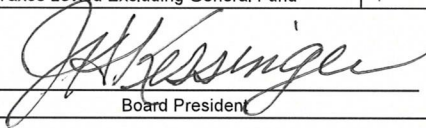
The governing body of Unified School District 229 will meet on the 8th day of September 2025 at 5:30 PM at 15020 Metcalf Ave, Overland Park, KS 66223 for the purpose of hearing and answering objections of taxpayers relating to the proposed use of all funds and the amount of tax to be levied. Detailed budget information, including budget profile, is available at the USD 229 District Office, on the district website, and will be available at this hearing.

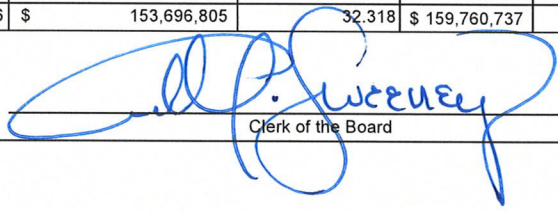
**Revenue Neutral**

	2024-2025		Revenue Neutral Taxes	Revenue Neutral Tax Rate	2025-2026	
	Actual Taxes Levied	Actual Tax Rate			Proposed Taxes to be Levied	Proposed Tax Rate
General	\$ 84,082,056	20.000	\$ 84,082,056	19.105	\$ 88,019,463	20.000
<b>ALL OTHER FUNDS</b>						
Supplemental General (LOB)	\$ 56,509,220	12.372	\$ 56,509,220	11.899	\$ 61,643,107	12.980
Capital Outlay	36,775,310	8.000	36,775,310	7.698	38,207,531	8.000
Cost of Living	12,057,720	2.639	12,057,720	2.539	12,615,413	2.656
Special Liability Expense Fund	173,730	0.038	173,730	0.037	1,526,161	0.321
Extraordinary Growth Facilities	3,175,684	0.695	3,175,684	0.669	2,504,242	0.527
Bond and Interest #1	44,342,644	9.707	44,342,644	9.337	42,818,161	9.016
Special Assessment	662,497	0.145	662,497	0.139	446,122	0.094

**Revenue Neutral Calculation**

Total Taxes Levied Including General Fund	\$ 237,778,861	53.596	\$ 237,778,861	51.423	\$ 247,780,200	53.594
Total Taxes Levied Excluding General Fund	\$ 153,696,805	33.596	\$ 153,696,805	32.318	\$ 159,760,737	33.594

  
Board President

  
Clerk of the Board



## Sample Resolution

### K.S.A. 79-2988

For additional information on Revenue Neutral Tax Rate, please download the Revenue Neutral Tax Rate Publication Guidelines located on the School Finance website → Budget Packet (under Resolutions).

The local board of education must approve by resolution to exceed the Revenue Neutral Tax Rate. Below is a sample resolution:

RESOLUTION NO. \_\_\_\_\_

A resolution expressing the property taxation policy of USD 229 Blue Valley with respect to exceeding the Revenue Neutral Tax Rate for financing the annual budget for 2025-2026.

Whereas, K.S.A 79-2988, provides that a levy of property taxes to finance the 2025-2026 budget of USD 229 exceeds the Revenue Neutral Tax Rate to finance the 2025-2026 budget of USD 229, be authorized by a resolution; and

Whereas, the Board of Education of USD 229 held a hearing on September 8, 2025 allowing all interested taxpayers desiring to be heard an opportunity to give oral testimony; and

Whereas, the Board of Education of USD 229, having heard testimony, still finds it necessary to exceed the Revenue Neutral Rate.

NOW, THEREFORE, BE IT RESOLVED by the Board of Education of USD 229 that the 2025-2026 budget with a levy of property taxes exceeding the Revenue Neutral Tax Rates calculated for 2025-2026, as adjusted pursuant to K.S.A 79-2988 is hereby adopted.

Adopted this 8<sup>th</sup> day of September, 2025 by USD 229 Blue Valley in Johnson County, Kansas.

Board Clerk Signature

Board President Signature

\_\_\_\_\_

\_\_\_\_\_

Board Member Name	Vote	
	Yes	No
1. Jodie Dietz		
2. Dr Sonya Evans		
3. Patrick Hurley		
4. Jan Kessinger		

Board Member Name	Vote	
	Yes	No
5. Gina Knapp		
6. Jim McMullen		
7. Clay Norkey		



# AGENDA ITEM SUMMARY

**Agenda Item:**

Conduct the Hearing to Exceed the Revenue Neutral Tax Rate for 2025-26.

**Person Submitting Item:**

Jeremy McFadden, CFO

**Background and Summary:**

In accordance with K.S.A. 79-2988, school districts must conduct a hearing to Exceed Revenue Neutral (RNR) when approving the annual budget. The RNR hearing must be held between August 20 to September 20. School districts are required to publish notices of the RNR hearing a minimum of 10 calendar days between publication and RNR hearing.

**Budget Source:** N/A

**Strategic Plan Alignment:**

Advancing Academic Excellence & Exceptional Student Experiences - Budget allocations for effective teacher-to-pupil class ratios, program supports for performing arts, career and technical pathways, supplemental activities and athletic programs, and curriculum resources.

Fostering Supportive & Healthy School Communities - Budget allocations for special education, bilingual, at-risk, counselors and social workers.

Empowering Exemplary Educators and Staff - Budget allocations for competitive, market-aligned compensation packages and job-embedded professional development.

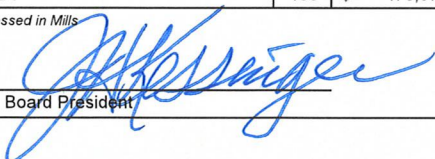
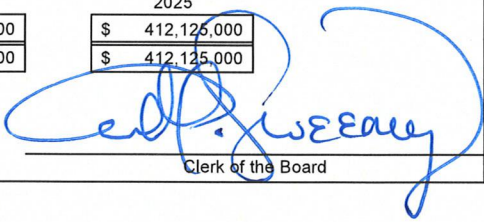
**Recommendation:**

Approve the Resolution to Exceed the Revenue Neutral Tax Rate for the 2025-26 Budget (roll call vote required).

**Notice of Hearing 2025-2026 Budget**

The governing body of Unified School District 229 will meet on the 8th day of September 2025 at 5:35 PM at 15020 Metcalf Ave, Overland Park, KS 66223 for the purpose of hearing and answering objections of taxpayers relating to the proposed use of all funds and the amount of tax to be levied. Detailed budget information, including budget profile, building needs assessment and Board state assessments review is available at the USD 229 District Office, on the district website, and will be available at this hearing.

The Amount of 2025 Tax to be Levied and Expenditures (published below) establish the maximum limits of the 2025-2026 Budget. The 'Est. Tax Rate' (column 7), shown for comparative purposes, is subject to slight change depending on final assessed valuation.

	Code 99 Line	2023-2024 Actual		2024-2025 Actual		2025-2026 Proposed Budget		
		Actual Expenditures (1)	Actual Tax Rate* (2)	Actual Expenditures (3)	Actual Tax Rate* (4)	Budgeted Expenditures (5)	Amount of 2025 Tax to be Levied (6)	Est. Tax Rate* (7)
<b>OPERATING</b>								
General	06	\$ 169,054,909	20.000	\$ 184,124,073	20.000	\$ 193,979,607	\$ 88,019,463	20.000
Supplemental General (LOB)	08	56,213,261	12.190	61,362,859	12.372	64,631,925	61,643,107	12.980
<b>SPECIAL REVENUE</b>								
Federal Funds	07	3,874,309		938,354		1,257,072		
At-Risk Education Fund	13	7,607,931		8,200,406		9,419,374		
Bilingual Education	14	2,541,784		3,193,296		4,551,647		
Virtual Education	15	711,002		756,265		1,272,223		
Capital Outlay	16	37,254,533	7.969	39,937,915	8.000	52,797,080	38,207,531	8.000
Food Service	24	11,751,125		11,345,450		14,900,000		
Professional Development	26	774,318		834,505		1,362,537		
Parent Education Program	28	873,560		878,776		1,218,381		
Summer School	29	153,072		170,899		285,709		
Special Education	30	64,252,831		72,491,921		90,247,154		
Cost of Living	33	11,046,249	2.471	12,457,450	2.639	13,901,978	12,615,413	2.656
Career and Postsecondary Education	34	5,263,643		5,322,266		1,845,000		
Gifts and Grants	35	1,898,883		1,716,064		3,222,188		
Special Liability Expense Fund	42	1,038,722	0.092	1,500,000	0.038	1,325,000	1,526,161	0.321
Extraordinary Growth Facilities	45	4,367,003	0.969	3,312,404	0.695	2,981,164	2,504,242	0.527
Special Reserve Fund	47	31,770,467		34,445,203				
KPERS Special Retirement Contribution	51	24,035,997		24,458,242		30,083,638		
Contingency Reserve	53	-		5,350,000				
Textbook & Student Material Revolving	55	3,822,130		5,018,611				
Activity Fund	56	624,188		418,248				
<b>DEBT SERVICE</b>								
Bond and Interest #1	62	43,144,838	9.973	54,155,738	9.707	57,067,813	42,818,161	9.016
Special Assessment	67	714,439	0.094	709,818	0.145	750,000	446,122	0.094
<b>TOTAL USD EXPENDITURES</b>	100	482,789,194	53.758	533,098,763	53.596	547,099,490	247,780,200	53.594
Less: Transfers	105	119,878,856		130,166,816		90,401,142		
<b>NET USD EXPENDITURES</b>	110	362,910,338		402,931,947		456,698,348		
<b>TOTAL USD TAXES LEVIED</b>	115	227,424,285		237,774,356		247,780,200		
<b>OTHER</b>								
Recreation Commission	84	18,964,833	2.453	20,261,063	2.405	23,189,278	11,636,165	2.450
Rec Comm Emp Benefits & Spec Liab	86	1,567,725	0.499	1,665,080	0.451	2,246,417	1,662,288	0.350
<b>TOTAL OTHER</b>	120	20,532,558	2.952	21,926,143	2.856	25,435,695	13,298,453	2.800
<b>TOTAL TAXES LEVIED</b>	125	\$ 240,120,302		\$ 250,823,941		\$ 261,078,653		
Assessed Valuation - General Fund	128	\$ 4,105,654,845		\$ 4,203,877,545		\$ 4,400,973,133		
Assessed Valuation - All Other Funds	130	\$ 4,298,558,410		\$ 4,567,746,411		\$ 4,749,185,142		
Assessed Valuation - Capital Outlay	129	\$ 4,317,606,543		\$ 4,594,832,843		\$ 4,775,941,393		
<b>Outstanding Indebtedness, July 1</b>		2023		2024		2025		
General Obligation Bonds	135	\$ 475,975,000		\$ 449,455,000		\$ 412,125,000		
<b>TOTAL USD DEBT</b>	155	\$ 475,975,000		\$ 449,455,000		\$ 412,125,000		
<i>*Tax Rates are expressed in Mills</i>								
								
		Board President		Clerk of the Board				

# BLUE VALLEY SCHOOLS

## Special Board of Education Workshop Meeting Minutes

Monday, August 11, 2025, at 8:00 AM, Board of Education Room,  
Blue Valley District Office, 15020 Metcalf Ave. Overland Park, KS 66223

**Members present:** Jan Kessinger, Clay Norkey, Gina Knapp, Jim McMullan, Dr. Sonya Evans, Jodie Dietz.

**Members absent:** Patrick Hurley

### 1. OPENING ITEMS.

A. **Call the Meeting to Order.**

B. **Approve the Special Board of Education Meeting Agenda.**

The Board of Education approved the August 11, 2025, Special Board of Education Meeting agenda, as published.

*Moved by:* Jim McMullen

*Seconded by:* Clay Norkey

**Carried 5-0**



### 2. REPORTS AND DISCUSSION ITEMS.

A. **Review the Regular Board of Education Meeting Agenda.**

Superintendent Dr. Chapman reviewed the Regular Board of Education Meeting agenda with the Board of Education.

*Jodie Dietz arrived at 8:03 a.m.*

B. **Review Board Policy 1684 Open Forum.**

- [1684 Open Forum](#) 
- [1684 OPEN FORUM PROPOSED.pdf](#) 

C. **Discuss AP Testing Fees.**

Deputy Superintendent of Learning, Dr. Collier, and Director of Academic Program and Accountability, Adam Wade,

discussed the AP Testing Fees increase with the Board of Education.

D. **Annual Report.**

- [Blue Valley Annual Report.pdf](#) 

Kaci Brutto, Chief Communications Officer, presented the 2024-2025 Annual Report to the Board of Education.

3. **EXECUTIVE SESSION.**

A. **Enter into Executive Session.**

The Board of Education did not enter into an Executive Session.

B. **Return to Open Meeting.**

The Board of Education did not enter into an Executive Session.

4. **CLOSING ITEMS.**

A. **Adjourn.**

The Special Board of Education Workshop Meeting agenda for August 11, 2025, adjourned at 9:06 a.m.

# BLUE VALLEY SCHOOLS

Blue Valley Unified School District No. 229

## **Regular Board of Education Meeting Minutes**

Monday, August 11, 2025, at 5:30 PM, Board of Education Room,  
Blue Valley District Office, 15020 Metcalf Ave. Overland Park, KS 66223

MEMBERS PRESENT: Jan Kessinger, Clay Norkey, Gina Knapp, Jim McMullan, Dr. Sonya Evans, Jodie Dietz.

### **A. OPENING ITEMS.**

1. **Pledge of Allegiance.**

Officer Tim led the Board of Education in the Pledge of Allegiance.

2. **Public Comments.**

- Steve Roberts - Teacher pay

### **B. REGULAR AGENDA.**

1. **Call the Meeting to Order.**

Board President Jan Kessinger called the meeting to order at 5:37 p.m.

2. **Approve the Regular Board of Education Meeting Agenda.**

The Board of Education motioned to approve the August 11, 2025, Regular Board of Education Meeting agenda as published.

*Moved by:* Gina Knapp

*Seconded by:* Jodie Dietz

**Carried**

## C. **CONSENT AGENDA.**

### **Consent Action**

*Moved by:* Gina Knapp

*Seconded by:* Clay Norkey

**Carried**

1. **Approve the Consent Agenda.**

*Our rules of Parliamentary Procedure provide for a consent agenda listing several items for approval of the Board by a single motion. Documentation concerning these items has been provided to all Board members and the public in advance to ensure an extensive review. Items may be removed from the consent agenda at the request of any board member.*

The Board of Education motioned to approve the August 11, 2025, Regular Board of Education Meeting consent agenda as published with minor edits deemed necessary by legal counsel.

*Moved by:* Gina Knapp

*Seconded by:* Clay Norkey

**Carried**

2. **Approve the Meeting Minutes.**

# - #

- [07.21.25 Special Board of Education Meeting - WORKSHOP - Minutes - Html](#) 
- [07.21.25 Regular Board of Education Organizational Meeting - Minutes - Html](#) 

3. **Approve the Cash Summary Report.**

# - #

[Month End Cash Report - June 30, 2025.pdf](#) 

4. **Approve the Claims Report, the Disbursement Report, and the Special Fund Transfers.**

# - #

- [August 15, 2025, Claims for Payment totaling \\$ 21,466,955.36.](#) 

- [July 2025 Disbursements totaling \\$ 18,643,850.42.](#) 
- [June 2025 Special Fund Transfers totaling \\$ 23,202,951.67](#)  .

5. **Approve the Bids and Contracts.**

# - #

*Bids and contracts may not be available until the day of the Board meeting. All agreements and contracts are subject to the final approval by the Board of Education's attorney.*

- [8-7-25 Large Memo.pdf](#) 

6. **Approval of the Human Resources Personnel Report and the Addendum.**



# - #

*The Human Resources Personnel Report and the Addendum may not be available until the day of the board meeting.*

- [August 11, 2025 HR Personnel Report.pdf](#) 
- [Addendum August 11, 2025.pdf](#) 

7. **Approve the Science and Social Studies New Curriculum.**

# - #

- [ES Science Curriculum 2025 \(1\).pdf](#) 
- [ES Social Studies Curriculum 2025 \(1\).pdf](#) 

8. **Approve the Finance and Operations Board Advisory Committee Appointments.**

1. Daniel Mayer - 2-year term
2. Stephanie James - 2-year term
3. Elizabeth Webb - 2-year term
4. Matt Misch - 2-year term

9. **Approve the Community Board Advisory Committee Appointments.**

1. Celia Byers - 2-year term
2. Kristin Gembala - 2-year term
3. Kimberley Kushner - 2-year term
4. Pam Shernuk - 2-year term
5. Abby O'Neill - 2-year term
6. Kelly Selznick - 2-year term

1. Jonathan Freiden - 1-year term
2. Anna Custer-Singh - 1-year term
3. Natalie Svilarich - 1-year term
4. Caroline Chaboo - 1-year term
5. Sarah Cullor - 1-year term
6. Courtney Carlson - 1-year term
7. Jennifer Glanzer - 1-year term
8. Colleen Cunningham - 1-year term
9. Julia Bernard - 1-year term
10. Renee Meares - 1-year term
11. Josh Heizman - 1-year term
12. Kelly Beeck - 1-year term
13. Jennifer Nowak - 1-year term

10. **Approve the Academic & Activities Board Advisory Committee Appointments.**

1. Adrienne Newlin – 2-year term
2. Brittany Verrette – 2-year term
3. Brooke Davids – 2-year term
4. Philon Barr-Manning – 2-year term
5. Sean Burrell – 2-year term
6. Amy Hill – 2-year term
7. Lauren Dreher – 2-year term

1. Brenna Bidwell – 1 year term
2. Kim Grosdidier– 1 year term
3. Ryan Hussey – 1 year term
4. Matt Wachel – 1 year term



11. **Designate the Official District Newspaper for Publication of School Notices for 25-26.**

- The Johnson County Post
- KC Star

12. **Approve the CAPS Board of Directors Appointment.**





- Blue Valley Board Member Jodie Dietz will serve a three-year (3) term on the CAPS Network Board of Directors expiring July 2028.

## D. REPORTS AND DISCUSSION ITEMS.

1. **Board of Education Reports.** # - #  
The Finance & Operations Board Advisory Committee Meeting Minutes were presented by Jeremy McFadden, CFO.
  - [FO MEETING MINUTES 8 7 2025.pdf](#) 
2. **Superintendent's Report.** # - #
  - [August 2025 Celebrations Update.pdf](#)  was presented by Superintendent Dr. Chapman.

## E. ACTION ITEMS.

1. **Approve the 2025-26 Related Service Professionals Negotiated Agreement between the Board of Education and the Blue Valley National Education Association – Related Service Professionals.** # - #
  - **Person Submitting Item:** Dr. Eric Punswick, CHRO
  - **Background and Summary:** The Blue Valley Negotiations Team has reached tentative agreement for the 2025-26 Related Service Professionals Negotiated Agreement. The Blue Valley National Education Association – Related Service Professionals (BVNEA-RSP) bargained for BV Related Service Professionals.  
Tentative Agreement Highlights:
    - Step movement for all returning professional employees who were on steps 1-34 in 2024-25
    - 4% increase in each cell of the Professional Employee Salary Schedule
    - Continued district-paid single health insurance premium options.
    - Additions and adjustments to the Supplemental Salary Schedule and Supplemental Positions.
    - Increase temporary leave days from 13 to 14 per contractual year.

- **Budget Source:** General Fund
- **Strategic Plan Alignment:** Empowering Exemplary Educators and Staff
- **Recommendation:** The administration recommends approval of the 2025-26 Related Service Professionals Negotiated Agreement.
- [Final.2025.SupplementalSchedule.pdf](#) 
- [Final.2025\\_SupChanges.docx - Google Docs.pdf](#) 
- [RSP-Final.2025 Edits.Revisions.docx - Google Docs.pdf](#) 
- [Salary Table.pdf](#) 

The Board of Education motioned to approve the 2025-26 Related Service Professionals Negotiated Agreement.

# - #

*Moved by:* Gina Knapp





*Seconded by:* Jodie Dietz

**Carried**

2. **Approve the 2025-26 Professional Employee Negotiated Agreement between the Board of Education and the Blue Valley Education Association.**

# - #

- **Person Submitting Item:** Dr. Eric Punswick, CHRO
- **Background and Summary:** The Blue Valley Negotiations Team has reached tentative agreement for the 2025-26 Professional Employee Negotiated Agreement. The Blue Valley Education Association (BVEA) bargained for BV professional employees. Tentative Agreement Highlights:
  - Step movement for all returning professional employees who were on steps 1-34 in 2024-25
  - 4% increase in each cell of the Professional Employee Salary Schedule

- Continued district-paid single health insurance premium options.
  - Additions and adjustments to the Supplemental Salary Schedule and Supplemental Positions.
  - Increase temporary leave days from 13 to 14 per contractual year.
- **Budget Source:** General Fund
  - **Strategic Plan Alignment:** Empowering Exemplary Educators and Staff
  - **Recommendation:** The administration recommends approval of the 2025-26 Professional Employee Negotiated Agreement.
  - [Final.2025.SupplementalSchedule.pdf](#) 
  - [Final.2025 Edits.Revisions.docx - Google Docs.pdf](#) 
  - [Final.2025 SupChanges.docx - Google Docs.pdf](#) 
  - [Salary Table.pdf](#) 

The Board of Education motioned to approve the 2025-26 Professional Employee Negotiated Agreement.

*Moved by:* Jodie Dietz

*Seconded by:* Clay Norkey

**Carried**

3. **Approve the Classified Compensation for the 2025-26 school year.**

- **Person Submitting Item:** Dr. Eric Punswick, CHRO
- **Background and Summary:** Classified compensation is reviewed, adjusted, and increased on an annual basis based on budgetary considerations. Previously, the Board of Education approved adjustments and increases to all classified wage schedules in August of

2024 for the 2024-25 academic school year. For the 2025-26 academic school year, district administration is recommending a 4% increase to the classified wage schedules.

- **Budget Source:** General Fund
- **Strategic Plan Alignment:** Empowering Exemplary Educators and Staff
- **Recommendation:** The administration recommends approval of an overall increase of 4% to the classified wage schedules for the 2025-26 academic school year.

The Board of Education motioned to approve the overall increase of 4% to the classified wage schedules for the 2025-26 academic school year.

*Moved by:* Jim McMullen

*Seconded by:* Clay Norkey

**Carried**

4. **Approve the Administrator Compensation for the 2025-26 school year.**

- **Person Submitting Item:** Dr. Eric Punswick, CHRO
- **Background and Summary:** Administrator compensation is reviewed, adjusted, and increased on an annual basis based on budgetary considerations. Previously, the Board of Education approved adjustments and increases to all administrator wages in August of 2024 for the 2024-25 academic school year. For the 2025-26 academic school year, district administration is recommending a 4% overall increase for administrators.
- **Budget Source:** General Fund

- **Strategic Plan Alignment:** Empowering Exemplary Educators and Staff
- **Recommendation:** The administration recommends approval of an overall increase of 4% for administrators for the 2025-26 academic school year.

The Board of Education motioned to approve the overall increase of 4% for administrators for the 2025-26 academic school year.

*Moved by:* Jim McMullen

*Seconded by:* Jodie Dietz




**Carried**

5. **Approve the Publication to Exceed the Revenue Neutral Tax Rate for the 2025-26 Budget.**

- **Person Submitting Item:** Jeremy McFadden, CFO
- **Background and Summary:** In accordance with K.S.A. 79-2988, school districts must conduct a hearing to Exceed Revenue Neutral (RNR) when approving the annual budget. The RNR hearing must be held between August 20 to September 20. School districts are required to publish notices of the RNR hearing a minimum of 10 calendar days between publication and RNR hearing.
- **Budget Source:** N/A
- **Strategic Plan Alignment:**
  1. Advancing Academic Excellence & Exceptional Student Experiences – Budget allocations for effective teacher-to-pupil class ratios, program supports for performing arts, career and technical pathways, supplemental activities and athletic programs, and curriculum resources.

2. Fostering Supportive & Healthy School Communities – Budget allocations for special education, bilingual, at-risk, counselors and social workers.
3. Empowering Exemplary Educators and Staff – Budget allocations for competitive, market-aligned compensation packages and job-embedded professional development.

- **Recommendation:** Approve the Publication of Exceeding Revenue Neutral for the 2025-26 School Year.

- [Exceeding Revenue Neutral 2025-26 School Year.pdf](#) 
- [Notice of RNR Hearings - Taxpayer Statement.pdf](#) 
- [House Bill No. 2125 - Pg 5.pdf](#) 

The Board of Education motioned to approve the Publication of Exceeding Revenue Neutral for the 2025-26 School Year.



*Moved by:* Gina Knapp

*Seconded by:* Patrick Hurley

**Carried**

6. **Approve the Publication for the Notice of Hearing 2025-26 Budget.**

- **Person Submitting Item:** Jeremy McFadden, CFO
- **Background and Summary:** School districts must conduct an annual budget hearing prior to approving the maximum limits of the budget, the amount of tax to be levied, and an estimated tax rate. The approved budget and tax levy is due by September 20 to KSDE and by October 1 to Johnson County. School districts are required to publish notice of the budget hearing a minimum of 10 calendar days between publication and budget hearing.
- **Budget Source:** N/A

- **Strategic Plan Alignment:**
  1. Advancing Academic Excellence & Exceptional Student Experiences – Budget allocations for effective teacher-to-pupil class ratios, program supports for performing arts, career and technical pathways, supplemental activities and athletic programs, and curriculum resources.
  2. Fostering Supportive & Healthy School Communities – Budget allocations for special education, bilingual, at-risk, counselors and social workers.
  3. Empowering Exemplary Educators and Staff – Budget allocations for competitive, market-aligned compensation packages and job-embedded professional development.
  
- **Recommendation:** Approve Publication for Notice of Hearing 2025-26 Budget.
  
- [F150--2026.pdf](#) 
- [Notice of Hearing 2025-26 Budget.pdf](#) 
- [Outstanding Debt Service - USD 229 \(as of 6.30.25\).pdf](#)



**The Board of Education motioned to approve the Publication for Notice of Hearing for the 2025-26 Budget.**

*Moved by:* Patrick Hurley

*Seconded by:* Gina Knapp

**Carried**

## **F. CLOSING ITEMS.**

### **1. Adjournment.**

- Dr. Sonya Evans thanked our finance department and administrators for a fantastic job. She mentions she feels uncomfortable with the fact that we only have one month of reserves.

- Jodie Dietz welcomed back teachers, our staff, and students, and families.
- Clay Norkey thanked Principal Phoebe Lewis from Pleasant Ridge Middle School for inviting him to talk to staff members to pump them up as we begin the school year. He also thanked our Communications Team for the Rally in the Valley planning and pivoting after losing power in the afternoon. He felt Dr. Chapman did an excellent job at the Leawood Chamber of Commerce. He loved Sister Steele's comments after 25 years that if we do not address the social emotional issues that kids go through, we're never going to get through them, and they cannot learn. . He applauded the HR team, Carrie Myers and the BVEA team for their collaborative and transparent negotiations, and encouraged everyone to get their legislators to fully fund Special Education.
- Jan Kessinger echoed those thoughts. He felt the chamber breakfast was great. And thought Dr. Chapman really did such a great job, having been on the job just a few weeks. He said it made him proud that our board made that hire. It really reflected well on our district. He could really see the enthusiasm of the teachers at Rally in the Valley and the Onboarding event, and it's going to be a great year.

The August 11, 2025, Regular Board of Education meeting adjourned at 6:44 p.m.

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Board Clerk

Anna M. Sweeney

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Board President

Jan Kessinger

USD 229 Blue Valley Schools

Cash Summary

Fund #	Description	July 31, 2023	July 31, 2024	July 31, 2025
006	General	\$ 11,076,230	\$ 4,164,649	\$ 5,767,875
008	Supplemental General	3,476,884	3,631,404	735,567
013	At Risk	4,684,871	2,906,168	1,560,526
014	Bilingual	1,099,056	1,429,328	3,496,836
015	Virtual Education	642,394	675,107	360,164
016	Capital Outlay	5,331,552	5,488,844	3,912,510
024	Food Service	5,515,470	4,425,785	3,145,254
026	Professional Development	969,158	1,769,241	984,234
028	Parents As Teachers	481,867	693,664	394,237
029	Summer School	183,696	127,618	80,564
030	Special Education	8,026,770	5,709,306	5,229,255
033	Cost of Living	128,069	192,071	-
034	Career & Postsec Educ	829,527	1,957,351	5,200,447
042	Special Liability	346,619	733,171	(619,162)
045	Extraordinary Growth	256,543	143,151	50,727
047	Special Reserve W/C	2,025,671	3,080,545	2,299,518
048	Special Reserve Healthcare	16,609,254	16,955,270	18,111,906
051	KPERS	-	-	-
053	Contingency Reserve	20,000,000	20,250,000	14,900,000
055	Textbook & Student Materials	3,200,397	4,489,554	1,842,096
056	District Activity	373,343	(24,887)	54,760
062	Bond & Interest	62,079,818	67,103,311	61,776,848
067	Special Assessment	868,272	619,036	594,182
084	BVRC General	-	-	-
086	BVRC Empl Benefits	-	-	-
125	Title I	(73,081)	(179)	(62)
127	Title II-A	(55,125)	(1,499)	1
131	Title III	(11,145)	(2,367)	0
134	Other Federal Funds	(3,512,593)	(779,290)	-
135	Title VIB CEIS	-	-	-
201	Gift	778,184	817,862	706,838
202	DAC	25,582	3,784	18,905
203	BV Educational Foundation	327,747	373,622	394,827
204	SAFE School Grants	326,425	321,487	-
205	Misc Community Grants	81,951	71,256	71,202
211	Kauffman CAPS Networking	139,855	55,820	(275)
212	Mental Health Intervention Grant	-	-	1,381
300	College Now	-	-	-
		<b>\$ 146,233,261</b>	<b>\$ 147,380,182</b>	<b>\$ 131,071,163</b>

811	Bond-Capital Projects 2020	\$ 7,824,630	\$ 5,699,559	\$ -
812	Bond-Capital Projects 2023	154,106,297	94,759,936	(39,949,952)
		<b>\$ 161,930,926</b>	<b>\$ 100,459,496</b>	<b>\$ (39,949,952)</b>

TOTALS

**\$ 308,164,187    \$ 247,839,677    \$ 91,121,211**

# Purchasing Memo

**To:** Finance & Operations Committee Members  
**From:** Jason Gillam, Director of Business Operations  
Jake Slobodnik, Executive Director of Operations  
**Date:** September 4, 2025  
**Re:** Purchases

---

## **PURCHASES \$500,000 & ABOVE**

**25020 Medical Benefits RFP** **\$41,230,521.00 Estimated**  
Vendor: Blue Cross and Blue Shield of Kansas City  
Location: District Wide  
Anticipated Funds: Special Reserve Healthcare  
Page 6

## **BIDS**

**Emergency Purchase – Gym Floor repair at Blue Valley High gym** **\$33,210.00 Estimated**  
Vendor: Lankford Enterprises Inc  
Location: BVH  
Anticipated Funds: Capital Outlay  
Page 93

**E-Rate FCC Form 470 Number 240015170 Network Switches** **\$192,250.00**  
Vendor: CDW Government Inc  
Location: District Wide  
Anticipated Funding: Bond  
Page 95

**26008 Grass Seed** **\$90,972.80 Estimated**  
Vendor: Grass Pad, Inc.  
Location: Grounds Department  
Anticipated Funds: Capital Outlay  
Page 108

**26009 Grounds Trailer** **\$28,850.00**  
Vendor: Hoyt's Trailer Center  
Location: Grounds Department  
Anticipated Funds: Capital Outlay  
Page 110

**26010 Fertilizer** **\$20,387.20 Estimated**  
Vendors: Grass Pad \$8,075.20  
Reinders \$12,312.00  
Location: Grounds Department  
Anticipated Funds: Capital Outlay  
Page 112

**26011 Utility Cab Tractor** **\$53,600.00**  
Vendor: Coleman Equipment, Inc.  
Location: Grounds Department  
Anticipated Funds: Capital Outlay  
Page 114

**26012 Transit Vans** **\$207,549.00**  
Vendor: Shawnee Mission Ford Inc  
Location: Facilities & Operations  
Anticipated Funds: Capital Outlay  
Page 116

**26013 Engineering Supplies** **\$32,466.80**  
Vendor: Project Lead the Way Inc  
Location: Blue Valley West High School  
Anticipated Funds: Capital Outlay  
Page 118

**26014 3D Printers** **\$27,752.55**  
Vendor: Staples, Inc.  
Location: High Schools  
Anticipated Funds: Capital Outlay  
Page 120

**COOPERATIVE PURCHASES**

**4J Facility Supply LLC** **\$35,000.00 Estimated**  
Purchase of yearly gym floor maintenance coat for the east half of the District.  
Cooperative: TIPS #230103  
Anticipated Funds: Capital Outlay  
Page 122

**American Digital Security LLC** **\$28,643.49 Estimated**  
Purchase to add cameras to the exterior of the Hilltop Learning Center building.  
Cooperative: TIPS #240101  
Anticipated Funds: Bond  
Page 125

**Brady Industries of Kansas LLC** **\$44,429.50**  
Purchase of 10 new Kaivac machines for restroom cleaning.  
Cooperative: Greenbush #24.7 ESC-Facility Solutions2024  
Anticipated Funds: Capital Outlay  
Page 129

**CDW Government Inc** **\$83,080.00**  
This purchase of network equipment will support the paging replacement project in elementary schools. 26-013  
Cooperative: Greenbush #022-G  
Anticipated Funds: Bond  
Page 131

**Goodwin Pro Turf Inc** **\$450,000.00 Estimated**  
Landscaping and Athletic Field Services  
Cooperative: Greenbush # 25.4 ESC-lawngroundsmaint2025  
Anticipated Funds: Capital Outlay  
Page 134

**Hillyard Kansas City** **\$35,000.00 Estimated**  
Purchase of yearly gym floor maintenance coat for the west half of the District.  
Cooperative: TIPS #230103  
Anticipated Funds: Capital Outlay  
Page 135

**Hon Company**

**\$32,899.20**

Purchase of chairs for District office staff.  
Cooperative: Omnia Partners #R240117  
Anticipated Funds: Bond  
Page 138

**Wenger Corporation**

**\$21,799.33**

Purchase of handicap ramp for stages used at all facilities.  
Cooperative: Omnia Partners #R240120  
Anticipated Funds: Capital Outlay  
Page 143

**SERVICE PURCHASES**

**Accruent LLC**

**2024/2025**

**2025/2026 – 2028/2029**

N/A

\$100,253.50 Estimated

This purchase is to move EMS software from a local server supported license to a cloud license to allow for access to EMS across all computer platforms across the district. We have currently paid \$24,450.44 for our EMS enterprise, District maintenance and EMS room sign term licenses that will be credited against the three-year commitment of \$100,253.50. Our net incremental cost over the three-year commitment, if we factor in expected increases in the current platform at the rate we have seen each year over the last three-year renewals, is \$19,322.55. After migration all district platforms, MAC and PC will have access to EMS systems, maintenance will reside at Accruent (it is currently on site with periodic Accruent visits), and Microsoft TEAMS and EMS room sign licenses will synchronize.

Year 1: \$32,870.00  
Year 2: \$32,870.00  
Year 3: \$34,513.50  
Total: \$100,253.50

Funds: General Fund  
Page 146

**Behavioral Health Allies**

**2024/2025**

**2025/2026**

N/A

\$207,120.00 Estimated

Student (AT) will be transported to Behavioral Health Allies Academy from their home, and student (AM) will be transported from Behavioral Health Allies to KVC Academy.

Funds: SPED  
Page 153

**Behavioral Health Allies**

**2024/2025**

**2025/2026**

N/A

\$97,000.00 Estimated

Student (AT) will attend private school at Behavioral Health Allies Academy based on an IEP decision.

Funds: SPED  
Page 154

**The Brighthouse Academy LLC**

**2024/2025**

**2025/2026**

N/A

\$99,000.00 Estimated

Student (BF) will attend Brighthouse Academy for the 25-26 school year. This is an IEP decision.

Funds: SPED  
Page 155

**City of Overland Park**

**2024/2025**

**2025/2026**

N/A

\$0.00

This agreement is between Blue Valley School District and the City of Overland Park to dedicate a temporary construction easement to the City. This easement is required for the new middle school project.

Funds: N/A  
Page 160

<b>City of Overland Park</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$0.00
This agreement is between Blue Valley School District and the City of Overland Park to dedicate a private water service line easement to the water utility company, WaterOne. This easement is related to the expansion of the Blue Valley Recreation Activity Center.		
Funds: N/A		
Page 167		
<b>Fix a Field LLC</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$40,000.00 Estimated
Playground/Athletic Field Turf Repairs and Cleaning - District wide.		
Playground (account 23990) \$20,000.00		
Athletic Fields (account 23901) \$20,000.00		
Funds: Capital Outlay		
Page 174		
<b>Interpreting Solutions LLC</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$80,000.00 Estimated
Contracted Level 4 ASL interpreting services for student GM at BVM.		
Funds: SPED		
Page 175		
<b>Johnson County Community College</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	\$310,088.68	\$450,000.00
This is an extension of the MOU for our Career Ready Partnership with Johnson County Community College. This partnership allows high school juniors and seniors to attend courses at JCCC.		
Funds: Career & Technical Education		
Page 176		
<b>Maxim Healthcare Services Inc</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$72,000.00 Estimated
This is for an LPN to provide nursing services for student (AW) at ACCESS.		
Funds: SPED		
Page 177		
<b>Maxim Healthcare Services Inc</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$76,000.00 Estimated
A nurse (RN) is needed to provide services for a student (BB) at BVN.		
Funds: SPED		
Page 178		
<b>Niles Home for Children</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$44,100.00 Estimated
Student (AM) attending KVC Academy for the 25-26 school year per IEP decision.		
Funds: SPED		
Page 179		
<b>ProCare Therapy</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$40,000.00 Estimated
Para staffing support to fill a vacancy at BVM for the 25-26 school year.		
Funds: SPED		
Page 185		
<b>ProCare Therapy</b>	<b><u>2024/2025</u></b>	<b><u>2025/2026</u></b>
	N/A	\$40,000.00 Estimated
Para to fill a vacancy at BRE for the 25-26 school year.		
Funds: SPED		
Page 187		

**ProCare Therapy** 2024/2025  
N/A 2025/2026  
\$40,000.00 Estimated

Para to fill a vacancy at OTM for the 25-26 school year.  
Funds: SPED  
Page 189

**ProCare Therapy** 2024/2025  
N/A 2025/2026  
\$40,000.00 Estimated

A para floater to fill a vacancy for the 2025-26 school year.  
Funds: SPED  
Page 191

**SoftwareIDM Inc** 2024/2025  
\$45,000.00 2025/2026  
\$45,000.00

Microsoft Active Directory Enterprise license Subscription. The software takes accounts from Synergy and BPlus and creates them in Office 365, Google, Active Directory, etc.  
Funds: Capital Outlay  
Page 193

**Southwest Airlines Co / Varsity Spirit** 2024/2025  
N/A 2025/2026  
\$56,625.00 Estimated

Nationals Dance Competition Trip February 2/12-2/17/2026 in Orlando, FL. Additional expenses include \$3,500 for ground transportation. Fundraising efforts and individual family contributions will pay for this trip.

Air Travel – Southwest Airlines	\$24,125
Registration/Lodging – Varsity Spirit	\$32,500

Funds: Activity Funds  
Page 197

**Southwest Airlines Co / Means Transportation / Walt Disney World / FAME** 2024/2025  
N/A 2025/2026  
\$133,281.95 Estimated

BVHS choir travel for show choir competition and performance at Walt Disney World. Total Travel cost anticipated at \$133,581.95. Families will be responsible for the cost of their students. If fundraising can be done, the cost will be lowered. School personnel travel cost will be wrapped into each of the 75 students' cost. This is NOT a required trip. Optional only.

Southwest Airlines	\$34,000.00
Means Transportation	\$12,750.00
Walt Disney World (lodging)	\$35,429.70
Walt Disney World (park tickets)	\$39,852.25
FAME (show choir competition host)	\$11,250.00

Funds: Activity Funds  
Page 198

**Supplemental Healthcare Services** 2024/2025  
N/A 2025/2026  
\$36,000.00 Estimated

SLP services to cover for maternity leave at WSE (.4 FTE).  
Funds: SPED  
Page 203

**Validity Screening Solutions** 2024/2025  
\$39,783.50 Est. 2025/2026  
\$38,000.00 Estimated

Validity Screening Solutions provides background screening services for the District. The District is renewing services for the 25-26 fiscal year.  
Funds: Capital Outlay  
Page 205

**RESCIND**

**KL Harper Holdings LLC** 2024/2025  
N/A 2025/2026  
\$48,000.00 Estimated

Originally reported in July 2025. Staff member fell through.  
Funds: SPED



# AGENDA ITEM SUMMARY

## Agenda Item:

Renewal for Group Medical Plan for 2026 awarded to Blue Cross Blue Shield of Kansas as the result of an RFP process.

## Person Submitting Item:

Eric Punswick

## Background and Summary:

Medical rates were negotiated from 15.8% increase to 14.9% increase. Final increase after plan design changes and reserve utilization is 10.09% increase for 2026.

## Budget Source:

Estimated total cost \$41,230,521.00 from special reserve healthcare fund 048-8914.

## Strategic Plan Alignment:

The renewal of quality medical plans supports the strategic priority of empowering exemplary educators and staff. Strong benefits attract and retain exceptional educators; this results in greater student success. Promoting the wellbeing of employees honors the value of each staff member and engages BV, as an employer, who fosters supportive and healthy school communities.

## Recommendation:

Approve the renewal of the Blue Cross Blue Shield of Kansas City Medical Plan for 2026.



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Human Resources</b>	<b>Requested By:</b>	<b>Dr. Eric Punswick</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>The Group Medical Plan for 2026 is awarded to Blue Cross Blue Shield of Kansas City as the result of an RFP process. Rates were negotiated from 15.8% increase to 14.9% increase. Final increase after plan design changes and reserve utilization is 10.09% increase for 2026. The estimated total cost is \$41,230,521.00</b></p>			
<b>Fund:</b>	<b>Special Reserve Healthcare</b>	<b>Account Number:</b>	<b>048-8914</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>District Wide Benefits</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                                     |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>25020</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 1/1/2026	<b>End Date:</b> 12/31/2026
<b>Company:</b> Blue Cross and Blue Shield of KC	<b>Street Address:</b> 1400 Baltimore Ave
<b>Contact Name:</b> Kimberly Walker	<b>City:</b> Kansas City
<b>Telephone:</b> (816) 360-1051	<b>State:</b> MO
<b>Email:</b> kim.walker@bluekc.com	<b>Zip Code:</b> 64105
<b>Cost:</b> \$ 41,230,521.00 Estimated	
<b>Prior Year Cost:</b> \$ 37,450,724.00 Estimated	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Eric Punswick **Date** 8/25/2025



# Kansas City

Unified School District No. 229, Johnson County, State of Kansas  
14274000

Blue Connect Rate Confirmation  
Contract Effective Date: January 1, 2026

<b>PPO Blue Select Plus Plan</b>	<b>Blue Connect</b>
Employee	\$2.00 PEPM
Employee/Spouse	\$2.00 PEPM
Employee/Child(ren)	\$2.00 PEPM
Family	\$2.00 PEPM

<b>PPO Preferred Care Blue Plan</b>	<b>Blue Connect</b>
Employee	\$2.00 PEPM
Employee/Spouse	\$2.00 PEPM
Employee/Child(ren)	\$2.00 PEPM
Family	\$2.00 PEPM

<b>BlueSelect Plus - EPO Plan</b>	<b>Blue Connect</b>
Employee	\$2.00 PEPM
Employee/Spouse	\$2.00 PEPM
Employee/Child(ren)	\$2.00 PEPM
Family	\$2.00 PEPM

<b>Preferred-Care Blue - BlueSaver Plan</b>	<b>Blue Connect</b>
Employee	\$2.00 PEPM
Employee/Spouse	\$2.00 PEPM
Employee/Child(ren)	\$2.00 PEPM
Family	\$2.00 PEPM

<b>BlueSelect Plus - SPIRA EPO Plan</b>	<b>Blue Connect</b>
Employee	\$2.00 PEPM
Employee/Spouse	\$2.00 PEPM
Employee/Child(ren)	\$2.00 PEPM
Family	\$2.00 PEPM

<b>BlueSelect Plus - SPIRA BlueSaver</b>	<b>Blue Connect</b>
Employee	\$2.00 PEPM
Employee/Spouse	\$2.00 PEPM
Employee/Child(ren)	\$2.00 PEPM
Family	\$2.00 PEPM

Signature

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Title

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Date

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Date

# Performance Standards Agreement

BlueConnect Group

Unified School District No. 229,  
Johnson County, State of Kansas



Kansas City

## Administrative Performance Measures

### Claims Processing

#### **Claims Administrative Accuracy**

Administrative accuracy shall be determined by reviewing a statistically valid sample of medical/dental claims for the correctness of coding accuracy in the administration of the plan. Examples of administrative errors include correct amounts sent to the wrong payee, and/or misapplied deductibles and maximums that do not result in payment errors. Administrative accuracy errors do not include any claims that affect claims payment or deductible accumulation, nor any errors that are corrected by Company prior to audit.

Administrative accuracy will be determined by counting the number of claims in a monthly sample that contains one or more coding errors (errors that do not affect claim payment) divided by the total number of claims in the sample. The resulting number shall then be subtracted from 1.00 to determine the administrative accuracy rate.

#### **Performance Standards**

97% and greater accuracy: No Penalty  
92% to 96.9% accuracy: \$16,000 Penalty  
Accuracy less than 92%: \$32,000 Penalty

#### **Claims Financial Accuracy**

Financial accuracy shall be determined by reviewing a statistically valid sample of medical and dental claims for the dollar amount of payment errors. Payment errors for financial accuracy shall be defined as claims payments that are either overpayments or underpayments of the amounts due to plan participants (i.e. payment in the wrong amount, duplicate payments, payment for non-eligible benefits, misapplied deductible or maximums resulting in payment errors). A financial error that is corrected by Company prior to audit shall not be considered as being a payment error. Overpayments and underpayments made on the same claim to the same provider that result in a correct net payment being made to such provider on such claim shall not be considered a financial payment error.

Financial accuracy of claims payments will be based on the dollar value of the payment errors measured as a percentage of total paid claims (dollar value of payment errors divided by the total dollars paid). The resulting number shall then be subtracted from 1.00 to determine the financial accuracy rate.

#### **Performance Standards**

99% and greater accuracy: No Penalty  
98.9% to 92% accuracy: \$16,000 Penalty  
Accuracy less than 92%: \$32,000 Penalty

#### **Claims Processing Timeliness**

Claims processing timeliness shall be determined by reviewing claims systems reports for the length of time incurred in processing clean medical claims. Clean medical and dental claims are defined as claims that do not require investigation or intervention. Claims requiring investigation include all claims that are not yet processed and are being held until Company is provided with all information pertinent to the claims as requested by Company and as necessary for processing of the claim. Claims requiring intervention include but are not limited to COB claims, claims requiring medical review, etc. Claims requiring investigation or intervention will not be considered for claims processing timeliness.

Claims processing time will be determined by measuring the interval of business days between the date the clean claim is received by Company and the date the claim is finalized by Company.

#### **Performance Standards**

95% or more within 14 days: No Penalty  
90% to 94.9% within 14 days: \$16,000 Penalty  
Less than 90% within 14 days: \$32,000 Penalty

# Performance Standards Agreement

BlueConnect Group

Unified School District No. 229,  
Johnson County, State of Kansas



Kansas City

## Administrative Performance Standards – General Principles

The Administrative Performance Guarantees penalty amounts apply to fees (excluding Optional, Non-Standard Services, and or network savings fees) as outlined in the Contract between Administrator and the Plan Sponsor and will be adjusted in accordance with the performance standards set forth below.

The performance measures will be effective January 1, 2026 and will remain in force through December 31, 2026 (hereinafter the "Measurement Period"), or until termination of the Contract between the two parties, whichever is sooner. Administrator will place a maximum of \$96,000 of medical fees at risk. For each category, performance will be measured by, and penalties, if any, will be calculated on the basis of Administrators audits, surveys, or reports as described in this document. Plan Sponsor retains the right to have internal or external auditors verify the accuracy of Administrators reported results at the Plan Sponsor's expenses.

1. Measurement of Administrator performance against the standards shall be performed and reported to Plan Sponsor by Administrator on a quarterly basis or as otherwise noted.
2. The measures discussed herein are average measures relative to the entire Measurement Period, as set out above. The Appropriate penalties will be paid if the result fails to meet the established goal for the entire Measurement Period. Select measures will be reported on a quarterly basis for illustrative purposes only. The final report for the measurement period will be delivered to Group once data on all performance measures is available and calculated by Administrator. Payment will be credited to Group's account, if coverage is renewed for the following plan year. In the event Group terminates coverage before penalties are paid, Administrator is not liable to remit payment for the Measurement Period.
3. This performance guarantee agreement applies only in regard to Plan Sponsor's health services provided directly by Administrator. It is not intended to apply to any other service of coverage, including but not limited to dental and/or life insurance coverage, and carve-outs such as vision, prescription drug card and mental health.

## Payment of Penalties

Although Administrator will provide quarterly performance reports, penalties will be assessed for any plan year in which Administrator fails to meet or exceed the performance standards specified herein for Claims Processing and Network Discounts. Performance will be calculated based on an annual average, excluding the best and worst months.

## Audit of Performance

Plan Sponsor agrees to accept the results and the methodology, as defined therein under Administrator's internal quality assurance review process, as the measurement of the criteria set forth in this agreement.

*Remainder of page intentionally Left blank  
Performance Agreement continues on the following page*

# Performance Standards Agreement

BlueConnect Group  
Unified School District No. 229,  
Johnson County, State of Kansas



**Except stated herein, this agreement shall not be construed to otherwise change any of the terms or conditions of the Master Contract.**

Approved and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

**Unified School District No. 229  
Johnson County, State of Kansas  
(Plan Sponsor)**

**Blue Cross and Blue Shield  
of Kansas City  
(Administrator)**

**By:** \_\_\_\_\_  
*President, Board of Education*

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Attested by:**

\_\_\_\_\_  
*Clerk, Board of Education  
Approved as to Form:*

\_\_\_\_\_  
*Attorney, Board of Education*



# Kansas City

Confirmation of Coverage	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Offer Name:</b>	Renewal
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	RX Rewards being added at no cost to group
Offer-Related Information	
A. General Information	
<b>Contract Term:</b>	12 Months
<b>Subsequent Renewal Terms:</b>	12 Months
<b>Renewal Notification:</b>	180 Days
<b>Annual Enrollment Period Start:</b>	83 Days prior to Group Anniversary Date
<b>Annual Enrollment Period End:</b>	59 Days after Group Anniversary Date
<b>Waiting Period:</b>	Group Assigns
<b>Eligibility Rule:</b>	Group Assigns
<b>Termination Rule:</b>	Group Assigns
<b>Leave of Absence Term:</b>	Not applicable
<b>Dependent Limiting Age:</b>	26 Years
<b>Dependent Limiting Age Termination:</b>	EOY following birthday
<b>Is Employer subject to ERISA?:</b>	No
<b>Are Section 125 Enrollment Changes Allowed?:</b>	Yes
<b>Dedicated Customer Service:</b>	No
<b>Blue Connect Contact Number (local):</b>	816-395-2244
<b>Blue Connect Contact Number (toll free):</b>	1-888-890-4661
<b>HSA Bank Selection:</b>	UMB HSA Eligibility File Feed sent - No
<b>Reinstatement Fee:</b>	\$500
B. Medical Programs and Services	
<b>AHY (subscribers/spouse with medical):</b>	AHY Platinum (1000+)
<b>AHY Standard Buyup (employees with no medical):</b>	No
<b>Wellness Stipend:</b>	\$0
<b>Healthy Companion:</b>	Yes
<b>Virtual Care:</b>	Yes
<b>Livongo Program:</b>	Yes
<b>Avalon:</b>	Yes
<b>APEA:</b>	Yes
<b>Rx Savings Solution:</b>	Yes
<b>Rx Rewards Incentive Program</b>	Yes

<b>Rx Carve-in Credits:</b>	Yes \$55.00 - PMPM
<b>C. Blue KC Vision Coverage</b>	
<b>Blue Vue Base:</b>	No
<b>Blue Vue 10/100:</b>	No
<b>Blue Vue 10/130:</b>	No
<b>Blue Vue 10/150:</b>	No
<b>Blue Vue 10/200:</b>	No
<b>Blue Vue 0/130:</b>	No
<b>Blue Vue 0/150:</b>	No
<b>Blue Vue 0/200:</b>	No
<b>Blue Vue Non-Standard:</b>	No
<b>D. USAble Coverage</b>	
<b>Term Life:</b>	No
<b>AD&amp;D:</b>	No
<b>E. Principal Coverage</b>	
<b>Group Term Life:</b>	No
<b>Voluntary Life:</b>	No
<b>Long Term Disability (LTD):</b>	No
<b>Short Term Disability (STD):</b>	No
<b>Critical Illness:</b>	No
<b>Accident:</b>	No
<b>Dental:</b>	No
<b>Vision:</b>	No

Offer Summary and Signatures
<b>Plans included in this Offer:</b>
For details about the plans included in this offer, please see the attached Plan information.
<b>PPO Blue Select Plus Plan (CG2V)</b>
<b>PPO Preferred Care Blue Plan (CG2Q)</b>
<b>BlueSelect Plus - EPO Plan (CG2S)</b>
<b>Preferred-Care Blue - BlueSaver Plan (CG2R)</b>
<b>BlueSelect Plus - SPIRA EPO Plan (CG2T)</b>
<b>BlueSelect Plus - SPIRA BlueSaver - PPO Plan (CG7F)</b>

Confirmed by: Unified School District No. 229,  
Johnson County, State of Kansas

Accepted by Blue Cross and  
Blue Shield of Kansas City:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Attested by:

\_\_\_\_\_  
Clerk, Board of Education  
Approved as to Form:

\_\_\_\_\_  
Attorney, Board of Education

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# Kansas City

Plan Information	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Plan Name:</b>	PPO Blue Select Plus Plan
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	
<b>For Internal Use Only:</b>	Package: 2343580828 XREF: CG2V Medical: 2344150579 Rx: 2344490661
1. General Plan Information	
<b>Benefit Period</b>	Calendar Year
<b>Funding</b>	Cost Plus
<b>Grandfathered Status</b>	Non-Grandfathered
<b>Product Family</b>	PPO
<b>Consumer-Driven Health Plan (CDHP)</b>	N/A
<b>Spira Care Plan?</b>	No
<b>Religious Employer?</b>	N/A
<b>Classification of Eligible Employees</b>	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Clinical Solutions	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes
<b>Blue Connect</b>	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate \$2 Connect PEPM Rate \$2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes
<b>Smart Shopper</b>	Smart Shopper Included
2. Network	

Local Medical Network	BlueSelect Plus Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
<b>3. Cost Sharing</b>		
<b>Medical Deductible - Calendar Year, Embedded</b> All INN & OON Cross Accum	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$1,500	\$1,500
Family	\$4,000	\$4,000
<b>Pharmacy Deductible</b>	Separate Deductible (see Pharmacy Section)	
<b>Medical Coinsurance</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Member Pays	20%	50%
Plan Pays	80%	50%
<b>Out-of-Pocket Limit - Calendar Year, Embedded</b> All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$7,500	\$15,000
Family	\$18,750	\$36,750
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with Medical	
<b>Annual First Dollar Coverage</b>	Does not apply	Does not apply
<b>Annual Maximum</b>	Does not apply	Does not apply
<b>Lifetime Maximum</b>	Does not apply	Does not apply
<b>4. Benefits</b>		
<b>Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Primary Care Physician Office Visit</b> - An internist, family practitioner, general practitioner, or pediatrician.	\$40 Copay/Visit, no Deductible	50% Coinsurance after Deductible
<b>Total Care Primary Care Physician Office Visit</b>	\$20 Copay/Visit, no Deductible	Not applicable
<b>Specialist Physician Office Visit</b> - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$80 Copay/Visit, no Deductible	50% Coinsurance after Deductible
<b>Urgent Care Office Visit</b>	\$80 Copay/Visit, no Deductible	50% Coinsurance after Deductible
<b>Total Care Urgent Care Office Visit</b>	Does not apply	Not applicable
<b>Blue KC Virtual Care - Office Visit</b> Virtual care provided by Blue KC virtual care partner(s).	\$80 Copay/Visit, no Deductible	Not applicable
<b>Blue KC Virtual Care - Behavioral Health Therapy</b> Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
	\$40 Copay/Visit, no Deductible	50% Coinsurance after Deductible

<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care</b>		
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health</b>	\$20 Copay/Visit, no Deductible	50% Coinsurance after Deductible
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Designated Health Clinic</b>	Does not apply	Not applicable
<b>Other Benefits (in alphabetical order)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>ABA Services</b>	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Abortion</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Testing</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Allergy Treatment</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Ambulance - Air</b>	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Ambulance - Ground</b> Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Assisted Reproductive Services</b>	Not covered	Not covered
<b>Autism-Related Services</b> No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Bariatric Services</b>	Not covered	Not covered
<b>Blue Distinction Specialty Care Facility Services</b> No Limits	Not Applicable	Not Applicable
<b>Chiropractic Office Visit</b>	\$80 Copay/Visit, no Deductible	50% Coinsurance after Deductible
<b>Dental Anesthesia</b> Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default
<b>Diabetic Equipment and Supplies</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Diabetic Footwear</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Diabetic Pump</b>	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
<b>Diabetic Self Management Education/Training (DSMT)</b>	No member cost share	50% Coinsurance after Deductible
<b>Durable Medical Equipment (DME)</b> Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Elective Male Sterilization</b>	No member cost share	50% Coinsurance after Deductible
<b>Emergency Services</b> Copay Waiver Rule: Copay Waived if Admitted	\$250 Copay/Visit, then Deductible, then 20% Coinsurance	\$250 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
<b>Food and Food Products for PKU</b> Maximum benefit of \$5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
<b>Foot Orthotics</b>	Not covered	Not covered
<b>Gender Dysphoria-Related Services</b> Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares

Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes		
<b>Hearing Aids</b>	Not covered	Not covered
<b>High Tech Radiology (MRI, MRA, PET, CT)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Home Health Care</b> Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Home Hospice</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Immunizations - Not Routine Preventive</b>	Not covered	Not covered
<b>Infertility and Impotency Diagnosis &amp; Treatment</b> Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Inpatient Hospice</b> Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Inpatient Physician Services</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Labs Performed in Office / Independent Lab</b>	No member cost share	50% Coinsurance after Deductible
<b>Maternity</b> Dependent Daughters Maternity Covered?: No	Covered	Covered
<b>Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Inpatient Physician Services</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Office Visit</b>	\$20 Copay/Visit, no Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Nutritional Counseling</b> No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Organ Transplant Services</b> Prior Authorization Policy Applies	Subject to Applicable Cost Shares <b>Blue Distinction Specialty Care Facility Services: Not applicable</b>	Subject to Applicable Cost Shares
<b>Organ Transplant Travel Expenses</b>	Not covered	Not covered
<b>Other Services Performed in Office</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible

<b>Outpatient Physician Services</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Surgery</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Cardiac Therapy</b> No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Cognitive Therapy</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Facility</b> Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Provider's Office</b> Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Facility</b> Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Provider's Office</b> Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Facility</b> Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Provider's Office</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Pulmonary Therapy</b> No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Skeletal Manipulation</b> Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Facility</b> Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Provider's Office</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Private Duty Nursing</b> Combined with Home Health Care Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Routine Preventive Care</b> Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	50% Coinsurance after Deductible
<b>Skilled Nursing Facility (SNF)</b> Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Sports Physicals by a Physician</b>	Not covered	Not covered
<b>Vision Exam-Routine</b>	Not covered	Not covered

<b>Vision Hardware</b>	Not covered	Not covered
<b>Weight Management - Wondr Health</b>	No member cost share	Not Applicable
<b>Wigs</b>	Not covered	Not covered
<b>X-Rays and Radiology</b> INN X-Rays and Radiology Included in Office Visit Copay: No	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>5. General Pharmacy Information</b>		
<b>Pharmacy Network(s)</b>	<b>Network 1: RxPremier</b>	
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary	
<b>Outpatient Prescription Drug Deductible</b> You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. All INN & OON Cross Accum	<b>In-Network</b> Individual :\$200 Family: \$400	<b>Out-of-Network</b> Individual :\$200 Family: \$400
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket	<b>Out-of-Network</b> Combined with Medical Out-of-Pocket
<b>Infertility/Impotency Drugs</b>	No limit Combined Medical/Pharmacy limit	
<b>Biosimilar Product Penalty</b>	Applies	
<b>Maintenance Medication Program</b>	Not applicable	
<b>Generics Program</b>	Generics Preferred DAW Rules	
<b>Copay Credit Accumulator Adjustment (CCAA):</b> Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
<b>Variable Copay Solution (VCS):</b> When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	Yes	
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476	
<b>6. Plan Benefits – Pharmacy</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>

<b>Retail Pharmacy (Short-term supply: Up to 34 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Retail Pharmacy (Long-term supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic	Deductible, then \$24 Copay/Fill	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred	Deductible, then \$120 Copay/Fill	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred	Deductible, then \$160 Copay/Fill	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill, then 50% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill, then 50% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill, then 50% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill, then 50% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill, then 50% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill, then 50% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then \$24 Copay/Fill, then 50% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then \$120 Copay/Fill, then 50% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then \$160 Copay/Fill, then 50% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill, then 50% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance

<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill, then 50% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill, then 50% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill, then 50% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill, then 50% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill, then 50% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then \$24 Copay/Fill, then 50% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then \$120 Copay/Fill, then 50% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then \$160 Copay/Fill, then 50% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Weight Loss Drugs</b>	Not covered	Not covered
<b>Abortion Drugs</b>	Not covered	Not covered

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# Kansas City

Plan Information	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Plan Name:</b>	PPO Preferred Care Blue Plan
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	
<b>For Internal Use Only:</b>	Package: 2343400576 XREF: CG2Q Medical: 2344430957 Rx: 2344340409
<b>1. General Plan Information</b>	
<b>Benefit Period</b>	Calendar Year
<b>Funding</b>	Cost Plus
<b>Grandfathered Status</b>	Non-Grandfathered
<b>Product Family</b>	PPO
<b>Consumer-Driven Health Plan (CDHP)</b>	N/A
<b>Spira Care Plan?</b>	No
<b>Religious Employer?</b>	N/A
<b>Classification of Eligible Employees</b>	In accordance with group HR policy
<b>Eligibility</b>	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
<b>Clinical Solutions</b>	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes
<b>Blue Connect</b>	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate \$2 Connect PEPM Rate \$2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes
<b>Smart Shopper</b>	Smart Shopper Included
<b>2. Network</b>	

Local Medical Network	Preferred-Care Blue Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
<b>3. Cost Sharing</b>		
<b>Medical Deductible - Calendar Year, Embedded</b> All INN & OON Cross Accum	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$1,500	\$1,500
Family	\$4,000	\$4,000
<b>Pharmacy Deductible</b>	Separate Deductible (see Pharmacy Section)	
<b>Medical Coinsurance</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Member Pays	20%	40%
Plan Pays	80%	60%
<b>Out-of-Pocket Limit - Calendar Year, Embedded</b> All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$7,500	\$15,000
Family	\$18,750	\$36,750
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with Medical	
<b>Annual First Dollar Coverage</b>	Does not apply	Does not apply
<b>Annual Maximum</b>	Does not apply	Does not apply
<b>Lifetime Maximum</b>	Does not apply	Does not apply
<b>4. Benefits</b>		
<b>Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Primary Care Physician Office Visit</b> - An internist, family practitioner, general practitioner, or pediatrician.	\$40 Copay/Visit, no Deductible	40% Coinsurance after Deductible
<b>Total Care Primary Care Physician Office Visit</b>	\$20 Copay/Visit, no Deductible	Not applicable
<b>Specialist Physician Office Visit</b> - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$80 Copay/Visit, no Deductible	40% Coinsurance after Deductible
<b>Urgent Care Office Visit</b>	\$80 Copay/Visit, no Deductible	40% Coinsurance after Deductible
<b>Total Care Urgent Care Office Visit</b>	Does not apply	Not applicable
<b>Blue KC Virtual Care - Office Visit</b> Virtual care provided by Blue KC virtual care partner(s).	\$80 Copay/Visit, no Deductible	Not applicable
<b>Blue KC Virtual Care - Behavioral Health Therapy</b> Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
	\$40 Copay/Visit, no Deductible	40% Coinsurance after Deductible

<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care</b>		
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health</b>	\$20 Copay/Visit, no Deductible	40% Coinsurance after Deductible
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Designated Health Clinic</b>	Does not apply	Not applicable
<b>Other Benefits (in alphabetical order)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>ABA Services</b>	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Abortion</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Testing</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Allergy Treatment</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Ambulance - Air</b>	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Ambulance - Ground</b> Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Assisted Reproductive Services</b>	Not covered	Not covered
<b>Autism-Related Services</b> No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Bariatric Services</b>	Not covered	Not covered
<b>Blue Distinction Specialty Care Facility Services</b> No Limits	Not Applicable	Not Applicable
<b>Chiropractic Office Visit</b>	\$80 Copay/Visit, no Deductible	40% Coinsurance after Deductible
<b>Dental Anesthesia</b> Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default
<b>Diabetic Equipment and Supplies</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Diabetic Footwear</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Diabetic Pump</b>	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
<b>Diabetic Self Management Education/Training (DSMT)</b>	No member cost share	40% Coinsurance after Deductible
<b>Durable Medical Equipment (DME)</b> Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Elective Male Sterilization</b>	No member cost share	40% Coinsurance after Deductible
<b>Emergency Services</b> Copay Waiver Rule: Copay Waived if Admitted	\$250 Copay/Visit, then Deductible, then 20% Coinsurance	\$250 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
<b>Food and Food Products for PKU</b> Maximum benefit of \$5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
<b>Foot Orthotics</b>	Not covered	Not covered
<b>Gender Dysphoria-Related Services</b> Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares

Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes		
<b>Hearing Aids</b>	Not covered	Not covered
<b>High Tech Radiology (MRI, MRA, PET, CT)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Home Health Care</b> Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Home Hospice</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Immunizations - Not Routine Preventive</b>	Not covered	Not covered
<b>Infertility and Impotency Diagnosis &amp; Treatment</b> Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Inpatient Hospice</b> Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Inpatient Physician Services</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Labs Performed in Office / Independent Lab</b>	No member cost share	40% Coinsurance after Deductible
<b>Maternity</b> Dependent Daughters Maternity Covered?: No	Covered	Covered
<b>Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Inpatient Physician Services</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Office Visit</b>	\$20 Copay/Visit, no Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Nutritional Counseling</b> No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Organ Transplant Services</b> Prior Authorization Policy Applies	Subject to Applicable Cost Shares <b>Blue Distinction Specialty Care Facility Services: Not applicable</b>	Subject to Applicable Cost Shares
<b>Organ Transplant Travel Expenses</b>	Not covered	Not covered
<b>Other Services Performed in Office</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible

<b>Outpatient Physician Services</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Surgery</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Cardiac Therapy</b> No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Cognitive Therapy</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Facility</b> Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Provider's Office</b> Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Facility</b> Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Provider's Office</b> Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Facility</b> Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Provider's Office</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Pulmonary Therapy</b> No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Skeletal Manipulation</b> Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Facility</b> Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Provider's Office</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Private Duty Nursing</b> Combined with Home Health Care Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Routine Preventive Care</b> Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	40% Coinsurance after Deductible
<b>Skilled Nursing Facility (SNF)</b> Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Sports Physicals by a Physician</b>	Not covered	Not covered
<b>Vision Exam-Routine</b>	Not covered	Not covered

<b>Vision Hardware</b>	Not covered	Not covered
<b>Weight Management - Wondr Health</b>	No member cost share	Not Applicable
<b>Wigs</b>	Not covered	Not covered
<b>X-Rays and Radiology</b> INN X-Rays and Radiology Included in Office Visit Copay: No	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>5. General Pharmacy Information</b>		
<b>Pharmacy Network(s)</b>	<b>Network 1: RxPremier</b>	
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary	
<b>Outpatient Prescription Drug Deductible</b> You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. All INN & OON Cross Accum	<b>In-Network</b> Individual :\$200 Family: \$400	<b>Out-of-Network</b> Individual :\$200 Family: \$400
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket	<b>Out-of-Network</b> Combined with Medical Out-of-Pocket
<b>Infertility/Impotency Drugs</b>	No limit Combined Medical/Pharmacy limit	
<b>Biosimilar Product Penalty</b>	Applies	
<b>Maintenance Medication Program</b>	Not applicable	
<b>Generics Program</b>	Generics Preferred DAW Rules	
<b>Copay Credit Accumulator Adjustment (CCAA):</b> Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
<b>Variable Copay Solution (VCS):</b> When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	Yes	
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476	
<b>6. Plan Benefits – Pharmacy</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>

<b>Retail Pharmacy (Short-term supply: Up to 34 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Retail Pharmacy (Long-term supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic	Deductible, then \$24 Copay/Fill	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred	Deductible, then \$120 Copay/Fill	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred	Deductible, then \$160 Copay/Fill	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill, then 50% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill, then 50% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill, then 50% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill, then 50% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill, then 50% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill, then 50% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then \$24 Copay/Fill, then 50% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then \$120 Copay/Fill, then 50% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then \$160 Copay/Fill, then 50% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill, then 50% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance

<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill, then 50% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill, then 50% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill, then 50% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill, then 50% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill, then 50% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then \$24 Copay/Fill, then 50% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then \$120 Copay/Fill, then 50% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then \$160 Copay/Fill, then 50% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Weight Loss Drugs</b>	Not covered	Not covered
<b>Abortion Drugs</b>	Not covered	Not covered

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# Kansas City

Plan Information	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Plan Name:</b>	BlueSelect Plus - EPO Plan
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	
<b>For Internal Use Only:</b>	Package: 2343470654 XREF: CG2S Medical: 2344250299 Rx: 2344370832
<b>1. General Plan Information</b>	
<b>Benefit Period</b>	Calendar Year
<b>Funding</b>	Cost Plus
<b>Grandfathered Status</b>	Non-Grandfathered
<b>Product Family</b>	EPO
<b>Consumer-Driven Health Plan (CDHP)</b>	N/A
<b>Spira Care Plan?</b>	No
<b>Religious Employer?</b>	N/A
<b>Classification of Eligible Employees</b>	In accordance with group HR policy
<b>Eligibility</b>	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
<b>Clinical Solutions</b>	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes
<b>Blue Connect</b>	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate \$2 Connect PEPM Rate \$2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes
<b>Smart Shopper</b>	Smart Shopper Included
<b>2. Network</b>	

Local Medical Network	BlueSelect Plus	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
<b>3. Cost Sharing</b>		
<b>Medical Deductible - Calendar Year, Embedded</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$0	Does not apply
Family	\$0	Does not apply
<b>Pharmacy Deductible</b>	Separate Deductible (see Pharmacy Section)	
<b>Medical Coinsurance</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Member Pays	Not applicable	Does not apply
Plan Pays	100%	Does not apply
<b>Out-of-Pocket Limit - Calendar Year, Embedded</b>	<b>In-Network</b>	<b>Out-of-Network</b>
The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.		
Individual	\$4,000	Does not apply
Family	\$10,000	Does not apply
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with Medical	
<b>Annual First Dollar Coverage</b>	Does not apply	Does not apply
<b>Annual Maximum</b>	Does not apply	Does not apply
<b>Lifetime Maximum</b>	Does not apply	Does not apply
<b>4. Benefits</b>		
<b>Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Primary Care Physician Office Visit</b> - An internist, family practitioner, general practitioner, or pediatrician.	\$35 Copay/Visit	Not covered
<b>Total Care Primary Care Physician Office Visit</b>	\$15 Copay/Visit	Not applicable
<b>Specialist Physician Office Visit</b> - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	\$70 Copay/Visit	Not covered
<b>Urgent Care Office Visit</b>	\$70 Copay/Visit	\$70 Copay/Visit
<b>Total Care Urgent Care Office Visit</b>	Does not apply	Not applicable
<b>Blue KC Virtual Care - Office Visit</b> Virtual care provided by Blue KC virtual care partner(s).	\$70 Copay/Visit	Not applicable
<b>Blue KC Virtual Care - Behavioral Health Therapy</b> Virtual care provided by Blue KC virtual care partner(s).	\$15 Copay/Visit	Not applicable
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care</b>	\$35 Copay/Visit	Not covered
	\$15 Copay/Visit	Not covered

<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health</b>		
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy</b>	\$15 Copay/Visit	Not covered
<b>Designated Health Clinic</b>	Does not apply	Not applicable
<b>Other Benefits (in alphabetical order)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>ABA Services</b>	Subject to Applicable Cost Shares	Not covered
<b>Abortion</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Testing</b>	\$100 Copay/Visit	Not covered
<b>Allergy Treatment</b>	No member cost share	Not covered
<b>Ambulance - Air</b>	No member cost share	No member cost share
<b>Ambulance - Ground</b> Ground Ambulance Allowable Option: 150% of Medicare	No member cost share	No member cost share
<b>Assisted Reproductive Services</b>	Not covered	Not covered
<b>Autism-Related Services</b> No Limits	Subject to Applicable Cost Shares	Not covered
<b>Bariatric Services</b>	Not covered	Not covered
<b>Blue Distinction Specialty Care Facility Services</b> No Limits	Not Applicable	Not covered
<b>Chiropractic Office Visit</b>	\$70 Copay/Visit	Not covered
<b>Dental Anesthesia</b> Maximum age limit of 5 Years	Missouri/Kansas Default	Not covered
<b>Diabetic Equipment and Supplies</b> Prior Authorization Policy Applies In-Network	No member cost share	Not covered
<b>Diabetic Footwear</b>	No member cost share	Not covered
<b>Diabetic Pump</b>	Covered as Durable Medical Equipment (DME)	Not covered
<b>Diabetic Self Management Education/Training (DSMT)</b>	No member cost share	Not covered
<b>Durable Medical Equipment (DME)</b> Prior Authorization Policy Applies In-Network No Limits	No member cost share	Not covered
<b>Elective Male Sterilization</b>	No member cost share	Not covered
<b>Emergency Services</b> Copay Waiver Rule: Copay Waived if Admitted	\$250 Copay/Visit	\$250 Copay/Visit
<b>Food and Food Products for PKU</b> Maximum benefit of \$5,000/Calendar Year for In-Network	Covered	Not covered
<b>Foot Orthotics</b>	Not covered	Not covered
<b>Gender Dysphoria-Related Services</b> Prior Authorization Policy Applies In-Network Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Not covered

<b>Hearing Aids</b>	Not covered	Not covered
<b>High Tech Radiology (MRI, MRA, PET, CT)</b> Prior Authorization Policy Applies In-Network High Tech Radiology ER Copay Waiver Rule (when ER Copay also applies): High Tech Radiology Copay Waived	\$250 Copay/Provider per Day	Not covered
<b>Home Health Care</b> Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	\$35 Copay/Visit	Not covered
<b>Home Hospice</b>	No member cost share	Not covered
<b>Immunizations - Not Routine Preventive</b>	Not covered	Not covered
<b>Infertility and Impotency Diagnosis &amp; Treatment</b> Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	No member cost share	Not covered
<b>Inpatient Hospice</b> Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network Copay Applies to Annual Inpatient/Outpatient Copay Max?: Yes	\$300 Copay/Day Limited to \$3,000 Copay Max per Calendar Year	Not covered
<b>Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies In-Network	\$600 Copay/Day Limited to Inpatient/Outpatient \$3,000 Copay Max per Calendar Year	Not covered
<b>Inpatient Physician Services</b>	No member cost share	Not covered
<b>Labs Performed in Office / Independent Lab</b>	No member cost share	Not covered
<b>Maternity</b> Dependent Daughters Maternity Covered?: No	Covered	Not covered
<b>Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies In-Network Copay Applies to Annual Inpatient/Outpatient Copay Max?: Yes	\$600 Copay/Day Limited to \$3,000 Copay Max per Calendar Year	Not covered
<b>Mental Health and Substance Abuse Services - Inpatient Physician Services</b>	No member cost share	Not covered
<b>Mental Health and Substance Abuse Services - Office Visit</b>	\$15 Copay/Visit	Not covered
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility</b>	No member cost share	Not covered
	\$15 Copay/Visit	Not covered

<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office</b> Only one INN copayment will apply if an Office Visit and a MH/SA Therapy Service are performed by a single provider on the same day?: Yes		
<b>Nutritional Counseling</b> No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Not covered
<b>Organ Transplant Services</b> Prior Authorization Policy Applies In-Network	Subject to Applicable Cost Shares <b>Blue Distinction Specialty Care Facility Services:</b> Not applicable	Not covered
<b>Organ Transplant Travel Expenses</b>	Not covered	Not covered
<b>Other Services Performed in Office</b>	No member cost share	Not covered
<b>Outpatient Physician Services</b>	No member cost share	Not covered
<b>Outpatient Surgery</b> Prior Authorization Policy Applies In-Network Copay Applies to Annual Inpatient/Outpatient Copay Max?: Yes	\$600 Copay/Day Limited to \$3,000 Copay Max per Calendar Year	Not covered
<b>Outpatient Therapy - Cardiac Therapy</b> No Limits	No member cost share	Not covered
<b>Outpatient Therapy - Cognitive Therapy</b>	No member cost share	Not covered
<b>Outpatient Therapy - Hearing Therapy in a Facility</b> Combined with Hearing Therapy in a Provider's Office Limits	No member cost share	Not covered
<b>Outpatient Therapy - Hearing Therapy in a Provider's Office</b> Combined with Speech Therapy Limits	No member cost share	Not covered
<b>Outpatient Therapy - Occupational Therapy in a Facility</b> Combined with Occupational Therapy in a Provider's Office Limits	No member cost share	Not covered
<b>Outpatient Therapy - Occupational Therapy in a Provider's Office</b> Combined with Physical Therapy Limits Only one INN copayment will apply if an Office Visit and a Occupational Therapy Service are performed by a single provider on the same day?: Yes	\$35 Copay/Visit	Not covered
<b>Outpatient Therapy - Physical Therapy in a Facility</b> Combined with Physical Therapy in a Provider's Office Limits	No member cost share	Not covered
<b>Outpatient Therapy - Physical Therapy in a Provider's Office</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network Only one INN copayment will apply if an Office Visit and a Physical Therapy Service are performed by a single provider on the same day?: Yes	\$35 Copay/Visit	Not covered

<b>Outpatient Therapy - Pulmonary Therapy</b> No Limits	No member cost share	Not covered
<b>Outpatient Therapy - Skeletal Manipulation</b> Combined with Physical Therapy Limits Only one INN copayment will apply if an Office Visit and a Skeletal Manipulation Therapy Service are performed by a single provider on the same day?: Yes	\$20 Copay/Visit	Not covered
<b>Outpatient Therapy - Speech Therapy in a Facility</b> Combined with Speech Therapy in a Provider's Office Limits	No member cost share	Not covered
<b>Outpatient Therapy - Speech Therapy in a Provider's Office</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network Only one INN copayment will apply if an Office Visit and a Speech Therapy Service are performed by a single provider on the same day?: Yes	\$35 Copay/Visit	Not covered
<b>Private Duty Nursing</b> Combined with Home Health Care Limits	No member cost share	Not covered
<b>Routine Preventive Care</b> Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	Not covered
<b>Skilled Nursing Facility (SNF)</b> Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	\$70 Copay/Day Limited to \$350 Copay Max per Calendar Year	Not covered
<b>Sports Physicals by a Physician</b>	Not covered	Not covered
<b>Vision Exam-Routine</b> Maximum benefit of 1 Exam/Calendar Year for In-Network	\$10 Copay/Visit	Not covered
<b>Vision Hardware</b>	Not covered	Not covered
<b>Weight Management - Wondr Health</b>	No member cost share	Not covered
<b>Wigs</b>	Not covered	Not covered
<b>X-Rays and Radiology</b> INN X-Rays and Radiology Included in Office Visit Copay: No	No member cost share	Not covered
<b>5. General Pharmacy Information</b>		
<b>Pharmacy Network(s)</b>	<b>Network 1: RxPremier</b>	
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary	
<b>Outpatient Prescription Drug Deductible</b>	<b>In-Network</b> Individual :\$200 Family: \$400	<b>Out-of-Network</b> Does not apply

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.		
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket	<b>Out-of-Network</b> Does not apply
<b>Infertility/Impotency Drugs</b>	No limit Combined Medical/Pharmacy limit	
<b>Biosimilar Product Penalty</b>	Applies	
<b>Maintenance Medication Program</b>	Not applicable	
<b>Generics Program</b>	Generics Preferred DAW Rules	
<b>Copay Credit Accumulator Adjustment (CCAA):</b> Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
<b>Variable Copay Solution (VCS):</b> When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	Yes	
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476	

<b>6. Plan Benefits – Pharmacy</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Retail Pharmacy (Short-term supply: Up to 34 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill	Not covered
<b>Retail Pharmacy (Long-term supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill	Not covered
	Deductible, then \$24 Copay/Fill	Not covered

<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b> <b>Drug Tier 1: Generic</b>		
<b>Drug Tier 2: Preferred</b>	Deductible, then \$120 Copay/Fill	Not covered
<b>Drug Tier 3: Non-Preferred</b>	Deductible, then \$160 Copay/Fill	Not covered
<b>Infertility Drugs Retail (Short-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill, then 50% Coinsurance	Not covered
<b>Infertility Drugs Retail (Long-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill, then 50% Coinsurance	Not covered
<b>Infertility Drugs Mail Order Pharmacy</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	Deductible, then \$24 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	Deductible, then \$120 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	Deductible, then \$160 Copay/Fill, then 50% Coinsurance	Not covered
<b>Impotency Drugs Retail (Short-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then \$12 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$60 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$80 Copay/Fill, then 50% Coinsurance	Not covered
<b>Impotency Drugs Retail (Long-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then \$30 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$150 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then \$200 Copay/Fill, then 50% Coinsurance	Not covered
<b>Impotency Drugs Mail Order Pharmacy</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	Deductible, then \$24 Copay/Fill, then 50% Coinsurance	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	Deductible, then \$120 Copay/Fill, then 50% Coinsurance	Not covered

<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	Deductible, then \$160 Copay/Fill, then 50% Coinsurance	Not covered
<b>Weight Loss Drugs</b>	Not covered	Not covered
<b>Abortion Drugs</b>	Not covered	Not covered

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# Kansas City

Plan Information	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Plan Name:</b>	Preferred-Care Blue - BlueSaver Plan
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	
<b>For Internal Use Only:</b>	Package: 2343440123 XREF: CG2R Medical: 2344290128 Rx: 2344400488
1. General Plan Information	
<b>Benefit Period</b>	Calendar Year
<b>Funding</b>	Cost Plus
<b>Grandfathered Status</b>	Non-Grandfathered
<b>Product Family</b>	PPO
<b>Consumer-Driven Health Plan (CDHP)</b>	HSA
<b>Spira Care Plan?</b>	No
<b>Religious Employer?</b>	N/A
<b>Classification of Eligible Employees</b>	In accordance with group HR policy
<b>Eligibility</b>	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
<b>Clinical Solutions</b>	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes
<b>Blue Connect</b>	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate \$2 Connect PEPM Rate \$2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes
<b>Smart Shopper</b>	Smart Shopper Included
2. Network	

Local Medical Network	Preferred-Care Blue Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
<b>3. Cost Sharing</b>		
<b>Medical Deductible - Calendar Year, Embedded</b> All INN & OON Cross Accum	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$3,400	\$3,400
Family	\$8,250	\$8,250
<b>Pharmacy Deductible</b>	Combined with Medical	
<b>Medical Coinsurance</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Member Pays	20%	40%
Plan Pays	80%	60%
<b>Out-of-Pocket Limit - Calendar Year, Embedded</b> All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$5,000	\$6,800
Family	\$12,500	\$16,500
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with Medical	
<b>Annual First Dollar Coverage</b>	Does not apply	Does not apply
<b>Annual Maximum</b>	Does not apply	Does not apply
<b>Lifetime Maximum</b>	Does not apply	Does not apply
<b>4. Benefits</b>		
<b>Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Primary Care Physician Office Visit</b> - An internist, family practitioner, general practitioner, or pediatrician.	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Total Care Primary Care Physician Office Visit</b>	20% Coinsurance after Deductible	Not applicable
<b>Specialist Physician Office Visit</b> - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Urgent Care Office Visit</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Total Care Urgent Care Office Visit</b>	Does not apply	Not applicable
<b>Blue KC Virtual Care - Office Visit</b> Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
<b>Blue KC Virtual Care - Behavioral Health Therapy</b> Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
	20% Coinsurance after Deductible	40% Coinsurance after Deductible

<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care</b>		
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Designated Health Clinic</b>	Does not apply	Not applicable
<b>Other Benefits (in alphabetical order)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>ABA Services</b>	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Abortion</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Testing</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Allergy Treatment</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Ambulance - Air</b>	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Ambulance - Ground</b> Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Assisted Reproductive Services</b>	Not covered	Not covered
<b>Autism-Related Services</b> No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Bariatric Services</b>	Not covered	Not covered
<b>Blue Distinction Specialty Care Facility Services</b> No Limits	Not Applicable	Not Applicable
<b>Chiropractic Office Visit</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Dental Anesthesia</b> Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default
<b>Diabetic Equipment and Supplies</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Diabetic Footwear</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Diabetic Pump</b>	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
<b>Diabetic Self Management Education/Training (DSMT)</b>	No member cost share	40% Coinsurance after Deductible
<b>Durable Medical Equipment (DME)</b> Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Elective Male Sterilization</b>	Deductible, then no charge	40% Coinsurance after Deductible
<b>Emergency Services</b>	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Food and Food Products for PKU</b> Maximum benefit of \$5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
<b>Foot Orthotics</b>	Not covered	Not covered
<b>Gender Dysphoria-Related Services</b> Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares

<b>Hearing Aids</b>	Not covered	Not covered
<b>High Tech Radiology (MRI, MRA, PET, CT)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Home Health Care</b> Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Home Hospice</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Immunizations - Not Routine Preventive</b>	Not covered	Not covered
<b>Infertility and Impotency Diagnosis &amp; Treatment</b> Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Inpatient Hospice</b> Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Inpatient Physician Services</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Labs Performed in Office / Independent Lab</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Maternity</b> Dependent Daughters Maternity Covered?: No	Covered	Covered
<b>Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Inpatient Physician Services</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Office Visit</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Nutritional Counseling</b> No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Organ Transplant Services</b> Prior Authorization Policy Applies	Subject to Applicable Cost Shares <b>Blue Distinction Specialty Care Facility Services: Not applicable</b>	Subject to Applicable Cost Shares
<b>Organ Transplant Travel Expenses</b>	Not covered	Not covered
<b>Other Services Performed in Office</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Physician Services</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Surgery</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible

<b>Outpatient Therapy - Cardiac Therapy</b> No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Cognitive Therapy</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Facility</b> Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Provider's Office</b> Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Facility</b> Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Provider's Office</b> Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Facility</b> Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Provider's Office</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Pulmonary Therapy</b> No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Skeletal Manipulation</b> Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Facility</b> Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Provider's Office</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Private Duty Nursing</b> Combined with Home Health Care Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Routine Preventive Care</b> Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	40% Coinsurance after Deductible
<b>Skilled Nursing Facility (SNF)</b> Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Sports Physicals by a Physician</b>	Not covered	Not covered
<b>Vision Exam-Routine</b>	Not covered	Not covered
<b>Vision Hardware</b>	Not covered	Not covered
<b>Weight Management - Wondr Health</b>	No member cost share	Not Applicable
<b>Wigs</b>	Not covered	Not covered

<b>X-Rays and Radiology</b>	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>5. General Pharmacy Information</b>		
<b>Pharmacy Network(s)</b>	<b>Network 1: RxPremier</b>	
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary	
<b>Outpatient Prescription Drug Deductible</b> You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	<b>In-Network</b> Combined with Medical Deductible	<b>Out-of-Network</b> Combined with Medical Deductible
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket	<b>Out-of-Network</b> Combined with Medical Out-of-Pocket
<b>Infertility/Impotency Drugs</b>	No limit Combined Medical/Pharmacy limit	
<b>Biosimilar Product Penalty</b>	Applies	
<b>Maintenance Medication Program</b>	Not applicable	
<b>Generics Program</b>	Not Applicable	
<b>Copay Credit Accumulator Adjustment (CCAA):</b> Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
<b>Variable Copay Solution (VCS):</b> When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476	
<b>6. Plan Benefits – Pharmacy</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Retail Pharmacy (Short-term supply: Up to 34 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance

<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Retail Pharmacy (Long-term supply: Between 35-102 Days)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b> <b>Drug Tier 1: Generic</b>	Deductible, then 20% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2: Preferred</b>	Deductible, then 20% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3: Non-Preferred</b>	Deductible, then 20% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Preventive Drugs</b> <b>Retail (Short-Term) Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Retail (Short-Term) Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Retail (Short-Term) Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Retail (Long-Term) Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Retail (Long-Term) Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Retail (Long-Term) Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Mail Order Drug Tier 1: Generic / Generic Specialty</b>	Deductible, then 20% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Mail Order Drug Tier 2: Preferred / Preferred Specialty</b>	Deductible, then 20% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Mail Order Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	Deductible, then 20% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Retail (Short-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Retail (Long-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance

<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Infertility Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$60 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$80 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$30 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$150 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$200 Copay/Fill, then 50% Coinsurance
<b>Impotency Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then \$160 Copay/Fill, then 50% Coinsurance
<b>Weight Loss Drugs</b>	Not covered	Not covered
<b>Abortion Drugs</b>	Not covered	Not covered

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# Kansas City

Plan Information	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Plan Name:</b>	BlueSelect Plus - SPIRA EPO Plan
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	
<b>For Internal Use Only:</b>	Package: 2343510311 XREF: CG2T Medical: 2344080704 Rx: 2344120860
1. General Plan Information	
<b>Benefit Period</b>	Calendar Year
<b>Funding</b>	Cost Plus
<b>Grandfathered Status</b>	Non-Grandfathered
<b>Product Family</b>	EPO
<b>Consumer-Driven Health Plan (CDHP)</b>	N/A
<b>Spira Care Plan?</b>	Yes No charge for services received from a designated Spira Care Center Provider.  Treatment of work-related injury or illness is not covered under your Blue Cross and Blue Shield of Kansas City health benefit plan. Treatment of work-related injuries and illnesses is typically provided through your workers' compensation program. The Spira Care clinics are not participating providers under workers' compensation programs. Please reference your workers' compensation policies and procedures to direct your employees appropriately for work-related injuries.
<b>Religious Employer?</b>	N/A
<b>Classification of Eligible Employees</b>	In accordance with group HR policy
<b>Eligibility</b>	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
<b>Clinical Solutions</b>	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes

<b>Blue Connect</b>	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate \$2 Connect PEPM Rate \$2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
<b>Smart Shopper</b>	Smart Shopper Included	
<b>2. Network</b>		
Local Medical Network	BlueSelect Plus	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Pharmacy	See Pharmacy (Sections 5 & 6)	
<b>3. Cost Sharing</b>		
<b>Medical Deductible - Calendar Year, Embedded</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$1,500	Does not apply
Family	\$4,500	Does not apply
<b>Pharmacy Deductible</b>	Combined with Medical	
<b>Medical Coinsurance</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Member Pays	Not applicable	Does not apply
Plan Pays	100%	Does not apply
<b>Out-of-Pocket Limit - Calendar Year, Embedded</b> The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$1,500	Does not apply
Family	\$4,500	Does not apply
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with Medical	
<b>Annual First Dollar Coverage</b>	Does not apply	Does not apply
<b>Annual Maximum</b>	Does not apply	Does not apply
<b>Lifetime Maximum</b>	Does not apply	Does not apply
<b>4. Benefits</b>		
<b>Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Primary Care Physician Office Visit</b> - An internist, family practitioner, general practitioner, or pediatrician.	Deductible, then no charge	Not covered
<b>Total Care Primary Care Physician Office Visit</b>	Does not apply	Not applicable
<b>Specialist Physician Office Visit</b> - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Deductible, then no charge	Not covered
<b>Urgent Care Office Visit</b>	Deductible, then no charge	In-Network Deductible, then no charge
<b>Total Care Urgent Care Office Visit</b>	Does not apply	Not applicable
<b>Blue KC Virtual Care - Office Visit</b> Virtual care provided by Blue KC virtual care partner(s).	No member cost share	Not applicable
<b>Blue KC Virtual Care - Behavioral Health Therapy</b> Virtual care provided by Blue KC virtual care partner(s).	Deductible, then no charge	Not applicable
	Deductible, then no charge	Not covered

<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care</b>		
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health</b>	Deductible, then no charge	Not covered
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy</b>	Deductible, then no charge	Not covered
<b>Designated Health Clinic</b>	Does not apply	Not applicable
<b>Other Benefits (in alphabetical order)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>ABA Services</b>	Subject to Applicable Cost Shares	Not covered
<b>Abortion</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Testing</b>	Deductible, then no charge	Not covered
<b>Allergy Treatment</b>	Deductible, then no charge	Not covered
<b>Ambulance - Air</b>	Deductible, then no charge	In-Network Deductible, then no charge
<b>Ambulance - Ground</b> Ground Ambulance Allowable Option: 150% of Medicare	Deductible, then no charge	In-Network Deductible, then no charge
<b>Assisted Reproductive Services</b>	Not covered	Not covered
<b>Autism-Related Services</b> No Limits	Subject to Applicable Cost Shares	Not covered
<b>Bariatric Services</b>	Not covered	Not covered
<b>Blue Distinction Specialty Care Facility Services</b> No Limits	Not Applicable	Not covered
<b>Chiropractic Office Visit</b>	Deductible, then no charge	Not covered
<b>Dental Anesthesia</b> Maximum age limit of 5 Years	Missouri/Kansas Default	Not covered
<b>Diabetic Equipment and Supplies</b> Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
<b>Diabetic Footwear</b>	Deductible, then no charge	Not covered
<b>Diabetic Pump</b>	Covered as Durable Medical Equipment (DME)	Not covered
<b>Diabetic Self Management Education/Training (DSMT)</b>	No member cost share	Not covered
<b>Durable Medical Equipment (DME)</b> Prior Authorization Policy Applies In-Network No Limits	Deductible, then no charge	Not covered
<b>Elective Male Sterilization</b>	No member cost share	Not covered
<b>Emergency Services</b>	Deductible, then no charge	In-Network Deductible, then no charge
<b>Food and Food Products for PKU</b> Maximum benefit of \$5,000/Calendar Year for In-Network	Covered	Not covered
<b>Foot Orthotics</b>	Not covered	Not covered
<b>Gender Dysphoria-Related Services</b> Prior Authorization Policy Applies In-Network Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Not covered

<b>Hearing Aids</b>	Not covered	Not covered
<b>High Tech Radiology (MRI, MRA, PET, CT)</b> Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
<b>Home Health Care</b> Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
<b>Home Hospice</b>	Deductible, then no charge	Not covered
<b>Immunizations - Not Routine Preventive</b>	Not covered	Not covered
<b>Infertility and Impotency Diagnosis &amp; Treatment</b> Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Deductible, then no charge	Not covered
<b>Inpatient Hospice</b> Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network	Deductible, then no charge	Not covered
<b>Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
<b>Inpatient Physician Services</b>	Deductible, then no charge	Not covered
<b>Labs Performed in Office / Independent Lab</b>	Deductible, then no charge	Not covered
<b>Maternity</b> Dependent Daughters Maternity Covered?: No	Covered	Not covered
<b>Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
<b>Mental Health and Substance Abuse Services - Inpatient Physician Services</b>	Deductible, then no charge	Not covered
<b>Mental Health and Substance Abuse Services - Office Visit</b>	Deductible, then no charge	Not covered
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility</b>	Deductible, then no charge	Not covered
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office</b>	Deductible, then no charge	Not covered
<b>Nutritional Counseling</b> No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Not covered
<b>Organ Transplant Services</b> Prior Authorization Policy Applies In-Network	Subject to Applicable Cost Shares <b>Blue Distinction Specialty Care Facility Services: Not applicable</b>	Not covered

<b>Organ Transplant Travel Expenses</b>	Not covered	Not covered
<b>Other Services Performed in Office</b>	Deductible, then no charge	Not covered
<b>Outpatient Physician Services</b>	Deductible, then no charge	Not covered
<b>Outpatient Surgery</b> Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Cardiac Therapy</b> No Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Cognitive Therapy</b>	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Hearing Therapy in a Facility</b> Combined with Hearing Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Hearing Therapy in a Provider's Office</b> Combined with Speech Therapy Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Occupational Therapy in a Facility</b> Combined with Occupational Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Occupational Therapy in a Provider's Office</b> Combined with Physical Therapy Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Physical Therapy in a Facility</b> Combined with Physical Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Physical Therapy in a Provider's Office</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Pulmonary Therapy</b> No Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Skeletal Manipulation</b> Combined with Physical Therapy Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Speech Therapy in a Facility</b> Combined with Speech Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
<b>Outpatient Therapy - Speech Therapy in a Provider's Office</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
<b>Private Duty Nursing</b> Combined with Home Health Care Limits	Deductible, then no charge	Not covered
<b>Routine Preventive Care</b> Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	Not covered
<b>Skilled Nursing Facility (SNF)</b> Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered

<b>Sports Physicals by a Physician</b>	Not covered	Not covered
<b>Vision Exam-Routine</b>	Not covered	Not covered
<b>Vision Hardware</b>	Not covered	Not covered
<b>Weight Management - Wondr Health</b>	No member cost share	Not covered
<b>Wigs</b>	Not covered	Not covered
<b>X-Rays and Radiology</b>	Deductible, then no charge	Not covered
<b>5. General Pharmacy Information</b>		
<b>Pharmacy Network(s)</b>	<b>Network 1:</b> RxPremier	
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary	
<b>Outpatient Prescription Drug Deductible</b> You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	<b>In-Network</b> Combined with Medical Deductible	<b>Out-of-Network</b> Does not Apply
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket	<b>Out-of-Network</b> Does not apply
<b>Infertility/Impotency Drugs</b>	No limit Combined Medical/Pharmacy limit	
<b>Biosimilar Product Penalty</b>	Applies	
<b>Maintenance Medication Program</b>	Not applicable	
<b>Generics Program</b>	Not Applicable	
<b>Copay Credit Accumulator Adjustment (CCA):</b> Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
<b>Variable Copay Solution (VCS):</b> When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	Yes	
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476	
<b>6. Plan Benefits – Pharmacy</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Retail Pharmacy (Short-term supply: Up to 34 Days)</b>	RxPremier: \$15 Copay/Fill, no Deductible	Not covered

<b>Drug Tier 1:</b> Generic / Generic Specialty		
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$50 Copay/Fill, no Deductible	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then no charge	Not covered
<b>Retail Pharmacy (Long-term supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> \$37.50 Copay/Fill, no Deductible	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$125 Copay/Fill, no Deductible	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then no charge	Not covered
<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic	\$15 Copay/Fill, no Deductible	Not covered
<b>Drug Tier 2:</b> Preferred	\$125 Copay/Fill, no Deductible	Not covered
<b>Drug Tier 3:</b> Non-Preferred	Deductible, then no charge	Not covered
<b>Infertility Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> \$15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then no charge	Not covered
<b>Infertility Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> \$37.50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then no charge	Not covered
<b>Infertility Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	\$15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	\$125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then no charge	Not covered
<b>Impotency Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> \$15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> \$50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
	<b>RxPremier:</b> Deductible, then no charge	Not covered

<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>		
<b>Impotency Drugs Retail (Long-term supply)</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	<b>RxPremier:</b> \$37.50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	<b>RxPremier:</b> \$125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	<b>RxPremier:</b> Deductible, then no charge	Not covered
<b>Impotency Drugs Mail Order Pharmacy</b> <b>Drug Tier 1: Generic / Generic Specialty</b>	\$15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 2: Preferred / Preferred Specialty</b>	\$125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
<b>Drug Tier 3: Non-Preferred / Non-Preferred Specialty</b>	Deductible, then no charge	Not covered
<b>Weight Loss Drugs</b>	Not covered	Not covered
<b>Abortion Drugs</b>	Not covered	Not covered

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# Kansas City

Plan Information	
<b>Group Name:</b>	Unified School District No. 229, Johnson County, State of Kansas
<b>Plan Name:</b>	BlueSelect Plus - SPIRA BlueSaver - PPO Plan
<b>Group Number:</b>	14274000
<b>State:</b>	Kansas
<b>Effective Date:</b>	01/01/2026
<b>Important Notes:</b>	
<b>For Internal Use Only:</b>	Package: 2524580637 XREF: CG7F Medical: 2344030250 Rx: 2525220265
1. General Plan Information	
<b>Benefit Period</b>	Calendar Year
<b>Funding</b>	Cost Plus
<b>Grandfathered Status</b>	Non-Grandfathered
<b>Product Family</b>	PPO
<b>Consumer-Driven Health Plan (CDHP)</b>	HSA
<b>Spira Care Plan?</b>	Yes No charge (after deductible) for services received from a designated Spira Care Center Provider.  Treatment of work-related injury or illness is not covered under your Blue Cross and Blue Shield of Kansas City health benefit plan. Treatment of work-related injuries and illnesses is typically provided through your workers' compensation program. The Spira Care clinics are not participating providers under workers' compensation programs. Please reference your workers' compensation policies and procedures to direct your employees appropriately for work-related injuries.
<b>Religious Employer?</b>	N/A
<b>Classification of Eligible Employees</b>	In accordance with group HR policy
<b>Eligibility</b>	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
<b>Clinical Solutions</b>	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes

<b>Blue Connect</b>	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate \$2 Connect PEPM Rate \$2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
<b>Smart Shopper</b>	Smart Shopper Included	
<b>2. Network</b>		
Local Medical Network	BlueSelect Plus Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Pharmacy	See Pharmacy (Sections 5 & 6)	
<b>3. Cost Sharing</b>		
<b>Medical Deductible - Calendar Year, Embedded</b> All INN & OON Cross Accum	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$3,400	\$6,800
Family	\$6,800	\$13,600
<b>Pharmacy Deductible</b>	Combined with Medical	
<b>Medical Coinsurance</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Member Pays	20%	50%
Plan Pays	80%	50%
<b>Out-of-Pocket Limit - Calendar Year, Embedded</b> All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	<b>In-Network</b>	<b>Out-of-Network</b>
Individual	\$5,000	\$13,500
Family	\$12,500	\$27,000
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with Medical	
<b>Annual First Dollar Coverage</b>	Does not apply	Does not apply
<b>Annual Maximum</b>	Does not apply	Does not apply
<b>Lifetime Maximum</b>	Does not apply	Does not apply
<b>4. Benefits</b>		
<b>Professional Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Primary Care Physician Office Visit</b> - An internist, family practitioner, general practitioner, or pediatrician.	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Total Care Primary Care Physician Office Visit</b>	Does not apply	Not applicable
<b>Specialist Physician Office Visit</b> - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Urgent Care Office Visit</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Total Care Urgent Care Office Visit</b>	Does not apply	Not applicable
<b>Blue KC Virtual Care - Office Visit</b> Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
<b>Blue KC Virtual Care - Behavioral Health Therapy</b>	20% Coinsurance after Deductible	Not applicable

Virtual care provided by Blue KC virtual care partner(s).		
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Designated Health Clinic</b>	Does not apply	Not applicable
<b>Other Benefits (in alphabetical order)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>ABA Services</b>	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Abortion</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Testing</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Allergy Treatment</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Ambulance - Air</b>	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Ambulance - Ground</b> Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Assisted Reproductive Services</b>	Not covered	Not covered
<b>Autism-Related Services</b> No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Bariatric Services</b>	Not covered	Not covered
<b>Blue Distinction Specialty Care Facility Services</b> No Limits	Not Applicable	Not Applicable
<b>Chiropractic Office Visit</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Dental Anesthesia</b> Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default
<b>Diabetic Equipment and Supplies</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Diabetic Footwear</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Diabetic Pump</b>	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
<b>Diabetic Self Management Education/Training (DSMT)</b>	No member cost share	50% Coinsurance after Deductible
<b>Durable Medical Equipment (DME)</b> Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Elective Male Sterilization</b>	Deductible, then no charge	50% Coinsurance after Deductible
<b>Emergency Services</b>	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
<b>Food and Food Products for PKU</b> Maximum benefit of \$5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
<b>Foot Orthotics</b>	Not covered	Not covered
<b>Gender Dysphoria-Related Services</b> Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares

Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes		
<b>Hearing Aids</b>	Not covered	Not covered
<b>High Tech Radiology (MRI, MRA, PET, CT)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Home Health Care</b> Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Home Hospice</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Immunizations - Not Routine Preventive</b>	Not covered	Not covered
<b>Infertility and Impotency Diagnosis &amp; Treatment</b> Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Inpatient Hospice</b> Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Inpatient Physician Services</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Labs Performed in Office / Independent Lab</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Maternity</b> Dependent Daughters Maternity Covered?: No	Covered	Covered
<b>Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility)</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Inpatient Physician Services</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Office Visit</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Nutritional Counseling</b> No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
<b>Organ Transplant Services</b> Prior Authorization Policy Applies	Subject to Applicable Cost Shares <b>Blue Distinction Specialty Care Facility Services: Not applicable</b>	Subject to Applicable Cost Shares
<b>Organ Transplant Travel Expenses</b>	Not covered	Not covered
<b>Other Services Performed in Office</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible

<b>Outpatient Physician Services</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Surgery</b> Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Cardiac Therapy</b> No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Cognitive Therapy</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Facility</b> Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Hearing Therapy in a Provider's Office</b> Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Facility</b> Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Occupational Therapy in a Provider's Office</b> Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Facility</b> Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Physical Therapy in a Provider's Office</b> Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Pulmonary Therapy</b> No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Skeletal Manipulation</b> Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Facility</b> Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Outpatient Therapy - Speech Therapy in a Provider's Office</b> Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Private Duty Nursing</b> Combined with Home Health Care Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Routine Preventive Care</b> Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	50% Coinsurance after Deductible
<b>Skilled Nursing Facility (SNF)</b> Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>Sports Physicals by a Physician</b>	Not covered	Not covered
<b>Vision Exam-Routine</b>	Not covered	Not covered

<b>Vision Hardware</b>	Not covered	Not covered
<b>Weight Management - Wondr Health</b>	No member cost share	Not Applicable
<b>Wigs</b>	Not covered	Not covered
<b>X-Rays and Radiology</b>	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>5. General Pharmacy Information</b>		
<b>Pharmacy Network(s)</b>	<b>Network 1:</b> RxPremier	
<b>Prescription Drug List</b> Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on <a href="http://MyBlueKC.com">MyBlueKC.com</a>	Premium Formulary	
<b>Outpatient Prescription Drug Deductible</b> You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	<b>In-Network</b> Combined with Medical Deductible	<b>Out-of-Network</b> Combined with Medical Deductible
<b>Outpatient Prescription Drug Out-of-Pocket Limits</b> The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	<b>In-Network</b> Combined with Medical Out-of-Pocket	<b>Out-of-Network</b> Combined with Medical Out-of-Pocket
<b>Infertility/Impotency Drugs</b>	No limit Combined Medical/Pharmacy limit	
<b>Biosimilar Product Penalty</b>	Applies	
<b>Maintenance Medication Program</b>	Not applicable	
<b>Generics Program</b>	Not Applicable	
<b>Copay Credit Accumulator Adjustment (CCAA):</b> Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
<b>Variable Copay Solution (VCS):</b> When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
<b>Rx Savings Solutions</b> A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at <a href="http://MyBlueKC.com">MyBlueKC.com</a> and stay up-to-date on cost saving opportunities. <b>Email:</b> <a href="mailto:info@rxsavingsllc.com">info@rxsavingsllc.com</a> <b>PH:</b> 1-800-268-4476	
<b>6. Plan Benefits – Pharmacy</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Retail Pharmacy (Short-term supply: Up to 34 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance

<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$50 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
<b>Retail Pharmacy (Long-term supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$37.50 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
<b>Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)</b> <b>Drug Tier 1:</b> Generic	Deductible, then 20% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred	Deductible, then 20% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
<b>Preventive Drugs</b> <b>Preventive Drugs List: All Preventive</b> <b>Retail (Short-Term) Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Retail (Short-Term) Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$50 Copay/Fill, then 50% Coinsurance
<b>Retail (Short-Term) Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
<b>Retail (Long-Term) Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$37.50 Copay/Fill, then 50% Coinsurance
<b>Retail (Long-Term) Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Retail (Long-Term) Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
<b>Mail Order Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then 20% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Mail Order Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then 20% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Mail Order Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
<b>Infertility Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$50 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$37.50 Copay/Fill, then 50% Coinsurance

<b>Infertility Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty		
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
<b>Infertility Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
<b>Impotency Drugs Retail (Short-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$50 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
<b>Impotency Drugs Retail (Long-term supply)</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$37.50 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	<b>RxPremier:</b> Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
<b>Impotency Drugs Mail Order Pharmacy</b> <b>Drug Tier 1:</b> Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then \$15 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 2:</b> Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then \$125 Copay/Fill, then 50% Coinsurance
<b>Drug Tier 3:</b> Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
<b>Weight Loss Drugs</b>	Not covered	Not covered
<b>Abortion Drugs</b>	Not covered	Not covered

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## Blue Cross and Blue Shield of Kansas City

### COST-PLUS ADDENDUM

This Cost-Plus Addendum (“Addendum”) amends and is incorporated into and made a part of the Group Contract(s) entered into by and between Blue Cross and Blue Shield of Kansas City, on behalf of itself and its subsidiary, Good Health HMO, Inc., d/b/a Blue-Care, if applicable (collectively, “BCBSKC”) and Unified School District No. 229, Johnson County, State of Kansas (“Employer”). This Addendum shall be effective January 1, 2026 (the “Effective Date”).

**WHEREAS**, the parties have entered into the Group Contract(s) numbered 14274000 and the associated Health and, if applicable, Dental Benefit Certificate(s) (collectively, the “Group Contract(s)”), pursuant to which BCBSKC has agreed to arrange for the provision of certain health care services and/or dental care to Employer’s eligible Employees and their covered Dependents in accordance with the terms, conditions, limitations and exclusions specified in the Group Contract(s);

**WHEREAS**, the parties desire to implement an alternative funding arrangement for the Group Contract(s), as set forth herein; and

**WHEREAS**, this Addendum, while implementing an alternative funding arrangement, does not alter any terms or conditions of the benefits covered under the Group Contract(s).

**NOW, THEREFORE**, in consideration of the foregoing, the mutual promises and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

#### **Article 1** **Employer’s Obligations**

- 1.1 **Funding under Group Contracts.** Employer agrees that the funding for coverage under the Group Contract(s) shall be determined as set forth in this Addendum.
- 1.2 **Fixed Premium.** Employer shall pay BCBSKC, on a monthly basis, the Fixed Premium in accordance with Article 3.2.
- 1.3 **Employer’s Claims Obligations.** In order to fulfill the Employer’s total financial obligations under the terms of this Addendum, the Employer shall make payments to BCBSKC as set forth herein and in accordance with Article 3.1. For each month that this Addendum is in effect, Employer shall pay to BCBSKC an amount set forth in (a) and (b) below:
  - (a) the lesser of:
    - i. the Cumulative Paid Claims; or
    - ii. the Cumulative Monthly Claims Limit.

LESS

- (b) the Cumulative Prior Payment Amount.

Example:

	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>
Paid Claims	70	80	110	90
Cumulative Paid Claims	70	150	260	350
Monthly Claims Limit	100	100	100	100
Cumulative Monthly Claims Limit	100	200	300	400
Cumulative Prior Payment Amount	0	70	150	260
Actual Payment Owed	70	80	110	90

Notwithstanding the foregoing: (1) Paid Claims in excess of the Individual Pooling Limit for any Covered Person will not be counted as Paid Claims for the purposes of the calculation set forth above; and (2) the Cumulative Monthly Claims Limit for the full Contract Period shall not be less than the Minimum Annual Claims Limit set forth in Exhibit A (Cost Plus Provisions).

1.4 Statutory Assessments. To the extent BCBSKC is required to pay any Statutory Assessments, Employer will pay BCBSKC an amount equal to the Statutory Assessments based upon BCBSKC’s determination of such amounts. BCBSKC shall bill the Employer the applicable portion of these Statutory Assessments on the Monthly Settlement Report, and the Employer shall pay such Statutory Assessments in accordance with Article 3.

1.5 Collateral. Upon BCBSKC’s request, Employer shall procure a letter of credit (in such form as is reasonably acceptable to BCBSKC) from a financial institution reasonably acceptable to BCBSKC that evidences a commitment by the financial institution of funds payable to BCBSKC upon demand (without any further or additional action or authorization by Employer). Employer shall maintain such letter of credit until the end of the Runout Period. Alternatively, upon BCBSKC’s request, Employer shall deliver to BCBSKC an amount reasonably requested by BCBSKC as collateral (“Collateral”) for Employer’s obligations under this Agreement. In the event Employer fails to pay amounts due to BCBSKC hereunder, BCBSKC may use as much or all of the Collateral as is needed to satisfy Employer’s obligations. Any unused Collateral will be returned to Employer at the end of the Runout Period.

**Article 2**  
**BCBSKC Rights and Obligations**

2.1 Benefit Determinations. For the purpose of this Addendum, BCBSKC shall have the right to determine the amount of Benefits, if any, payable for any Covered Person. Employer delegates to BCBSKC discretionary authority to construe, interpret and apply the Plan for purposes of processing claims and appeals. BCBSKC, as claims fiduciary, has the full, final, binding and exclusive discretion to construe, interpret and apply the terms of the Plan as may be necessary in order to process claims and make determinations on appeal of claims. BCBSKC shall determine the extent of the benefits (if any) to which any Participant is entitled under the Plan. Decisions by BCBSKC shall be complete, final and binding on all parties. Such determination shall be on the same basis as would be applicable under the Group Contract(s) in the absence of this Addendum. In the event of legal action against BCBSKC, by or on behalf of a Covered Person for Benefits under the Group Contract(s) with respect to a denied claim,

BCBSKC, at its own expense, shall undertake the defense of such action and shall pay any judgment rendered therein. BCBSKC shall have the right to settle any such action. The Employer shall reimburse BCBSKC for the portion of any such judgment or settlement which is for a Paid Claim under the Group Contract(s), and such Paid Claim shall be administered in accordance with the terms of this Addendum, including Articles 1 and 3.

### **Article 3**

#### **Payment Due Dates, Grace Periods and Payment Changes**

3.1 **Monthly Settlement.** Monthly payments for Paid Claims, Access Fees, Statutory Assessments and related charges, as indicated on the Monthly Settlement Report, are due and payable by the Employer within 31 calendar days following delivery to Employer by BCBSKC of the Monthly Settlement Report. The Employer shall have no grace period for such monthly payment.

3.2 **Fixed Premium.** The Fixed Premium is due and payable by the Employer the first day of each month; provided, that any Statutory Assessments and Access Fees will be due and payable by Employer with the Monthly Settlement as set forth in Article 3.1. The Employer shall have a grace period of 31 calendar days for such monthly Fixed Premium.

3.3 **Changes in Employer's Obligation.** BCBSKC reserves the right to change any and all fees, charges and factors upon a 31 calendar day written notice prior to the end of a Contract Period, to be effective for the following Contract Period.

3.4 **Late Payment Charge.** BCBSKC reserves the right to charge a late payment fee of \$0.00 in each instance in which Employer fails to timely pay any amount due to BCBSKC in accordance with this Article 3.

### **Article 4**

#### **Amendments**

4.1 **General.** Except as provided in Article 3.3, BCBSKC may amend any other term or condition of this Addendum upon 60 calendar days written notice to conform to statutes of the state in which this Addendum is issued for delivery.

4.2 **Notice.** Notice of an amendment may be in the form of a new Addendum, a rider, or an amendment to this Addendum or otherwise as BCBSKC may elect.

**Article 5**  
**Termination**

5.1 Term. The term of this Addendum shall begin on the Effective Date and shall continue until terminated as set forth in this Article 5.

5.2 Termination by Either Party. This Addendum may be terminated by BCBSKC or the Employer provided such party gives the other party written notice of its election to terminate the Addendum at least 30 calendar days prior to the end of the then current Contract Period. This Addendum and the underlying Group Contract(s) shall automatically terminate on the date of termination of the Group Contract(s).

(a) Early Termination. If Employer causes the termination of this Addendum prior to the expiration of the then current Contract Period, Employer acknowledges that such Early Termination will cause damages to BCBSKC and agrees to compensate BCBSKC for such damages by payment of an early termination fee ("Early Termination Fee"). Employer agrees that it shall pay, within thirty (30) days of any notice of Early Termination, the Early Termination Fee of 20% of the then current total aggregate monthly Fixed Cost Fees plus Access Fees multiplied by the number months remaining in the then current Contract Period as of the effective date of the Early Termination.

5.3 Termination Due to Material Default. Except as provided in Article 5.4 below, either party may terminate this Addendum for cause upon written notice if the other party materially defaults in the performance of a provision of this Addendum and such default continues for a period of 60 calendar days after written notice to the defaulting party from the aggrieved party stating the specific default.

5.4 Termination Due to Non-Payment. Notwithstanding anything to the contrary herein, if Employer fails to pay BCBSKC in accordance with Article 3, this Addendum and the underlying Group Contract(s) may be terminated by BCBSKC, effective retroactively to the last day of the month in which all amounts owed to BCBSKC for such month were paid by the Employer.

5.5 Runout.

(a) Runout Claims and Services. Upon termination of this Addendum, and except in the event of Employer's material breach of this Addendum (including Employer's non-payment), BCBSKC shall provide Runout Services for Runout Claims.

(b) Runout Services Fee and Claims Obligation. Monthly payments for Runout Claims and the Runout Services Fee are due and payable by Employer for each month during the Runout Period within 31 calendar days following delivery to Employer by BCBSKC of the Monthly Settlement Report. The Employer shall have no grace period for such payments. Unless Employer purchases Terminal Liability Coverage as set forth in Article 5.6 below, Employer shall have the total obligation for Runout Claims.

(c) Statutory Assessments for Runout Claims and/or Runout Services. To the extent that any Statutory Assessments apply to Employer's payment obligations under Article 5.5 and/or 5.6, as determined by BCBSKC in its sole and reasonable discretion, then Employer shall pay to BCBSKC an amount equal to such Statutory Assessments.

5.6 Terminal Liability Coverage. Employer may choose to purchase, at the time of execution of this Addendum, Terminal Liability Coverage; provided, that there is no Individual Pooling Limit with respect to Runout Claims. If Employer purchases Terminal Liability Coverage, the following shall apply:

(a) Terminal Liability Coverage Charges. Terminal Liability Coverage Charges will be included with the Pooling Charges and paid by the Employer in accordance with Article 3.2.

(b) Terminal Liability Factors. The Employer's obligation for Runout Claims is limited to the amounts set forth in the "Terminal Liability Factors" section of Exhibit B (Rate Exhibits) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations, based on the greater of:

1. enrollment during the last month of the final Contract Period; or
2. the average enrollment during the last three (3) months of the final Contract Period.

5.7 Late Payment. BCBSKC reserves the right to charge a late payment fee of \$0.00 in each instance in which Employer fails to timely pay any amount due to BCBSKC in accordance with this Article 5.

## Article 6 General Provisions

6.1 Modification of Group Contracts. The provisions of the Group Contract(s) are amended to the extent necessary to be consistent with the provisions set forth in this Addendum and to that extent the provisions of this Addendum shall govern notwithstanding anything in the Group Contract(s) to the contrary.

6.2 Waiver. Neither the failure nor any delay by either party to exercise any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such right, power or privilege preclude any other or further exercise thereof, or the exercise of any other right, power or privilege. In the event that a party does waive any breach of any provision of this Addendum, such waiver shall not be deemed or construed as a continuing waiver of any breach of the same or different provision.

6.3 Assignment. BCBSKC shall have the right to assign or delegate its duties and obligations under this Addendum to its affiliated companies. Any other assignment of this Addendum or, of any rights contained in this Addendum, by either party, will be void and of no force or effect, unless agreed upon in writing by the parties.

6.4 BlueCard Fees. Employer understands and agrees: (a) to pay certain fees and compensation to BCBSKC which BCBSKC is obligated under BlueCard to pay to other Blue Cross and/or Blue Shield licensees ("Licensees"), to the Blue Cross and Blue Shield Association, or to the BlueCard vendors; and (b) that fees and compensation under BlueCard may be revised from time to time without Employer's prior approval in accordance with the standard procedures for revising fees and compensation under BlueCard. Some of these fees and compensation are charged each time a claim is processed through BlueCard and include, but are not limited to, access fees, administrative expense allowance fees, Central

Financial Agency Fees, and ITS Transaction Fees. Other fees include, but are not limited to, an 800 number fee and a fee for provider directories. All of the previously described fees, together, are “BlueCard Fees.” Employer may contact BCBSKC if Employer would like an updated listing of the BlueCard fees. BlueCard fees are included in the Fixed Costs Fees and are guaranteed for the term of this Addendum.

6.5 BlueCard Recoveries. Under BlueCard, recoveries from a Licensee or from participating providers of a Licensee can arise in several ways, including, but not limited to, anti-fraud and abuse audits, provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In some cases, the Licensee will engage third parties to assist in discovery or collection of recovery amounts. The fees of such a third party are netted against the recovery. Recovery amounts, net of fees, if any, will be applied in accordance with applicable BlueCard policies, which generally require correction on a claim-by-claim or prospective basis. Unless otherwise agreed to by the Licensee, BCBSKC may request adjustments from the Licensee for full provider refunds due to the retroactive cancellation of membership only for one year after the Inter-Licensee financial settlement process date of the original claim. In some cases, recovery of claim payments associated with a retroactive cancellation may not be possible if the recovery conflicts with the Licensee’s state law, provider contracts or jeopardizes its relationship with its providers.

6.6 BCBSKC Recoveries. BCBSKC may pursue recoveries of Paid Claims in accordance with its rules and procedures (including via the use of third parties acting on BCBSKC’s behalf), which may arise in several ways, including but not limited to, anti-fraud and abuse audits, provider/hospital audits, utilization review refunds, and class action settlement, mass tort, or other litigation recoveries from health care providers and manufacturers of health care or other products or services. Any recovery will be credited to the Employer, subject to the terms of this Addendum, as described in 6.6.1; provided, that BCBSKC may charge the Employer a fee of up to 30% of the gross recovery including any third party fees and expenses for such recoveries, which will be netted against any such recovery. The recovery fee may exceed 30% if the applicable recovery vendor’s fee exceeds that percentage. BCBSKC shall have the right to retain any net recovery not exceeding \$500 if 3 years have elapsed since this Addendum terminated. Employer does not possess an independent right to pursue recoveries of Paid Claims.

6.6.1 In the event the BCBSKC obtains, directly or through a third party, recoveries that relate to Paid Claims, the following will apply:

- a. Employer shall first reimburse BCBSKC directly a pro rata portion of such recovery;
- b. Such portion shall not exceed the amount BCBSKC has paid under the Agreement;
- c. Such portion will be net of BCBSKC’s portion of recovery fees;
- d. Allocation of the recovery fees will be based upon the amount related to such recovery that was paid by BCBSKC and Employer; and
- e. Employer will retain or receive the remaining portion of such recovery net of its portion of recovery fees.

6.6.2 Any amounts recovered by BCBSKC shall not apply to and shall not be used to satisfy the Individual Pooling limit.

6.7 Medical Value Payments. Employer acknowledges that BCBSKC may have value-based payment arrangements with providers participating in certain health care delivery programs, including but not limited to patient-centered medical homes, accountable care organizations or episode-based

provider payments. These providers are known as “Total Care” providers. Pursuant to such health care delivery programs, Total Care providers may be eligible for alternative payments, in lieu of or in addition to, traditional fee-for-service reimbursement, including but not limited to, withholds, bonuses, incentive payments, provider credits and member management fees (collectively, “Medical Value Payments”). The amount of Medical Value Payments Total Care providers receive is specific to the Total Care program and/or provider and may or may not be directly related to Employer, any Covered Person, or any other group or individual. Employer acknowledges that Medical Value Payments payable to any one or more Total Care providers (a) will be included in Paid Claims, (b) may include compensation for services that are related to Covered Services, including, but not limited to, coordination of care, and (c) may include compensation in recognition of Total Care provider’s achievement of stated performance objectives, including, but not limited to, quality of care, patient outcomes or cost.

6.8 BCBSKC Prescription Drug Program BCBSKC contracts with a pharmacy benefit manager (“PBM”) for certain prescription drug administrative services, including prescription drug rebate administration and pharmacy network contracting services.

Under the agreement, PBM obtains rebates from drug manufacturers based on the utilization of certain prescription products by Covered Persons, and PBM retains the benefit of the rebate funds prior to disbursement. In addition, pharmaceutical manufacturers may pay administrative fees to PBM in connection with PBM’s services of administering, invoicing, allocating, and/or collecting rebates, and the PBM retains the benefit of such amounts prior to disbursement. PBM may also receive other service fees or discounts from manufacturers as compensation for various services unrelated to rebates or rebate-associated administrative fees.

In addition, BCBSKC and PBM also contract with pharmacies to provide prescription products at discounted rates for BCBSKC members. The discounted rates paid by PBM and BCBSKC to these pharmacies differ among pharmacies within a network, as well as between networks. For pharmacies that contract with the PBM, the amount paid by BCBSKC pays a uniform discount rate to PBM under the BCBSKC contract with the PBM may vary from regardless of the various discount rates PBM pays to the pharmacies. Thus, where the BCBSKC rate exceeds the rate the PBM negotiated with a particular pharmacy, the PBM will realize a positive margin on the applicable prescription. The reverse may also be true, resulting in negative margin for the PBM. In addition, when the PBM receives payment from BCBSKC before payment to a pharmacy is due, the PBM retains the benefit of the use of these funds between these payments. BCBSKC is guaranteed a minimum level of discount whether through the PBM or where BCBSKC directly contracts with network pharmacies, which could result in the amount paid by Employer being more or less than the amount PBM and/or BCBSKC pay to pharmacies.

Employer acknowledges and agrees for itself and its Covered Persons that BCBSKC is not acting as a fiduciary with respect to rebate administration, pharmacy network management, or the prescription drug plan. Employer further acknowledges for itself and its Covered Persons that BCBSKC receives rebates from the PBM and may receive positive margin in connection with the pharmacy network, as well as other financial credits, administrative fees and/or other amounts from network pharmacies, drug manufacturers or the PBM (collectively “Financial Credits”). Employer acknowledges and agrees for itself and its Covered Persons that, except as specifically provided in section 6.8.1 for certain pharmacy carve-in credits, BCBSKC shall retain sole and exclusive right to all Financial Credits, which constitute BCBSKC property (and are not plan assets), and BCBSKC may use such Financial Credits in its sole and absolute discretion, including without limitation to help stabilize BCBSKC’s overall rates and to offset expenses, and BCBSKC does not share Financial Credits with the Employer.

Without limitation to the foregoing, Employer acknowledges and agrees to the following (“Financial Credit Rules”) for itself and its Covered Persons that: (1) Employer and/or Covered Persons shall have no right to receive, claim or possess any beneficial interest in any Financial Credits, except as specifically provided in section 6.8 ; (2) Applicable drug benefit copayments, coinsurance, outpatient prescription drug deductible, deductible and/or maximum allowable benefits (including without limitation Calendar Year Maximum and Lifetime Maximum benefits) shall in no way be adjusted or otherwise affected as a result of any Financial Credits, except as may be required by law; (3) Any deductible and/or coinsurance required for prescription drugs shall be based upon the allowable charge at the pharmacy, and shall not change as a result of any Financial Credits, except as may be required by law; and (4) Amounts paid to pharmacies or any prices charged at pharmacies shall in no way be adjusted or otherwise affected as a result of any Financial Credits.

6.8.1 Pharmacy Carve-In Credits. BCBSKC agrees to provide Employer with pharmacy carve in-credits as provided in this section. The carve-in credit shall be \$55.00 per member per month, and shall be paid on a quarterly basis through a credit against amounts invoiced and due from Employer. The number of members shall be determined from the actual enrollment in the health plans with prescription drug coverage.

BCBSKC has the right, upon notice, to make an equitable adjustment to the carve-in credit amount in the event there is:

- (a) a material change in the conditions or assumptions utilized in providing the carve-in credit;
- (b) a material change in the size or demographics of the Employer’s membership;
- (c) Employer takes an action that has the effect of lowering the amount of Financial Credits available to BCBSKC; or
- (d) A material change in law or the pharmacy benefit industry that adversely impacts BCBSKC’s ability to obtain Financial Credits.

In order to be eligible for and receive the carve-in credits, Employer’s Addendum must be in effect at the time payment of such carve-in credits are to be made.

Employer agrees to fully and accurately disclose and report pharmacy carve-in credits and any other discount, rebate, or other credit received by Employer or retained by BCBSKC and/or its PBM, as required by law.

6.9 Audit of BCBSKC. During the term of this Addendum, Employer may, without charge by BCBSKC, perform an audit once during a Contract Period for the sole purpose of auditing BCBSKC's performance of certain of its obligations under this Addendum. To the extent an audit occurs, BCBSKC agrees only to the following two audit methodologies: (a) testing up to a statistically valid random sample, based upon a 95% confidence level (plus or minus 3% precision) and 97% expected performance; or (b) testing a targeted sample, up to a number of sample items equivalent to that which would result from the above random sample approach. Whether the audit is performed during the term of the Agreement or following termination and regardless of the methodology used, referenced in (a) and (b) above, such samples may only include those claims that were processed by BCBSKC no more than six months prior to the effective date for which the Employer requested the sample. For example, if a sample is requested to be drawn effective as of June 30 of a given year, it could only include claims processed between June 30 and January 1 of the same year. Employer may not request a retroactive effective date for the sample.

Employer may engage a third party to perform any or all of the audit on its behalf upon BCBSKC's prior written consent, not to be unreasonably withheld. Any such third party may not be reimbursed by Employer on a contingency or other method based on identification or value of errors. If Employer engages a third party to perform all or any part of an audit, such third party shall, upon BCBSKC's request (and Employer shall cause such third party to), enter into a data extraction agreement with BCBSKC prior to, and as a condition of, conducting any function of the audit. Employer shall provide BCBSKC with at least thirty (30) business days' notice of its desire to conduct an audit, and the parties (including the third party engaged by Employer, as applicable) shall execute a Records Audit Agreement, which will set forth in detail the terms and conditions of the audit. Notwithstanding anything to the contrary in this Addendum or the Records Audit Agreement, in no event will provider reimbursement or other proprietary information under the control of BCBSKC be subject to audit unless BCBSKC, in its sole discretion, permits access to such information.

6.10 Entire Agreement. This Addendum and the Group Contract(s) constitute the entire Agreement between the parties concerning this subject matter and supersede all other agreements, representations or communications, oral or written, between the parties or their predecessors relating to the transactions contemplated by or which are the subject matter of this Addendum, and both parties understand and agree that prior agreements, practices or statements inconsistent with the language, terms and conditions of this Addendum are of no force or effect.

6.11 Mindful by Blue KC: Mindful initiatives include improved network access to providers trained in crisis support, employer education focused on mental health first aid, and resources to support behavioral health integration into our primary care provider practices. The Mindful by Blue KC initiative provides a set of tools and resources to promote whole person wellness, including a limited number of well-being resource visits and access to Mindful Advocates. The well-being resource visits help with major life events (divorce, adoption, loss), stress, financial issues, childcare, and other everyday challenges through lifestyle coaching. These visits are limited to 3 per issue for each Blue KC member every calendar year. Well-being resource visits are not considered Covered Services and will not be billed (or paid) as claims. Mindful Advocates are licensed clinicians and social workers who match members to providers and guide care plans. They act as a single point of contact for listening, connecting, crisis management, benefits guidance, navigating care, and follow-up.

## Article 7 Definitions

**Access Fee** The amount paid by Employer to BCBSKC for network management and access, determined as set forth in Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

**Case A Service** request for prior authorization submitted by a Provider for one or more specified Covered Services to be performed as part of a single event of care for a Covered Person.

**Contract Period** The current contract term specified in the Group Contract(s) (which may be referred to in the Group Contract(s) as “Contract Year”).

**Coverage Class** The level of coverage selected by an Employee as set forth in Exhibit B (Rate Exhibits) (e.g., “Individual”, “Family”, etc.).

**Covered Person(s)** Those individuals as defined in the Group Contract(s).

**Covered Services** Those services, supplies, equipment and care as defined in the Group Contract(s).

**Cumulative Monthly Claims Limit** The amount of Paid Claims for all Covered Persons’ Covered Services for a Contract Period at which Employer has no further obligation, calculated as the sum of the Monthly Claims Limit for each month of the Contract Period to date.

**Cumulative Paid Claims** The sum of Paid Claims for each month of the Contract Period to date.

**Cumulative Prior Payment Amount** The sum of the amounts paid by Employer under Article 1.3 for each prior month (i.e., excluding the current month in question) of the Contract Period to date.

**Discount** The amount of the initial reduction from a provider’s billed charges which a provider has agreed to accept as payment in full at the time of claim payment for covered services provided to Participants. “Discount” does not mean or include any affiliation fees, administration fees, network management fees, provider and pharmaceutical rebates, incentive arrangements, or any other reductions or credits a provider may periodically give BCBSKC or any other amount that a provider may pay BCBSKC for services such as administration, marketing, managed care or quality improvement programs performed by BCBSKC for the provider. BCBSKC retains these amounts and they are not included in the Discount the BCBSKC makes available to Plan Sponsor.

**Fiduciary** as used in this Addendum means “fiduciary” as defined in ERISA at 29 U.S.C. 1002 (21)(A).

**Fixed Cost Fees** The amount of money to be paid by the Employer to BCBSKC for services under the Group Contract including such services as claims processing and investigation, utilization management, claims management, production and distribution of member identification cards, wellness services, web-based member services, brokerage fees, BlueCard fees and other general services provided by BCBSKC and third party services providers, unless otherwise identified in Exhibit B. For any month during the Contract Period, Fixed Cost Fees shall equal the amounts set forth in the Fixed Cost Fees section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

**Fixed Premium** The Fixed Cost Fees, Pooling Charges, Access Fees and Statutory Assessments as set forth in Exhibit A (Cost-Plus Provisions) and/or Exhibit B (Rate Exhibits), as applicable; provided, that the Access Fees and any Statutory Assessments shall be billed with the Monthly Settlement Report.

**Group Contract(s)** Those Group Contract(s) identified in Exhibit A (Cost Plus Provisions).

**Individual Pooling Limit** The amount at which any Paid Claims for a Covered Person's Covered Services in excess of such amount during a Contract Period are not counted as Paid Claims for purposes of determining Employer's claims obligations under Article 1.3 during such Contract Period. The Individual Pooling Limit does not include any capitated payments associated with any Paid Claims or Covered Services. Capitated payments include, but are not limited to, Medical Value and Value-Based and Spira Care Capitation Payments. Medical Value and Value-Based and Spira Care Capitation Payments are value-based payment arrangements with providers participating in certain health care delivery programs, including patient-centered medical homes, accountable care organizations or episode-based medical management. The Individual Pooling Limit does not include Spira Care Capitation Payments. The Individual Pooling Limit does not include Spira Care Capitation Adjustments.

**Monthly Claims Limit** For any month during the term of this Addendum, the amounts set forth in the Monthly Claims Limit section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

**Monthly Settlement Report** The Employer claims, network access and other obligations as reported for a given month by BCBSKC. The Monthly Settlement Report may include Paid Claims, Access Fees and Statutory Assessments, and, during the Runout Period, Runout Services Fee, as applicable.

**Paid Claims** All payments made as of the date when a valid draft for payment for Covered Services has been issued to the person or persons authorized for such purpose by agreement of the Employer and BCBSKC during the Contract Period and the Runout Period for claims that were incurred while this Addendum was in effect, or for claims that were incurred under this Addendum between the parties for the previous Contract Period, if applicable; including Medical Value Payments and other provider charges, such as capitation (including Spira Care Capitation Payments), when applicable. For purposes of clarification, a claim shall be deemed to be paid when a valid draft for payment has been issued as noted above, even if issued in a later Contract Period from when the claim was incurred. Paid Claims are those amounts paid to a provider, which the provider has agreed to accept as payment in full at the time of claim payment for Covered Services provided to Covered Persons. Paid Claims are not reduced by any administration fees, network management fees, provider and pharmaceutical rebates, incentive arrangements, or any other reductions or credits a provider may periodically give BCBSKC, or any other amounts that a provider may pay BCBSKC for services such as administration, marketing, managed care or quality improvement programs performed by BCBSKC for the provider. BCBSKC retains these amounts and they do not reduce the amount of Paid Claims. All services are deemed to be incurred on the date the service was actually rendered.

**Plan** as used in this Addendum means plan as defined in ERISA at 29 U.S.C. 1002(3).

**Pooling Charges** The amount payable by the Employer to BCBSKC for limiting the Employer's claims obligation under the terms of the Cumulative Monthly Claims Limit and Individual Pooling Limit, and, if applicable, for Terminal Liability Coverage. For any month during the Contract Period, Pooling

Charges shall equal the amounts set forth in the Pooling Charges section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

**Product Type** The type of product(s) offered by Employer to Covered Persons, as set forth in Exhibit B (Rate Exhibits) (e.g., Blue Advantage, Blue Care, Dental, etc.).

**Runout Claims** Claims for Covered Services incurred by Covered Persons prior to the termination of this Addendum but paid by BCBSKC during the Runout Period. For purposes of clarification, Runout Claims do not include claims incurred after termination of this Addendum.

**Runout Period** The first twelve (12) months following termination of this Addendum.

**Runout Services** The services provided by BCBSKC for Runout Claims after termination of this Addendum.

**Runout Services Fee** The fee payable by Employer to BCBSKC for Runout Services, which is equal to the sum of: (a) ten percent (10%) of Runout Claims during the month; and (b) ten percent (10%) of the difference between billed charges and the Allowable Charge for all Runout Claims (i.e., 10% of network discounts) during the month.

**Statutory Assessments** Governmental entities assess a variety of fees, taxes, surcharges and/or assessments on employer-sponsored health coverage. These include, but are not limited to, state premium taxes, Affordable Care Act (ACA) assessments, as well as miscellaneous state or local assessments.

**Terminal Liability Coverage** Coverage for Runout Claims exceeding a specified maximum at termination of this Addendum.

**Terminal Liability Coverage Charges** The cost associated with the purchase of Terminal Liability Coverage.

**Utilization Management Fees** The fees associated with utilization management services.

**Other Defined Terms** Any other capitalized term used in this Addendum and not specifically defined herein, shall have the meaning ascribed to it in the Group Contract(s).

**IN WITNESS WHEREOF**, BCBSKC and Employer have caused this Addendum to be executed effective as of the Effective Date.

BY: \_\_\_\_\_  
President, Board of Education

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

**Attested by:**

BY: \_\_\_\_\_  
Clerk, Board of Education

**Approved as to Form:**

BY: \_\_\_\_\_  
Attorney, Board of Education

**Exhibit A**  
**Cost Plus Provisions**

1. This Addendum shall be applicable to:  
  X   Employer's Group Health Contract: Group Number(s) 14274000
2. The Individual Pooling Limit per Covered Person shall be \$175,000
3. The Access Fee is due and payable with the Monthly Settlement Report and shall be:  
\$14.78 per Employee

4. Minimum Annual Claims Limit:

The greater of: (a) \$31,552,201; or (b) 90% of the amounts set forth in the Monthly Claims Limit section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations for the first month of the Contract Period, times the number of months of the Contract Period as defined in Article 7.

**Exhibit B**  
**Rate Exhibits**

**Fixed Premium**

**1. The Fixed Cost Fees are as follows:**

Employee	\$22.93
Employee/Spouse	\$43.39
Employee/Child(ren)	\$38.82
Family	\$59.38

**2. Pooling Charges (including Terminal Liability Coverage Charges, if applicable) are as follows:**

Employee	\$170.86
Employee/Spouse	\$323.33
Employee/Child(ren)	\$289.25
Family	\$442.43

**3. Access Fees are as follows:**

\$14.78 Per Employee Per Month

**4. Statutory Assessments are as follows:**

A. The Patient-Centered Outcomes Research Institute Fee (aka Comparative Effectiveness Fee) is due and payable with the Monthly Settlement Report and shall be \$3.38 per Covered Person (which equals \$0.28 per Covered Person per month).

B. All other Statutory Assessments are due and payable with the Monthly Settlement Report and shall be \$41.05 per Covered Person (which equals \$3.42 per Covered Person per month).

**5. Utilization Management Vendor Fees are as follows:**

Muscular Skeletal and Cardiac Utilization Management Vendor Fees are as follows:

Orthopedic Muscular Skeletal Case	\$550 per case
Spinal Muscular Skeletal Case	\$1,250 per case
Surgical Cardiac Case	\$1,750 per case
Cardiac Diagnosis Case	\$130 per case

**Exhibit B**  
**Rate Exhibits**

**Rate Factors**

**1. Monthly Claims Limit Factors are as follows:**

**PPO Blue Select Plus Plan**

Employee	\$762.68
Employee/Spouse	\$1,393.60
Employee/Child(ren)	\$1,251.92
Family	\$1,889.55

**PPO Preferred Care Blue Plan**

Employee	\$895.18
Employee/Spouse	\$1,694.31
Employee/Child(ren)	\$1,515.88
Family	\$2,318.44

**BlueSelect Plus - EPO Plan**

Employee	\$1,030.79
Employee/Spouse	\$1,950.96
Employee/Child(ren)	\$1,745.58
Family	\$2,669.86

**Preferred-Care Blue - BlueSaver Plan**

Employee	\$849.74
Employee/Spouse	\$1,531.04
Employee/Child(ren)	\$1,374.84
Family	\$2,077.77

**BlueSelect Plus - SPIRA EPO Plan**

Employee	\$861.79
Employee/Spouse	\$1,555.01
Employee/Child(ren)	\$1,391.24
Family	\$2,127.82

**BlueSelect Plus - SPIRA BlueSaver - PPO Plan**

Employee	\$754.38
Employee/Spouse	\$1,377.12
Employee/Child(ren)	\$1,237.12
Family	\$1,867.17

**2. Terminal Liability Factors are as follows:**

**PPO Blue Select Plus Plan**

Employee	\$1,144.02
Employee/Spouse	\$2,090.40
Employee/Child(ren)	\$1,877.89
Family	\$2,834.32

**PPO Preferred Care Blue Plan**

Employee	\$1,342.77
Employee/Spouse	\$2,541.46
Employee/Child(ren)	\$2,273.82
Family	\$3,477.66

**BlueSelect Plus - EPO Plan**

Employee	\$1,546.18
Employee/Spouse	\$2,926.44
Employee/Child(ren)	\$2,618.37
Family	\$4,004.79

**Preferred-Care Blue - BlueSaver Plan**

Employee	\$1,274.62
Employee/Spouse	\$2,296.56
Employee/Child(ren)	\$2,062.26
Family	\$3,116.66

**BlueSelect Plus - SPIRA EPO Plan**

Employee	\$1,292.69
Employee/Spouse	\$2,332.52
Employee/Child(ren)	\$2,086.86
Family	\$3,191.73

**BlueSelect Plus - SPIRA BlueSaver**

Employee	\$1,131.57
Employee/Spouse	\$2,065.67
Employee/Child(ren)	\$1,855.68
Family	\$2,800.75

## SPIRA CARE DISCLOSURE

### ASO AND COST-PLUS GROUP CONTRACTS

You have chosen to participate in Blue Cross and Blue Shield of Kansas City's (Blue KC) Spira Care program. There are some special financial features of Spira Care that we describe here.

Introduction. Spira Care provides a financial incentive to participating healthcare providers to use their medical judgment in a fashion that provides cost effective, appropriate medical care. Spira Care healthcare providers may receive additional compensation if they operate in a fashion that shows a beneficial cost impact (as measured by standards described later in this disclosure).

Provider Partners. Initially, Spira Care will operate through an arrangement with third-party healthcare provider organizations (collectively, the "**Provider Partners**"). Members will go to the Spira Care clinics to receive care from these Provider Partners through the Spira Care program.

Group's Capitation Payments. Your group will pay a per-member per-month ("**Capitation**") amount for services provided to your members through the Spira Care clinics. This Capitation amount will cover your group's expense for services provided through the Spira Care clinics, except for (a) drugs dispensed at the Spira Care clinics, and (b) any behavioral health services that are beyond what must be provided to members without cost-sharing under the Mental Health Parity and Addiction Equity Act. Your group will be required to pay those drug and behavioral health expenses in the normal way under your contract. They will not be covered by the Capitation amount you pay for services provided through the Spira Care clinics.

The Capitation amount of Spira Care will vary by the age and sex of members and may adjust on January 1 of each year, regardless of your group's plan year. And the Capitation amount for those members covered by a qualified high-deductible health plan will generally be less than the Capitation amount for those members not covered by such a plan.

In addition to receiving the Capitation amount, Blue KC and the Provider Partners will charge those members covered by a qualified high-deductible health plan who have not yet satisfied their deductible for the year an allowable charge for each visit involving non-preventive services. Blue KC and the Provider Partners will collect and keep this allowable charge.

Clinic Operating Performance. There are two special financial aspects of Spira Care. The first involves what is called a "**Clinic Operating Expenses**" calculation. The actual expenses in operating the Spira Care clinics (the Clinic Operating Expenses) for a year may be more or less than the total of the Capitation payments and any member cost-sharing payments made to the Provider Partners for the year. Blue KC and/or the Provider Partners will effectively bear responsibility for the clinic operating performance. Your plan will not be required to pay an additional Capitation amount to make up for any Clinic Operating Expense shortfall.

In determining whether there is an operating loss or gain from the Spira Care clinics, the Clinic Operating Expenses will include not only items like rent, utilities, medical record software, drug

acquisition costs, and information technology support, but also the compensation paid to the healthcare professionals associated with the Spira Care clinics for providing care to members who have selected Spira Care. And in determining the income associated with the clinics (for purposes of determining any clinic operating loss or gain), that income will include not only the total of the Spira Care Capitation and member cost-sharing payments made for the year, but also any amounts paid for drugs dispensed at the clinic.

Sharing of Cost Savings (or Losses). The second special financial feature of Spira Care is that one or more of the Provider Partners will, while making appropriate medical decisions, have a financial incentive to generate savings in the total cost of healthcare provided to members who have selected Spira Care. By total cost of healthcare we mean not just the cost of care provided by the Provider Partner but the cost of all covered healthcare provided to members in the Spira Care program, including care provided outside the Spira Care clinics.

In determining whether there have been cost savings, Blue KC will establish a benchmark and compare the Spira Care program's total cost of healthcare provided to members against that benchmark.

Savings. The intent is that the Provider Partners will perform well, as measured by the standard above, generating savings from what one might otherwise have projected healthcare costs to be. If so, one or more of the Provider Partners will receive incentive compensation equal to a percentage of the savings for the year in question (as those savings are determined under the calculations above).

To pay for all or part of any incentive compensation earned by the Provider Partners, groups in the Spira Care program in subsequent years may pay a larger Capitation amount for Spira Care, or Blue KC may charge higher administrative fees, or both. When successful, the group will experience the benefits of the Spira Care program in real time by seeing its healthcare costs decrease from what one might otherwise have projected them to be.

Losses. If the Provider Partners are not successful in generating savings, and the total cost of care for the Spira Care members instead shows a "loss" (determined under the calculations noted above), one or more of the Provider Partners will be required to bear a portion of that loss. In that event, one or more of the Provider Partners will make a payment to Blue KC equal to a percentage of the loss for the year. This payment will not be credited directly to your group. That means your group will have paid a Spira Care Capitation amount, as well as other healthcare expenses, a portion of which will ultimately come back to Blue KC and not back to your group.

Savings and Losses Not Based on Your Individual Group's Experience. Cost savings or losses will be determined across all groups that participate in Spira Care, including both self-insured and insured groups. This means savings or losses will not be determined based on your group's particular experience. And if any savings or losses are reflected in future years' Capitation amounts, the effect on your group will depend on the number of members in your group during the later year for which the Capitation is adjusted. Further, any Capitation adjustments for future years (to reflect savings or losses) may be different for insured groups that are not Cost-Plus groups than for ASO and Cost-Plus groups.

Blue KC's Interest in Provider Partners. Blue KC, or a subsidiary of Blue KC, has an ownership interest in one or more of the Provider Partners, and has the potential to obtain additional ownership in at least one of the Provider Partners. As a consequence, payments made to those Provider Partners may have a financial impact on Blue KC.

Blue KC or Subsidiary. The financial arrangements with the Provider Partners may actually be made between those providers and a subsidiary of Blue KC, rather than with Blue KC directly.

Agreed to and acknowledged:

By: \_\_\_\_\_  
President, Board of Education  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Attested by:**  
By: \_\_\_\_\_  
Clerk, Board of Education

**Approved as to Form:**  
By: \_\_\_\_\_  
Attorney, Board of Education



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Custodial Dept</b>	<b>Requested By:</b>	<b>Matt Brooks</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Emergency Repair: Had to repair BVH Gym floor due to water damage by a contractor.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>23999</b>
<b>Funding Year:</b>	<b>2024/2025</b>	<b>Location(s) items or services are for:</b>	<b>BVH</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |   |  |
|---|--|
| <input type="checkbox"/> This is a New Contract                                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                            | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <u>Greenbush</u> | Contract # <u>22.4 ESC-SPORTSFLOORING2024</u>                    |

<b>Begin Date:</b> 7/8/2024	<b>End Date:</b> 7/29/2024
<b>Company:</b> Lankford Enterprises Inc.	<b>Street Address:</b> 20635 Metcalf
<b>Contact Name:</b> Marie Franklin	<b>City:</b> Bucyrus
<b>Telephone:</b> (913) 681-6224	<b>State:</b> KS
<b>Email:</b> marie@lankford-floors.com	<b>Zip Code:</b> 66013
<b>Cost:</b> \$ 33,210.00 Estimated	
<b>Prior Year Cost:</b> N/A - Not Available	
<b>Terms:</b> (Annual, Multi-Year, One-Time): One-Time	

**Month:**(board meeting) September 2025 **Budget Administrator** Matt Brooks **Date** 8/8/2025



20635 S Metcalf, Bucyrus, KS 66013

8/6/2025

**Blue Valley Public Schools**

**INVOICE 25534**

**Attn Accounts Payable  
15020 Metcalf Ave  
Overland Park, KS 66283-0901**

=====

TERMS: NET 30 DAYS FROM DATE OF INVOICE  
Please remit from this invoice. Statement will not be sent.

B V High gym floor Delta Innovations

We removed and replaced 1,250 sq ft of water damaged flooring and subfloor as needed. Then sanded, Sealed, painted lines and finished the repair area.

AMOUNT DUE-----\$ 33,210.00

**THANK YOU FOR YOUR BUSINESS**

20635 S. Metcalf, Bucyrus, KS 66013  
Phone: 1-800-235-8292  
913-681-2244  
Fax: 913-681-5407



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	ITS	<b>Requested By:</b>	John Yates
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>26-014 schools and buildings Switches</b>          Purpose; This purchase will support the replacement cycle of building and school network switches. this was bid through E-Rate.</p>			
<b>Fund:</b>	<b>Bond</b>	<b>Account Number:</b>	<b>44110734-0</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>District Wide</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>Yes</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |   |  |
|---|--|
| <input type="checkbox"/> This is a New Contract                               | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                           | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                        | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <b>ERATE</b> | Contract # <b>FCC Form 470 Number 240015170</b>                  |

<b>Begin Date:</b> 8/16/2025	<b>End Date:</b> 8/15/2026
<b>Company:</b> CDW Government	<b>Street Address:</b> 75 Remittance Drive, Suite 1515
<b>Contact Name:</b> Brendan Devlieger	<b>City:</b> Chicago
<b>Telephone:</b> (866) 684-4536	<b>State:</b> IL
<b>Email:</b> brendev@cdwg.com	<b>Zip Code:</b> 60675-1515
<b>Cost:</b> \$ 192,250.00	
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Brian Daley **Date** 8/25/2025



Thank you for choosing CDW. We have received your quote.

# QUOTE CONFIRMATION

**JOHN YATES,**

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

**Convert Quote to Order**

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PGMP302	1/14/2025	ERATE 4650S	1685938	<b>\$192,250.00</b>

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<a href="#">Juniper EX4650 48x25GbE+8x100GbE Ethernet Switch</a>	25	5237827	\$7,690.00	\$192,250.00
Mfg. Part#: EX4650-48Y-AFO				
UNSPSC: 43222612				
Contract: MARKET				

<b>SUBTOTAL</b>	\$192,250.00
<b>SHIPPING</b>	\$0.00
<b>SALES TAX</b>	\$0.00
<b>GRAND TOTAL</b>	<b>\$192,250.00</b>

PURCHASER BILLING INFO	DELIVER TO
<b>Billing Address:</b> BLUE VALLEY SCHOOL DISTRICT ACCTS PAYABLE PO BOX 23901 OVERLAND PARK, KS 66283-0901 <b>Phone:</b> (913) 681-4000 <b>Payment Terms:</b> ERATE QUOTES ONLY	<b>Shipping Address:</b> BLUE VALLEY SCHOOL DISTRICT JOHN YATES 7490 W 149TH TER OVERLAND PARK, KS 66223-2240 <b>Shipping Method:</b> DROP SHIP-GROUND
	<b>Please remit payments to:</b>  CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515



### Sales Contact Info

**Brendan Devlieger** | (866) 684-4534 | [brendev@cdwg.com](mailto:brendev@cdwg.com)

## Need Help?



My Account



Support



Call 800.800.4239

[About Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)

This order is subject to CDW's Terms and Conditions of Sales and Service Projects at

<http://www.cdwg.com/content/terms-conditions/product-sales.aspx>

For more information, contact a CDW account manager.

© 2025 CDW•G LLC, 200 N. Milwaukee Avenue, Vernon Hills, IL 60061 | 800.808.4239

# Funding Commitment Decision Letter

## Funding Year 2025

**Contact Information:**

Toby Sykes  
BLUE VALLEY UNIF SCH DIST 229  
15020 METCALF AVE  
OVERLAND PARK, KS 66283  
[tobysykes@eratesolutions.com](mailto:tobysykes@eratesolutions.com)

**FCC Form 471:** 251026545**BEN:** 137622**Wave:** 1**Application Nickname:** BLUE VALLEY UNIF SCH  
DIST 229 FY2025.C2

## Totals

<b>Total Committed</b>	<b>\$588,300.00</b>
------------------------	---------------------

## What is in this letter?

Thank you for submitting your application for Funding Year 2025 Schools and Libraries Program (E-rate) funding. Attached to this letter, you will find the funding statuses for the FCC Form(s) 471, Services Ordered and Certification Form, that you submitted and referenced above.

The Universal Service Administrative Company (USAC) is sending this information to both the associated applicant(s) and the service provider(s) so that you can work together to complete the funding process.

## Next Steps

1. Work with your service provider(s) to determine if your bills will be discounted or if you will request reimbursement from USAC after paying the full cost for the services you receive.
2. Review the [Children's Internet Protection Act \(CIPA\)](#) requirements and file the [FCC Form 486](#) (Service Confirmation and CIPA Certification Form). **The deadline to submit this form is 120 days from the date of this letter or from the service start date (whichever is later).**
3. Invoice USAC

- **If you (the applicant) are invoicing USAC:** You must pay your service provider(s) the full cost for the services you receive and file the [FCC Form 472](#), the Billed Entity Applicant Reimbursement (BEAR) Form, to invoice USAC for reimbursement of the discounted amount.
- **If your service provider(s) is invoicing USAC:** The service provider(s) must provide services, bill the applicant for the non-discounted share, and file the [FCC Form 474](#), the Service Provider Invoice (SPI) form, to invoice USAC for reimbursement for the discounted portion of costs. Every funding year, service providers must file an [FCC Form 473](#), the Service Provider Annual Certification Form, to be able to submit invoices and to receive disbursements.
- **To receive an invoice deadline extension, the applicant or service provider must request an extension on or before the last date to invoice. If you anticipate, for any reason, that invoices cannot be filed on time, USAC will grant a one-time, 120-day invoice deadline extension if timely requested.**

## How to Appeal or Request a Waiver of a Decision

You can appeal or request a waiver of a decision in this letter **within 60 calendar days** of the date of this letter. Failure to meet this deadline will result in an automatic dismissal of your appeal or waiver request.

**Note:** The Federal Communications Commission (FCC) will not accept appeals of USAC decisions that have not first been appealed to USAC. However, if you are seeking a waiver of E-rate program rules, you must submit your request to the FCC and not to USAC. USAC is not able to waive the E-rate program rules.

- **To submit your appeal to USAC,** visit the Appeals section in the [E-rate Productivity Center \(EPC\)](#) and provide the required information. USAC will reply to your appeal submissions to confirm receipt. Visit USAC's [website](#) for additional information on submitting an appeal to USAC, including step-by-step instructions.
- **To request a waiver of the FCC's rules,** please submit it to the FCC in proceeding number CC Docket No. 02-6 using the [Electronic Comment Filing System \(ECFS\)](#). Include your contact information, a statement that your filing is a waiver request, identifying information, the FCC rule(s) for which you are seeking a waiver, a full description of the relevant facts that you believe support your waiver request and any related relief, and any supporting documentation.

For appeals to USAC or to the FCC, be sure to keep a copy of your entire appeal, including any correspondence and documentation, and provide a copy to the affected service provider(s).

## Obligation to Pay Non-Discount Portion

Applicants are required to pay the non-discount portion of the cost of the eligible products and/or services to their service providers. Service providers are required to bill applicants for the non-discount portion of costs for the eligible products and/or services. The FCC stated that requiring applicants to pay the non-discounted share of costs ensures efficiency and accountability in the program. If using the BEAR invoicing method, the applicant must pay the service provider in full (the non-discount plus discount portion) **before** seeking reimbursement from USAC. If using the SPI invoicing method, the service provider must first bill the applicant **before** invoicing USAC.

## Notice on Rules and Funds Availability

The applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program and the FCC's rules. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake to assure that committed funds are being used in accordance with such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction of USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly disbursed funds.

# Funding Commitment Decision Overview

## Funding Year 2025

### Application Comments for FCC Form 471: #251026545

The applicant did not submit any RAL corrections.

### Funding Commitment Decision Overview

Funding Request Number (FRN)	Service Provider Name	Amount Requested	Amount Committed	Status
2599035612	CDW Government LLC	\$588,300.00	\$588,300.00	Funded

<b>FRN</b> 2599035612	<b>Service Type</b> Internal Connections	<b>Status</b> Funded
--------------------------	---	-------------------------

<b>Dollars Committed</b>			
<b>Monthly Cost</b>		<b>One-time Cost</b>	
Months of Service	12		
Total Eligible Recurring Charges	\$0.00	Total Eligible One Time Charges	\$1,470,750.00
Total Pre-discount Charges		\$1,470,750.00	
<b>Discount Rate</b>		<b>40.00%</b>	
<b>Committed Amount</b>		<b>\$588,300.00</b>	

<b>Dates</b>	
<b>Service Start Date</b>	<b>7/1/2025</b>
<b>Contract Expiration Date</b>	<b>9/30/2026</b>
Contract Award Date	3/12/2025
Service Delivery Deadline	9/30/2026
Expiration Date (All Extensions)	

<b>Service Provider and Contract Information</b>	
Service Provider	CDW Government LLC
SPIN (498ID)	143005588
Contract Number	137484
Account Number	
Establishing FCC Form 470	250011237

<b>Consultant Information</b>	
Consultant Name	Toby Sykes
Consultant's Employer	eRate Solutions, L.L.C.
CRN	16024804

**Funding Commitment Decision Comments**

MR1: Approved as submitted.

## E-RATE PURCHASE AGREEMENT

Form – E-Rate FY27 2024-2025

Contract Number: 117577

This E-Rate Customer Purchase Agreement (this “Agreement”) is entered into on April 1, 2024 (“Effective Date”) and is made by and between CDW Government LLC an Illinois limited liability corporation with an office at 230 N. Milwaukee Ave., Vernon Hills, Illinois 60061 (“Seller”), and Blue Valley Unified School District 229, a non-profit school or library eligible for Universal Service funding, as defined below.

<b>E-Rate Contract Number</b>	117577	<b>Spin #</b>	143005588
<b>E-Rate Funding Year</b>	2024	<b>FCC Registration #</b>	0012123287
<b>Customer</b>	Blue Valley Unified School District 229 15020 Metcalf Ave Overland Park, KS, 66283	<b>Seller</b>	CDW Government LLC 230 N. Milwaukee Avenue Vernon Hills, IL 60061
<b>Effective Date</b>	April 1, 2024	<b>Quoted Items (see exhibit 1)</b>	470# 240015170

### 1. DEFINITIONS

As used in the Agreement, the following terms shall have the meanings set forth below:

- A. “Universal Service Administrative Co.” or “USAC” – The not for profit organization designated by the U.S. Federal Communications Commission (“FCC”) to administer and ensure compliance with the Universal Services Fund.
- B. “SLP” - The Schools and Libraries Program of the Universal Service Fund, which includes the E-Rate Program and that is administered by USAC under the direction of the FCC.
- C. “E-Rate” – The education rate funding program that is a part of SLP that provides discounts to keep students and library patrons connected to broadband and voice services and which is one of the programs that form the Universal Service Program.
- D. “Funding Commitment Decision Letter” or “FCDL” – A letter that a Customer receives from USAC which indicates the applicable discount amount for a specific funding year.
- E. “Products” – E-Rate eligible products or services that include computer related hardware but are not limited to caching servers, routers, switches, wireless access points, installation, and warranty maintenance and other items which are eligible for E-Rate discounts in accordance with the rules issued by USAC.
- F. “Funding Year” – The specific calendar period, as defined by the SLP, during which the Customer is approved for funding or discounts on Products. FY 2023 is in reference to the program year.

### 2. TERMS AND CONDITIONS

All orders submitted to Seller by Customer for Products under this Agreement are subject to the terms and conditions on Seller’s website at <https://www.cdwg.com/content/cdwg/en/terms-conditions/sales-and-service-projects.html> (the “Sales and Service Projects”), unless otherwise stated herein.

### 3. PURCHASE AUTHORIZATIONS

#### A. E-Rate Status

- i. Customer represents and warrants that it qualifies as eligible under the SLP to receive E-Rate funding.
- ii. CUSTOMER FURTHER ACKNOWLEDGES AND AGREES THAT THIS AGREEMENT, WHEN EXECUTED, CONSTITUTES A CONTRACT AS REQUIRED BY USAC and the SLP.

#### B. E-Rate Purchases

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CDW Government LLC

SPIN #143005588

2/16/2024

To the extent allowable, all information and documents hereby submitted in response to the Request for Quote (“RFQ”) furnished by Blue Valley Unified School District 229 are the Proprietary and Confidential property of CDW Government LLC (“CDW•G”).

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## E-RATE PURCHASE AGREEMENT

Form – E-Rate FY27 2024-2025

Contract Number: 117577

- i. Payment terms are subject to continuing credit approval by Seller. Seller may change credit or payment terms at any time when, in Seller's opinion, Customer's financial condition, previous payment record, or the nature of Customer's relationship with Seller so warrants.
- ii. Seller may discontinue performance under this Agreement (i) if Customer fails to pay any sum when due under this Agreement or any other agreement with Seller until payment is received or (ii) if Customer is in violation of applicable laws and regulations.

### A. Price

The Price shall be as set forth on the Customer's quote from Seller and which is in the form attached hereto as Exhibit I, and as amended from time to time. All prices are exclusive of federal, state, local, or other taxes, which shall be the responsibility of the Customer.

### Payment Terms

- i. All payments, regardless of method, shall be submitted to "Accounts Receivable", please contact your account manager for payment method options.
- ii. CUSTOMER MAY EITHER WAIT TO PLACE AN ORDER PRIOR TO OR AFTER RECEIPT OF ITS FCDL. IN THE EVENT THAT CUSTOMER PLACES AN ORDER PRIOR TO RECEIPT OF THE FCDL, CUSTOMER SHALL BE RESPONSIBLE FOR PAYMENT OF THE ENTIRE PURCHASE PRICE WITHOUT REGARD TO SLP FUNDING.
- iii. Customer must choose one of the following payment methods. However, Customers that choose to order Products prior to receiving their FCDL must follow the BEAR payment method.
  - Form 474 Service Provider Invoice (SPI) Method**  
Seller will invoice the Customer for the Product price, as set forth on the Product quote, net of the FCDL amount. Customer shall be responsible for making payment within thirty (30) days from date of invoice.
  - Form 472 Billed Entity Applicant Reimbursement (BEAR) Method**  
Seller will invoice Customer, upon Product shipment, for the total purchase price without regard to any SLP funding applied to that purchase price for the Products. Customer shall pay the invoiced amount within thirty (30) days from the date of invoice.
- iv. Seller accepts BEAR orders beginning April 1 before the beginning of the Funding Year. Seller accepts SPI orders beginning July 1 of the Funding Year when Customer has received its FCDL and completed the FCC Form 486, Seller DOES NOT accept SPI orders before July 1 of the Funding Year, or prior to the Form 486 approval by USAC.

### 6. NON-ASSIGNABILITY AGREEMENT

Customer shall not assign or otherwise transfer its rights or delegate its obligations under this Agreement without Seller's advance written consent. Any attempted assignment, transfer or delegation without such consent shall be void.

The term of this Agreement shall commence on April 1, 2024 ("Effective Date") and be valid through the later of the Funding Year 2024 or 9/30/2025.

- i. Seller may terminate this Agreement at any time for any reason upon thirty (30) days prior written notice to the Customer.

Customer may terminate this Agreement or withdraw an order upon written notice to Seller if: (a) funds are not appropriated to Customer under this program, or (b) Customer's School Board rejects this Agreement ("Termination Notice"). In the event that Customer terminates this Agreement due to non-appropriation of funds, or termination for convenience, then Seller may immediately cease performance. However, the Customer shall remain liable for any Products that have shipped or services, already provided, or have been subscribed or purchased prior to Seller's receipt of the Termination Notice. Customer shall also be responsible for any of Seller's out-of-pocket costs arising as a result of any such termination.

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CDW Government LLC

SPIN #143005588

2/16/2024

To the extent allowable, all information and documents hereby submitted in response to the Request for Quote ("RFQ") furnished by Blue Valley Unified School District 229 are the Proprietary and Confidential property of CDW Government LLC ("CDW•G").  
© CDW Government LLC 2023

**E-RATE PURCHASE AGREEMENT**

Form – E-Rate FY27 2024-2025

Contract Number: 117577

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

**CDW Government LLC**

**Blue Valley Unified School District 229**

\_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

Title: \_\_\_\_\_

Title: CIO

Date: \_\_\_\_\_

Date: 3-20-24



Thank you for choosing CDW. We have received your quote.

Hardware      Software      Services      IT Solutions      Brands      Research Hub

# QUOTE CONFIRMATION

**JOHN YATES,**

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

**Convert Quote to Order**

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
NSWJ415	2/12/2024	BVSD ERATE	1685938	<b>\$1,606,500.00</b>

### QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<a href="#">Juniper Networks EX Series EX2300-C-12P - switch - 12 ports - managed - rac</a> Mfg. Part#: EX2300-C-12P UNSPSC: 43222612 Contract: MARKET	100	4174696	\$547.00	\$54,700.00
<a href="#">Juniper EX3400 48 Ports Compact Access Ethernet Switch</a> Mfg. Part#: EX3400-48P UNSPSC: 43222612 Contract: MARKET	100	4111095	\$1,987.00	\$198,700.00
<a href="#">Juniper Switch - 12X10G - 36X2.5G - 2X100G</a> Mfg. Part#: EX4400-48MP Contract: MARKET	100	6875745	\$4,660.00	\$466,000.00
<a href="#">Juniper Networks - power supply - hot-plug redundant - 1600 Watt</a> Mfg. Part#: JPSU-1600-C-AC-AFO Contract: MARKET	100	6875749	\$513.00	\$51,300.00
<a href="#">Juniper EX4650 48x25GbE+8x100GbE Ethernet Switch</a> Mfg. Part#: EX4650-48Y-AFO UNSPSC: 43222612 Contract: MARKET	50	5237827	\$8,460.00	\$423,000.00
<a href="#">Juniper Networks QFX Series QFX5120-48Y - switch - 48 ports - managed - rac</a> Mfg. Part#: QFX5120-48Y-AFO2 Contract: MARKET	50	5798140	\$8,256.00	\$412,800.00

**SUBTOTAL**      \$1,606,500.00

# E-Rate Order Process

**1. Ordering**

Purchase orders shall be submitted through electronic means (email, electronic data interchange (EDI), etc.) directly to Customer's dedicated account manager. Alternatively, if a copy must be sent via mail, common courier, etc., please reach out to your account manager for the appropriate mailing address.

**2. Required Information**

All orders must include

- a. Contact name, Phone number
- b. Purchase order number
- c. Part number, Product description
- d. Pre-discount and discounted product price
- e. Percentage Customer owes and percentage SLD owes (SPI – Form 474 Method)
- f. Ship to location, Bill to location
- g. FCC Form 471 Number (also known as Application Number)
- h. FRN (Funding Request Number) for each part number
- i. Billing method (BEAR – Form 472 or SPI – Form 474)

SEPARATE PURCHASE ORDERS SHOULD BE SUBMITTED FOR PRODUCTS THAT ARE NOT ELIGIBLE FOR E-RATE FUNDING. ALL ORDERS ARE SUBJECT TO ACCEPTANCE BY SELLER.

PO TOTAL SHOULD REFLECT FULL PURCHASE PRICE OF ORDER

**3. Assistance With Order**

Customer may call 1-800-328-4239 for assistance on any purchase order. Any terms or conditions stated in or on the Customer's purchase order which are not consistent with or in addition to the terms and conditions in this Agreement or the Product Sales Terms and Conditions shall be null and void and shall not be applicable hereto or binding on Seller. IN THE CASE OF CHANGES TO PRODUCTS AFTER A CUSTOMER ORDER HAS BEEN ACCEPTED BUT BEFORE THE PRODUCT HAS SHIPPED, SELLER WILL MAKE REASONABLE EFFORTS TO MAKE AVAILABLE TO THE CUSTOMER A COMPARABLE OR BETTER PRODUCT AT THE SAME OR LESSER PRICE WHEN OR IF AVAILABLE, UPON APPROVAL FROM SLD ON PRODUCT SUBSTITUTION.

**4. Price and Payment Terms**

**a. Price**

Price shall be as stated in the quotation attached hereto as Exhibit I by Seller's Account Manager. Prices are exclusive of federal, state, local, or other taxes, which shall be the responsibility of the Customer. Any taxes will be listed separately on the invoice.

**b. Payment Terms (Customer must choose one)**

- i. **Form 474 Service Provider Invoice (SPI) Method**
  - Seller will invoice Customer for their portion of the Products upon shipment of Product and Customer shall pay the invoiced amount (discounted amount owed by Customer) within thirty (30) days from date of invoice.
- ii. **Form 472 Billed Entity Applicant Reimbursement (BEAR) Method**
  - Seller will invoice Customer for pre-discount portion of the Products upon shipment of Product and Customer shall pay the invoiced amount (full amount owed by Customer) within thirty (30) days from the date of invoice.

**5. Payment Method**

In adherence to Federal E-rate compliance regulations, CDW-G's quoted price is all-inclusive of any and all discounts, if applicable. No further discounts will be applied during time of invoice.

All payments for both methods shall be submitted to the address presented below WHERE APPLICABLE:

ACH PAYMENT INFORMATION:	CHECK PAYMENT INFORMATION:
E-mail Remittance To: <a href="mailto:gachremittance@cdw.com">gachremittance@cdw.com</a>	CDW Government
THE NORTHERN TRUST	75 Remittance Drive Suite 1515
50 SOUTH LASALLE STREET	Chicago, IL 60675-1515
CHICAGO, IL 60675	
ROUTING NO.: 071000152	
ACCOUNT NAME: CDW GOVERNMENT	
ACCOUNT NO.: 91057	

- i. Payment terms are subject to continuing credit approval by Seller. Seller may change credit or payment terms at any time when, in Seller's opinion, Customer's financial condition, previous payment record, or the nature of Customer's relationship with Seller so warrants.
- ii. Seller may discontinue performance under this Agreement (i) if Customer fails to pay any sum when due under this Agreement or any other agreement with Seller until payment is received or (ii) if Customer is in violation of applicable regulations.

**NOTWITHSTANDING ANYTHING TO THE CONTRARY, CUSTOMER IS RESPONSIBLE FOR PAYMENT OF 100% THE PRICE OF PRODUCTS IN THE CASE WHERE CUSTOMER PLACES ORDER FOR PRODUCTS SLD DISALLOWS CUSTOMER'S REQUEST FOR DISCOUNT AND**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Grounds</b>	<b>Requested By:</b>	<b>Caleb Clements</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Grass Seed for the district.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>23987</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BG</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract                          | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26008</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/8/2025	<b>End Date:</b> 10/31/2025
<b>Company:</b> Grass Pad Inc.	<b>Street Address:</b> 425 N. Rawhide
<b>Contact Name:</b> Todd Winkelman	<b>City:</b> Olathe
<b>Telephone:</b> (913) 660-3429	<b>State:</b> KS
<b>Email:</b> todd@grasspad.com	<b>Zip Code:</b> 66061
<b>Cost:</b>	<b>\$ 90,972.80</b>
<b>Prior Year Cost:</b>	<b>N/A</b>
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Caleb Clements **Date** 8/25/2025

26008 - Grass Seed																
Line Item	Quantity	Description	Reinders, Inc			Rare Agricultural Products, LLP				GRASS PAD INC.			Harrell's, LLC			
			Unit Cost	Unit Measure (50lb Bags)	Extended Price	Unit Cost	Unit Measure (50lb Bags)	Extended Price	Additional Information	Unit Cost	Unit Measure (50lb Bags)	Extended Price	Unit Cost	Unit Measure (50lb Bags)	Extended Price	Additional Information
1	160	Grass Seed Mix 80/20 Purity Variety/Kind 39.70% NIGHTCRAWLERTALL FESCUE 90% Germination WA 39.65% FAYETTE TALL FESCUE 90% Germination WA 19.81% FIELDER KENTUCKY BLUEGRASS 85% Germination WA 00.00% Other Crop Seeds 00.77% Inert Matter 00.00% Weed Seeds Noxious Weed Seeds: None Certified Blue Tag Seed No Coating (8000lbs Total)	\$ 72.50	50lb/Bag	\$11,600.00	\$ 104.98	50 lb bags	\$16,796.80	We also have 2000 lb totes	\$ 62.80	#50	\$10,048.00	\$ 76.00	50lb bag	\$12,160.00	Harrells Matrix Plus 90/10 Fescue/ Blue
2	1100	Grass Seed Mix 50/30/20 Purity Variety/Kind 29.63% TETRASPORT PERENNIAL RYEGRASS 90% Germination OR 24.88% NIGHTCRAWLER TALL FESCUE 90% Germination WA 24.76% FAYETTE TALL FESCUE 90% Germination WA 19.83% FIELDER KENTUCKY BLUEGRASS 85% Germination WA 00.00% Other Crop Seeds 00.90% Inert Matter 00.00% Weed Seeds Noxious Weed Seeds: None Certified Blue Tag Seed No Coating (22000 lbs. Total)	\$ 74.50	50lb/Bag	\$81,950.00	\$ 105.84	50 lb bags	\$116,424.00		\$ 63.97	#50	\$70,367.00		no bid		no bid
3	20	TALL FESCUE-PERENNIAL RYE GRASS-MICROCLOVER SEED MIXTURE Purity Variety/Kind 29.96% HOUNDOG & TALL FESCUE 90% Germination 90% Germination+Hard Seed OR 27.43% ROWDIER TALL FESCUE 90% Germination 90% Germination+Hard Seed WA 27.35% GARRISON TALL FESCUE 90% Germination 90% Germination+Hard Seed OR 09.9L% FIESTA CI NCO PERENNIALRYEGRASS 90% Germination 90% Germination+Hard Seed OR 02.41% PIPOLINA MICROCLOVER BRAND WHITECLOVER 76% Germination 14% Hard Seed 90% Germination+Hard Seed NZ/OR 00.08% Other Crop Seeds 2.86% Inert Matter (includes 2.58% Nitro-Coat coating) 00.00% Weed Seeds Noxious Weed Seeds: None Certified Blue Tag Seed Clover needs coating (rest of seed does not) (1000 lbs. Total)	\$ 101.50	50lb/Bag	\$2,030.00	\$ 134.65	50 lb bags	\$2,693.00		\$ 89.93	#50	\$1,798.60		no bid		no bid
4	80	GRASS SEED MIXTURE Purity Variety/Kind 33.58% MERCURY KENTUCKY BLUEGRASS 85% Germination ID 33.12% JACKRABBIT KENTUCKY BLUEGRASS 85% Germination WA 32.45% NORTHERN EXPOSURE KENTUCKY BLUEGRASS 85% Germination WA 00.03% Other Crop Seeds 00.79% Inert Matter 00.03% Weed Seeds Noxious Weed Seeds: None Certified Blue Tag Seed No Coating (4000 lbs. Total)	\$ 122.50	50lb/Bag	\$9,800.00	\$ 134.98	50 lb bags	\$10,798.40		\$ 109.49	#50	\$8,759.20	\$ 318.3300	50lb bag	\$25,466.40	Bid Mountain View 3655S bluegrass blend
<b>Totals:</b>					<b>\$105,380.00</b>			<b>\$146,712.20</b>			<b>\$90,972.80</b>		<b>Incomplete</b>		<b>\$37,626.40</b>	



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Grounds</b>	<b>Requested By:</b>	<b>Caleb Clements</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Purchase of new grounds trailer.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>26695</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>SSC</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract                          | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26009</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> <b>9/8/2025</b>	<b>End Date:</b> <b>3/31/2026</b>
<b>Company:</b> <b>Hoyt's Trailer Center</b>	<b>Street Address:</b> <b>2613 NW Stina Court</b>
<b>Contact Name:</b> <b>Nathan Moore</b>	<b>City:</b> <b>Topeka</b>
<b>Telephone:</b> <b>(785) 235-1086</b>	<b>State:</b> <b>KS</b>
<b>Email:</b> <b>mnathan@hoytstc.com</b>	<b>Zip Code:</b> <b>66618</b>
<b>Cost:</b>	<b>\$ 28,850.00</b>
<b>Prior Year Cost:</b>	<b>N/A</b>
<b>Terms: (Annual, Multi-Year, One-Time):</b> <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slabodnik **Date** 8/25/2025

26009 - Grounds Trailer																								
Line Item	Description	Quantity	Hoyt's Trailer Center				Legacy Brothers Inc				Midwest Peterbilt Group					Coleman Equipment, Inc.					Roadbuilders Machinery & Supply Co., Inc.			
			Manufacturer	Model	Unit Cost	Extended Cost	Manufacturer	Model	Unit Cost	Extended Cost	Manufacturer	Model	Unit Cost	Extended Cost	Additional Information	Manufacturer	Model	Unit Cost	Extended Cost	Additional Information	Manufacturer	Model	Unit Cost	Extended Cost
1	New Diamond C Trailer Model DET or Equal GVWR - 208 Package (18K GVWR) Length/Width - 24' x 102" - 208 pkg Axles - 2 - 8000 lb. Oil-Bath standard Brakes - Electric Over Hydraulic Disc Suspension - Torsion Axles Pull Type - Bumper Pull standard Frame - Engineered Beam Frame standard Tilt - Electric/Hydraulic Powered Tilt standard Deck - 4' Stationary Deck at Front Paint Type - DM Difference Maker Coating System standard Paint Color - Onyx Black standard Floor - Blackwood Lumber Full Cross-Members - 3" I-Beam on 14" Centers standard Jack - 20000 lb Hydraulic Jack Coupler - 2-5/16" - 21000 lb. Demco EZ-Latch Flat-Mount standard Storage - HD V-Tongue Lid standard Storage - Underslung Component Box standard Storage - 10' x 12' x 53" Underslung Box Winch - 12K Pop-Up Winch Box with Bed Roller Winch - Winch Upgrade - Crown 27HDC Battery Upgrade Battery/Charger - Crown 27HDC Battery Upgrade Battery/Charger - Solar Charging System 7 watts Lace Rail - 5" Channel - 3/8" Rub Rail w/ Stake Pockets & Pipe Spools standard, Slide Track & Ratchets - No Slide Track standard Tie Downs - 5/8" D-Rings (8) Steps - Front Retractable Steps standard Steps - Mid Turn Light/Step Combo standard Lights - All LED Lights standard Lights - Extra 3/4" Clearance Lights (2) Tie Size - 215/75R17.5 18 Ply Radial standard Wheel Color - Black standard Spare Mount - Under-Frame Spare Mount standard	1	Diamond C	DET 208	\$ 28,850.00	\$28,850.00	Diamond C	DET	\$ 30,686.00	\$30,686.00	Behnke	GDFB8X24TPT-XL-20E	\$ 35,657.00	\$35,657.00	Lead time is approximately 14 weeks from the date of order.	Redi Haul	RH20-204FS	\$ 38,000.00	\$38,000.00	only difference is we have stronger axels. (20K GVWR)	Holden Industries Inc.	HTB18	\$ 41,755.00	\$41,755.00
<b>Totals:</b>					\$28,850.00			\$30,686.00					\$35,657.00					\$38,000.00					\$41,755.00	
	Describe the standard warranty period and what is covered. Describe how we submit a warranty claim and include who would perform warranty repairs.		2 year component warranty and 6 year structure defect warranty				Please see full warranty information attached to packet.				Behnke Trailers come with a prorated 5 year warranty: Year 1: 100% Year 2: 80% Year 3: 60% Year 4: 40% Year 5: 20%  Trailer finish is warrantied for a period of 120 days.  This warranty does not cover winches, lights, couplers, brakes, tongue jacks, springs and tires or wheels. This warranty also excludes all other component parts. Specifically, and without limitation, Company provides no warranty, express or implied, of any type related to the tires, brakes or wheel bearings of any trailer. Manufacturer of said components should be contacted regarding warranty on said items.  Warranty issues could be handled by either reaching out to myself and I can arrange the claim through Behnke, or by the school district reaching out to Behnke directly. Warranty repairs can be made through Behnke directly or through a Behnke approved service provider.					LIFETIME LIMITED WARRANTY REDI HAUL TRAILERS warrants your trailer will be free from defects in materials and workmanship, to the original purchaser. The trailer warranted hereunder must be operated by the purchaser in accordance with the practice approved by REDI HAUL TRAILERS, with loads not exceeding the manufacturer's rated capacities and subject to all terms and conditions of this limited warranty. For warranty claim consideration please get with the service department at Coleman Equipment to start the process and perform any warranty repairs.					Warranty period is 1 year all parts and labor, unlimited mileage. Claim can be submitted directly to the manufacturer, Holden Industries, or Roadbuilders Machinery & Supply Co., Inc. Either company can provide repairs.			
	Does your bid meet minimum requirements? Please describe any deviations.		yes				Yes				Nonconformities: Make/Model: Behnke GDFB8X24TPT-XL-20E GVWR: 20k Frame: Behnke does NOT use an engineered beam Coating: Metal components will be powder coated Flooring: Full composite rubber decking is quoted Crossmembers: 3" channels on 16" centers Underslung component box: 12"x12"x36" tool box located on RH side of trailer Battery: Includes standard Behnke battery					Yes					Meets complete spec with no deviations.			
	Must be able to deliver to Blue Valley USD 229 Grounds Department, 7484 W. 149th Terrace, Overland Park 66223. Can you meet this requirement?		yes				Yes				Quoted price includes delivery to Blue Valley UDS 229 Grounds Department.					Yes					Yes			



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Grounds</b>	<b>Requested By:</b>	<b>Caleb Clements</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Fertilizer for the district.</b>  <b>Reinders - \$12,312.00</b> <b>Grass Pad - \$8,075.20</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>32901</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BG</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |   |  |
|---|--|
| <input type="checkbox"/> This is a New Contract             | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract         | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26010</u> |
| <input type="checkbox"/> This is a Curriculum purchase      | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ | Contract # _____   |

<b>Begin Date:</b> 9/8/2025	<b>End Date:</b> 10/31/2025
<b>Company:</b> Various	<b>Street Address:</b>
<b>Contact Name:</b>	<b>City:</b>
<b>Telephone:</b>	<b>State:</b>
<b>Email:</b>	<b>Zip Code:</b>
<b>Cost:</b>	<b>\$ 20,387.20</b>
<b>Prior Year Cost:</b>	<b>N/A</b>
<b>Terms: (Annual, Multi-Year, One-Time): One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Caleb Clements **Date** 8/25/2025

26010 - Fertilizer		GRASS PAD INC.				Reinders, Inc			Harrell's, LLC																
Line Item	Quantity	Description	Unit Cost	Unit Measure (1,000# Super Sacks)	Extended Price	Additional Information	Unit Cost	Unit Measure (1,000# Super Sacks)	Extended Price	Unit Cost	Unit Measure (1,000# Super Sacks)	Extended Price	Additional Information												
19		15-5-15 Turf Fertilizer with Polymer Coated Urea	\$ 539.00	1000#			\$ 648.00	1000lb/Tote	\$12,312.00	\$ 614.25	1000lb sack	\$11,670.75	On the 15-5-15 Total Nitrogen (N)..... 15.0% 2.805% Ammoniacal Nitrogen 12.006% Urea Nitrogen* 0.189% Water Insoluble Nitrogen Available Phosphate (P2O5) ..... 5.00% Soluble Potash (K2O) ..... 15.00% Sulfur (S) ..... 6.220% 6.220% Combined Sulfur Boron (B) ..... 0.290% Copper (Cu) ..... 0.290% Iron (Fe) ..... 1.810% Manganese (Mn) ..... 0.720% Molybdenum (Mo) ..... 0.007% Zinc (Zn) ..... 0.670%  DERIVED FROM: Polymer Coated Urea Ammonium Sulfate Diammonium Phosphate Sulfate of Potash Sodium Borate Copper Oxide Copper Sulfate Iron Oxide Ferrous Sulfate Manganese Oxide Manganese Sulfate Molybdic Oxide Zinc Oxide Zinc Sulfate and Activated Sewage *12.000% Slowly available urea nitrogen from Polymer Coated Urea. ALSO CONTAINS NON-PLANT FOOD INGREDIENTS: Soil Amending Ingredients 7.00% Humic Acid (derived from Leonardite) 93.00% Total Other Ingredients (including nutrients) Purpose: May aid in the uptake of micronutrients (15000 lbs. Total)								200lbs of micro mix per ton which resulted in the following: 8.62% S .13% B .27% Cu 53%Fe .27% Mn .003% Mo .27% Zn No Humic Acid.				On the 15-5-15 Total Nitrogen (N)..... 15.0% 2.676% Ammoniacal Nitrogen 0.081% Other/Water-Soluble Nitrogen 11.523% Urea Nitrogen* 0.72% Water Insoluble Nitrogen Available Phosphate (P2O5)..... 5.0% Soluble Potash (K2O)..... 15.0% Sulfur (S) ..... 6.3% 6.3% Combined Sulfur (S) Boron (B) ..... 0.28% Copper (Cu) ..... 0.28% Iron (Fe) ..... 1.93% Manganese (Mn) ..... 0.72% Zinc (Zn) ..... 0.67% Derived From: Ammonium Phosphate, Biosolids, Polymer Coated Urea, Sulfate of Ammonia, Sulfate of Potash, Copper Oxide, Ferric Oxide, Manganous Oxide, Sodium Borate, Zinc Oxide * 11.52% coated slow release Nitrogen (N) from Polymer Coated Urea NOTICE - Product contains Boron(B). Do not apply to Boron sensitive crops. Chlorine (Cl), Not more than..... 0.3% F352 Density - 61lb./cu. ft.
16		24-00-24 Turf Fertilizer with Polymer Coated Urea	\$ 504.70	1000#	\$8,075.20	Same	\$ 595.00	1000lb/Tote	\$8,925.00	\$ 620.06	1000lb sack	\$9,300.90													
		Total Nitrogen (N) ..... 24.00% 24.000% Urea Nitrogen* Soluble Potash (K2O) ..... 24.00% Sulfur (S) ..... 4.080% 4.080% Combined Sulfur  DERIVED FROM: Urea Polymer Coated Urea Muriate of Potash and Sulfate of Potash. *14.400% Slowly available urea nitrogen from Polymer Coated Urea. (15000 lbs. Total)																							
Bid Totals:					\$17,811.50				\$21,237.00			\$20,971.65													
Awarded Totals:			\$20,387.20		\$8,075.20				\$12,312.00																
			GRASS PAD INC.				Reinders, Inc			Harrell's, LLC															
		Can you meet the specifications? Please explain any exceptions.	Yes, With a difference in % of the Micro Mix, with "No Humic				Yes			Yes we can meet specifications, see attached labels															
		Do you have the ability to delivery by September 30, 2025?	Yes				Yes			Yes															
		All product will be ordered on one purchase order. Prefer the ability to offload using a forklift or something similar into warehouse. Can you meet these delivery requirements?	Yes				Yes			Yes															



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Grounds</b>	<b>Requested By:</b>	<b>Caleb Clements</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Purchase of new grounds tractor.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>34765</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>SSC</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract                          | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26011</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/8/2025	<b>End Date:</b> 3/31/2025
<b>Company:</b> Coleman Equipment, Inc.	<b>Street Address:</b> 24000 W 43rd Street
<b>Contact Name:</b> Aaron Skaggs	<b>City:</b> Shawnee
<b>Telephone:</b> (913) 422-3040	<b>State:</b> KS
<b>Email:</b> askaggs@colemanequip.com	<b>Zip Code:</b> 66226
<b>Cost:</b>	<b>\$ 53,600.00</b>
<b>Prior Year Cost:</b>	<b>N/A</b>
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slabodnik **Date** 8/25/2025

26011 - Utility Cab Tractor																													
		Coleman Equipment, Inc.					McConnell Machinery Co.				KanEquip, Inc.				Romans Outdoor Power					Pereira Sales Company, Inc.									
Line Item	Description	Quantity	Manufacturer	Model	Unit Cost	Extended Cost	Additional Information	Manufacturer	Model	Unit Cost	Extended Cost	Manufacturer	Model	Unit Cost	Extended Cost	Manufacturer	Model	Unit Cost	Extended Cost	Additional Information	Manufacturer	Model	Unit Cost	Extended Cost	Additional Information				
1	New Kubota Tractor M4-071HDC12 Kubota V3307 Direct Injection 3.3L (203 cu. in.) 4 Cyl EPA Tier 4 Emission Certified SAE Gross HP:74.3 Engine Net HP: 68.7 Max . PTO HP: 60 Common Rail Electronic Fuel Electronic Engine Management Constant RPM Management Turbocharged 130 Amp Alternator 12V 900 CCA Battery CAB (Ultra Grand Cab Category II) Front Tires - 9.50-24 R3 All Weather TI Rear Tires - 18.4-26 R3 (ANS) 17mm Holes ADD ONS: Creep Speed Kit Flow Control+SCD Valve 2nd Position Lever Kit with Float Detent Valve 3rd Position Lever Kit with Float Detent Valve Front Weight Bumper 10 Weight Max Bolt Kit- bumper Air Ride Seat Suspension Upgrade Kit MS Air Ride Seat Wiring Harness PNF Rear Window Wiper Kit w/ Washer Rear Window Defogger Kit M4 Inside Mirror Kit for MS Cab Tractor PNF External 3PT Controller Kit M4 Kubota NOW Telematics Grille Guard Kit Front Suitcase Weight	1	Kubota	M4-071HDC12	\$ 53,600.00	\$53,600.00		Kubota	M4-071HDC12	\$ 55,600.0000	\$55,600.00	NEW HOLLAND	WORKMASTER 75	\$ 60,081.15	\$60,081.15	Kubota	M4-071HDC12	\$ 64,913.00	\$64,913.00		Kubota	M4-071HDC12	\$ 72,990.92	\$72,990.92					PLEASE NOTE: this is the UNIT COST. It does not include the 2YR warranty price listed below.
2	Provide optional 2 year extended warranty price		2 Year Extended Warranty	2 Year or 4000 Hour	\$ 2,500.00		2500 additional for the extended warranty.	Kubota	2-Year	\$ 2,500.0000		NEW HOLLAND	2 YR EXT WARRANTY	\$ 3,181.00		Kubota	2 year ext. warranty	\$ 2,500.00		4000 hours max coverage	Orange Protection Program	M4-2YR	\$ 2,500.00					PLEASE NOTE: This is not included in the unit price of the Kubota tractor. Subtotal should be 75490.92	
<b>Totals:</b>						\$53,600.00				\$55,600.00				\$60,081.15				\$64,913.00						\$72,990.92					
		<b>Coleman Equipment, Inc.</b>					<b>McConnell Machinery Co.</b>				<b>KanEquip, Inc.</b>				<b>Romans Outdoor Power</b>					<b>Pereira Sales Company, Inc.</b>									
Describe the standard warranty period and what is covered. Describe how we submit a warranty claim and include who would perform warranty repairs		Basic Standard Limited - 24 Months or 2000 Hours (whichever occurs first) Limited Powertrain - 36 Months or 3000 Hours (whichever occurs first) You will contact your local Coleman Equipment dealership for warranty submission and repairs.					Basic Standard Limited 24 Months or 2000 Hours (whichever occurs first) Limited Powertrain 36 Months or 3000 Hours (whichever occurs first) Contact our service department and they will submit the warranty claim and perform the warranty repairs.				The warranty is 2 year/2,000 hour which ever comes first. It is a full bumper to bumper warranty that covers any manufacture defects. If there is a warranty issue, Blue Valley would call us and we would come pick the tractor up, come on site with our service truck, or Blue Valley could arrange to haul it in. Warranty will NOT pay for hauling or the trip charge for the service truck. One of my New Holland certified technicians will perform the warranty repairs				3 year total warranty coverage. ie; first 2 years bumper to bumper; then last 3rd year powertrain only. Only dealers will submit a warranty claim. Romans can and will perform warranty work.					2 year / 2000 hours									
Does your bid meet minimum requirements? Please describe any deviations.		Yes it meets the bid requirements.					Yes				Yes				yes.					Yes									
Must be able to deliver to Blue Valley USD 229 Grounds Department, 7484 W. 149th Terrace, Overland Park 66223. Provide training/overview of tractor upon delivery. Can you meet this requirement?		Yes					Yes				Yes. I (the salesman) will deliver the tractor or come with the truck driver to provide a walk around and training.				We will deliver to the address you provided at no cost. And give a brief overview of the tractor.					Yes									
Service location must be within a 50 mile radius of Blue Valley USD 229. Can you meet this requirement? Please describe your service location.		Yes, 24000 W 43rd Street, Shawnee, KS 66226					Yes				The Topeka location is located 71 miles from the district office. The Ottawa location is located 43 Miles from the district office. Service repairs can be done at Ottawa. Warranty repairs would have to be done at the Topeka location. The Ottawa location is not a New Holland dealer but would be able to work on the tractor				Yes. Louisburg, KS.					No- Local dealer can perform.									



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Facility &amp; Operations</b>	<b>Requested By:</b>	<b>Andy Spruill</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Purchase of three maintenance vehicles.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>016000460-7027</b>
<b>Funding Year:</b>		<b>Location(s) items or services are for:</b>	<b>SSC</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract                          | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26012</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/8/2025	<b>End Date:</b> 3/31/2026
<b>Company:</b> Shawnee Mission Ford Inc	<b>Street Address:</b> 11501 Shawnee Mission Parkway
<b>Contact Name:</b> Jay Cooper	<b>City:</b> Shawnee
<b>Telephone:</b> (913) 248-2287	<b>State:</b> KS
<b>Email:</b> jay.cooper@shawneemissionford.com	<b>Zip Code:</b> 66203
<b>Cost:</b> \$ 207,549.00	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slabodnik **Date** 8/25/2025

26012 - Transit Van

Line Item	Description	Quantity	Shawnee F LLC DBA Shawnee Mission Ford				OLATHE FORD SALESK, INC				Laird Noller Automotive Inc				Drivege Vehicle Innovations, LLC				ALAMEX INC				
			Year	Model	Unit Cost	Extended Cost	Year	Model	Unit Cost	Extended Cost	Year	Model	Unit Cost	Extended Cost	Year	Model	Unit Cost	Extended Cost	Additional Information (if necessary)	Year	Model	Unit Cost	Extended Cost
1	2026 Ford Transit Vans (High Roof) Upfitting to include: General Contractor trade package, cargo lighting, hard rubber flooring, 3-bar double drop down ladder racks. Plus four extra keys	3	2026	Ford Transit T350 HR AWD 148 WB	\$ 69,183.00	\$207,549.00	26	Transit	\$ 67,010.00	\$201,030.00	2026	Transit	\$ 70,239.00000	\$210,717.00	2026	Ford Transit F6X 350 Hi Roof LWB Cargo AWD	\$ 70,941.00	\$212,823.00	per the issued addenda: The speed-limiting governor has been removed from required specification	2026	Ford T350HD High Roof Long Wheelbase	\$ 74,616.00	\$223,848.00
<b>Totals:</b>					<b>\$207,549.00</b>			Did not include upfit	\$201,030.00			\$210,717.00					\$212,823.00					\$223,848.00	



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	CTE	<b>Requested By:</b>	Adam Wessel
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
these are items from PLTW to support the Honors Principles of Engineering at BVW, a new course offering for 25-26 school year			
<b>Fund:</b>	Capital Outlay	<b>Account Number:</b>	034000114-6038
<b>Funding Year:</b>	2025-2026	<b>Location(s) items or services are for:</b>	Blue Valley West
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract                          | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26013</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

Begin Date: 9-1-25	End Date: NA
Company: PLTW	Street Address: 5939 Castle Creek Parkway North Drive
Contact Name: NA	City: Indianapolis
Telephone: 877-335-PLTW	State: Indiana
Email:	Zip Code: 46250
Cost: 32,466.80	
Prior Year Cost: NA	
Terms: (Annual, Multi-Year, One-Time): <u>one-time</u>	

**Month:**(board meeting) September 2025      **Budget Administrator** Adam Wessel      **Date** 8/25/2025

<b>26013 - Engineering Classroom Supplies</b>					<b>Project Lead The Way, Inc.</b>		
<b>Line Item</b>	<b>Location</b>	<b>Description</b>	<b>Quantity</b>	<b>Manufacturer Model</b>	<b>Vendor Part</b>		
				<b>No.</b>	<b>No.</b>	<b>Unit Price</b>	<b>Extended Price</b>
1	BVW	Beakers 600 mL 6 pack	3	470149-356		\$ 29.50	\$88.50
2	BVW	Funnel Set 5x small and 5x large	2	44PWEE564		\$ 33.00	\$66.00
3	BVW	Golf Balls 12 pack	1	44PWEE574		\$ 18.50	\$18.50
4	BVW	Plastic Flex Tubing for 10mL Syringes 100 ft	1	44PWEE576		\$ 20.20	\$20.20
5	BVW	Rubber Bands 1/4 lb Assorted	2	470149-734		\$ 4.80	\$9.60
6	BVW	Solenoid 12v with Male Pins 10 pack	1	44PWEE578		\$ 59.00	\$59.00
7	BVW	Vernier Go Direct Wireless Force and Acceleration Sensor	6	GDX-FOR		\$ 127.50	\$765.00
8	BVW	270-7921 Vex V5 POE/CIM CUSTOM KIT	12	270-7921		\$ 2,620.00	\$31,440.00
<b>Total:</b>							<b>\$32,466.80</b>



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Academic Services</b>	<b>Requested By:</b>	<b>Adam Wessel</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
This purchase is for new 3D printers for all our HS industrial tech programs and carbon fiber for use with printers.			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	
<b>Funding Year:</b>		<b>Location(s) items or services are for:</b>	<b>High Schools</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input checked="" type="checkbox"/> This is a New Bid/RFP                          |
| <input type="checkbox"/> This is a Renewal Contract                          | <input checked="" type="checkbox"/> This is a Purchase from Bid/RFP # <u>26014</u> |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures                     |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/9/2025	<b>End Date:</b> 12/31/2025
<b>Company:</b> Staples, Inc.	<b>Street Address:</b> PO Box 95230
<b>Contact Name:</b> Chris Pappas	<b>City:</b> Chicago
<b>Telephone:</b> (407) 475-4523	<b>State:</b> IL
<b>Email:</b> christopher.pappas@staples.com	<b>Zip Code:</b> 60694
<b>Cost:</b>	\$ 27,752.55
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Adam Wessel **Date** 9/3/2025

**26014 - 3D Printers**

		Staples Inc.				Best Buy Stores, L.P.			Aztek Computers LLC			DEPCO Enterprises LLC			
<u>Line</u> <u>Item</u>	<u>Item Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor</u> <u>Model No.</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor</u> <u>Model No.</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor</u> <u>Model No.</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor Model</u> <u>No.</u>	<u>Additional</u> <u>Information</u>
1	3D Printers Preferred: Ultimaker S5 3D model Product No. 218252 or Equal	7	\$ 3,026.52	\$21,185.64	218252	\$ 3,072.59	\$21,508.13	218252	\$ 4,572.17	\$32,005.19	218252	\$ 4,999.00	\$34,993.00	Ultimaker S5	This matches the Promo price that Ultimaker is currently offering
2	Carbon Fiber Expansion Kit Preferred: Ultimaker PET	7	\$ 938.13	\$6,566.91	235438	\$ 911.4700	\$6,380.29	235438	\$ 1,128.00	\$7,896.00	235438	\$ 1,025.00	\$7,175.00	PETCF Bundle Model# 235438	This is current pricing
<b>Totals:</b>			<b>\$27,752.55</b>					<b>\$27,888.42</b>			<b>\$39,901.19</b>			<b>\$42,168.00</b>	

		3D Universe, LLC			JAG TECH ENTERPRISES LLC			E-LOGIC			Beckatt Solutions, LLC			
<u>Line</u> <u>Item</u>	<u>Item Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor</u> <u>Model No.</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor</u> <u>Model No.</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor</u> <u>Model No.</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Vendor Model</u> <u>No.</u>
1	3D Printers Preferred: Ultimaker S5 3D model Product No. 218252 or Equal	7	\$ 4,999.00	\$34,993.00	218252	\$ 5,248.95	\$36,742.65	#218252	\$ 5,908.79	\$41,361.53	218252	\$ 6,950.00	\$48,650.00	218252
2	Carbon Fiber Expansion Kit Preferred: Ultimaker PET	7	\$ 1,025.00	\$7,175.00	235438	\$ 1,076.26	\$7,533.82	#235438	\$ 1,228.02	\$8,596.14	235438	\$ 1,025.00	\$7,175.00	235438
<b>Totals:</b>					<b>\$42,168.00</b>			<b>\$44,276.47</b>			<b>\$49,957.67</b>			<b>\$55,825.00</b>



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Custodial Dept</b>	<b>Requested By:</b>	<b>Matt Brooks</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Yearly gym floor maintenance coat for the east half of the district.</b>			
<b>Fund:</b>	<b>Capital Outlay</b> ▼	<b>Account Number:</b>	<b>23999</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	<b>East Half Gym Floors</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <b>TIPS</b> | <input checked="" type="checkbox"/> Contract # <b>#230103</b>    |

OK NH 8/19/25

<b>Begin Date:</b> 11/7/2025	<b>End Date:</b> 3/21/2026
<b>Company:</b> 4J Facility Supply LLC	<b>Street Address:</b> 20475 Linwood Rd
<b>Contact Name:</b> Eric Johnson	<b>City:</b> Lindwood
<b>Telephone:</b> (913) 593-3667	<b>State:</b> ks
<b>Email:</b> ejohnson@4jfacilitiesupply.com	<b>Zip Code:</b> 66052
<b>Cost:</b> \$ 35,000.00 Estimated ▼	
<b>Prior Year Cost:</b> N/A - Not Availa ▼	
<b>Terms:</b> (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) August 2025 **Budget Administrator** Matt Brooks **Date**8/19/2025



East half

DATE	LOCATION	FACILITY	REASON	EMS PERMIT #	Estimated Square Ft	NOTES/COMMENTS
3/13-3/21	BVA	Gym	Maintenance Coat		8,415	Reservation #115827
3/13-3/21	BVM	Gym	Maintenance Coat		9,316	Reservation #115809
3/13-3/21	LKM	Gym	Maintenance Coat		9,096	Reservation #115811
3/13-3/21	LMS	Gym	Maintenance Coat		8730	Reservation #115812
3/13-3/21	OTM	Gym	Maintenance Coat		8,415	Reservation #115815
3/13-3/21	PSM	Gym	Maintenance Coat		9,300	Reservation #115818
11/7-11/9	BVH	South Gym (new)	Maintenance Coat		13,191	Reservation #115833
XXXXXX	BVH	North Gym	No work			10,767
Dec 23-27	BVH	Aux Gym	Maintenance Coat		6,993	Reservation #115821
11/14-11/16	BVN	Main Gym	Maintenance Coat		14,190	Reservation #115842
Dec 23-27	BVN	Aux Gym (original)	Maintenance Coat		7,107	Reservation #115843
3/13-3/21	BVN	New Aux Gym	Maintenance Coat		10,000	Reservation #115844
XXXXXX	BVN	Commons Floor	No work			Not this year 1900
Cost per sqft					104,753	Total SqFt
\$ 0.315					\$ 32,997.20	Total Estimated Cost



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	ITS	<b>Requested By:</b>	Nathaniel Chipman
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>26-012 Hilltop Exterior Cameras</b> This purchase will add cameras to the exterior of the Hilltop learning Center building.			
<b>Fund:</b>	<b>Bond</b>	<b>Account Number:</b>	<b>40825700-0</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>HLC</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>Yes</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input checked="" type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <b>TIPS</b> | Contract # <b>240101</b>   |
|  | OK NH 8/25/25  |

<b>Begin Date:</b> 9/10/2025	<b>End Date:</b> 12/31/2025
<b>Company:</b> American Digital Security LLC	<b>Street Address:</b> 140 Westwoods Dr.
<b>Contact Name:</b> Rob Behrens	<b>City:</b> Liberty
<b>Telephone:</b> (816) 415-4237	<b>State:</b> MO
<b>Email:</b> rob@securitybyads.com	<b>Zip Code:</b> 64068
<b>Cost:</b> \$ 28,643.49 Estimated	
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time): One-Time	

**Month:**(board meeting) September 2025 **Budget Administrator** Brian Daley **Date** 8/25/2025

*Only complete this page if this is a Bond Fund Purchase*



**DESCRIPTION OF CONSULTANT SERVICES  
PROVIDED FROM CAPITAL (BOND)  
EXPENDITURE FUNDS**

Service to be provided by:

Business name: American Digital Security

Address: 140 Westwoods Dr. Liberty MO 64068

Please give a detailed description of the services being provided:

**25-110 ES Pod Cameras**

This purchase will upgrade cameras to the exterior of the Hilltop learning Center building.

Budget manager signature *Brian Daley*

Bid or RFP number, if applicable \_\_\_\_\_

**Bond compliance use:**

Capital expenditure approved?	Date	Signature/Initials



American Digital Security  
 140 Westwoods Dr.  
 Liberty MO 64068  
 United States  
 (816) 415-4237

# Estimate

#EST0018307

07/31/2025

**Bill To**

Nate Chipman / 2501980  
 Blue Valley Schools  
 14950 Metcalf Avenue  
 Overland Park KS 66223-  
 United States

**Ship To**

Hilltop Campus  
 7700 W 143rd Street  
 Shawnee Mission KS 66223  
 United States

**TOTAL**

**\$28,643.49**

Expires: 09/14/2025

Terms	Expires	PO #	Sales Rep	Title	Memo
Due on receipt	09/14/2025		Rob E Behrens	Hilltop Exterior Cameras Upgrade	TIPS CONTRACT #240101

Quantity	Item	Options	Rate	Amount
3	<b>32C-H5A-4MH</b> H5A Multisensor 32MP Camera Module 3.3-5.7mm		\$2,691.10	\$8,073.30
1	<b>24C-H5A-3MH</b> H5A Multisensor 24MP Camera Module 3.3-5.7mm		\$2,253.35	\$2,253.35
2	<b>8.0C-H6A-DO1-IR</b> 8MP H6A Outdoor IR Dome Camera with 4.4-9.3mm Lens		\$1,569.71	\$3,139.42
2	<b>16.0C-H6ADH-DO1-IR</b> 2x 8MP H6A Dual Head Outdoor Camera		\$1,827.50	\$3,655.00
4	<b>WLMT-1001</b> Wall Mount for large pendant camera		\$111.61	\$446.44
4	<b>H5AMH-AD-PEND1</b> Outdoor pendant mount adapter		\$169.39	\$677.56
4	<b>H5AMH-DO-COVR1</b> Dome bubble and cover; for outdoor surface mount or pendant mount; clear		\$169.39	\$677.56
4	<b>H4AMH-AD-IRIL1</b> IR Illuminator Ring for H4 Multisensor		\$330.99	\$1,323.96
4	<b>POE60U-1BTE</b> Gigabit 802.3bt 60 W PoE Injector		\$150.45	\$601.80
3	<b>CRNMT-1001</b> CORNER MNT FOR LRGE PENDT WLMT-1001		\$133.40	\$400.20
2	<b>NPTA-1201</b> 1.5 inch NPT Adapter for Dual Head Cameras		\$59.50	\$119.00
4	<b>WLMT-1021</b> Mount; Pendant Arm; 20cm Long; 1.5 NPT		\$89.25	\$357.00
2	<b>H6A-MT-NPTA1</b> Pendant adapter; NPT; H6A		\$51.00	\$102.00
15	<b>LT-FLEX-NM-1/2-CUT-REEL</b> Non-Metallic Per Foot		\$1.06	\$15.90
500	<b>CAT6P-GRN</b> 23-4P UNS SOL CMP C6 Grn Jkt		\$0.47	\$235.00



EST0018307



American Digital Security  
 140 Westwoods Dr.  
 Liberty MO 64068  
 United States  
 (816) 415-4237

# Estimate

#EST0018307

07/31/2025

Quantity	Item	Options	Rate	Amount
1	<b>Project Engineering</b>		\$125.00	\$125.00
1	<b>Hardware100</b>		\$100.00	\$100.00
40	<b>ADSLABOR</b> Installation		\$130.00	\$5,200.00
4	<b>ADSPROJECTMANAGEMENT</b>		\$145.00	\$580.00
1	<b>Shipping and Handling Charge</b>		\$561.00	\$561.00

<b>Subtotal</b>	\$28,643.49
<b>Tax Total (\$)</b>	\$0.00
<b>Total</b>	\$28,643.49



EST0018307



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Custodial Services</b>	<b>Requested By:</b>	<b>Matthew Brooks</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>This request is to purchase 10 new Kaivac machines for restroom cleaning.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>23963</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>Middle schools</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |   |  |
|---|--|
| <input type="checkbox"/> This is a New Contract                                   | <input type="checkbox"/> This is a New Bid/RFP                 |
| <input type="checkbox"/> This is a Renewal Contract                               | <input type="checkbox"/> This is a Purchase from Bid # _____   |
| <input type="checkbox"/> This is a Curriculum purchase                            | <input type="checkbox"/> This Purchase requires BOE Signatures |
| <input checked="" type="checkbox"/> This can be purchased off of <b>Greenbush</b> | Contract # <b>24.7 ESC-Facility Solutions2024</b>              |
- Contract verified 8/26/2025 tlv

<b>Begin Date:</b> 7/1/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Brady Industries of Kansas LLC	<b>Street Address:</b> 1200 N Erie
<b>Contact Name:</b> Jill Ward	<b>City:</b> Kansas City
<b>Telephone:</b> (316) 214-3616	<b>State:</b> MO
<b>Email:</b> jill.ward@bradyplus.com	<b>Zip Code:</b> 64116
<b>Cost:</b> \$ 44,429.50 Estimated	
<b>Prior Year Cost:</b> 0 Estimated	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Matt Brooks **Date** 8/22/25



(Formerly BradyIFS)

**Wichita, KS**  
 Phone: 316-942-9494  
 BradyPLUS.com

# QUOTATION

**#9709754**

**8/22/2025**

**Quote Expires On: 10/21/2025**

**ORDERED BY:** BLUE VALLEY SCHOOL DISTRICT  
 P O BOX 23901  
 OVERLAND PARK, KS 66283-0901  
 USA

**SHIP TO:** BLUE VALLEY WAREHOUSE  
 7480 W 149th Ter  
 Overland Park, KS 66223-2240  
 US

Customer ID: 238284	Ship To ID: 241534
Order #: 9709754	Entered By: JILL.WARD
Customer PO #:	

Qty	B/O	Item ID	Description	UoM	Unit Price	Ext Price
<p><b>Order Note:</b> Pricing based off Green Bush Coop 24.7                      ESC-Facility Solutions2024</p> <p><b>Delivery Instructions:</b> ***PLEASE CALL ROCKY DEANGELO                      816-217-8727 BEFORE DELIVERY ***</p> <p>PULL UP TO GARAGE DOORS, GO IN DOOR                      ON FAR LEFT OF BUILDING. SOMEBODY                      INSIDE WILL TELL YOU WHERE TO DROP.</p>						
10.00	10.00	KL-577535	VERSA 17 GAL 500 PSI 120VAC CORDED	EACH	4,442.950	44,429.50
6.00	6.00	PT107783	GOFIT 6 4AH XOVER 2-PC WAND	EACH	863.000	5,178.00
10.00	10.00	PT-107683	GOFIT CORDLESS 4AH BATTERY	EACH	399.000	3,990.00
<b>FUEL :</b>						0.00

<b>SUB-TOTAL:</b>		53,597.50
<b>TAX:</b>		0.00
<b>BALANCE DUE:</b>		<b>53,597.50</b>
<i>Total Lines:</i>		



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>ITS</b>	<b>Requested By:</b>	<b>John Yates</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>26-013 Network Switches</b>          Purpose; This purchase of network equipment will support the paging replacement project in the elementary schools.</p>			
<b>Fund:</b>	<b>Bond</b>	<b>Account Number:</b>	<b>44110734-0</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>District Wide</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>Yes</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract  | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract  | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase   | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <u>Greenbush</u> Contract # <u>022-G</u><br>Contract verified 8/26/2025 tlv |  |

<b>Begin Date:</b> 8/16/2025	<b>End Date:</b> 8/15/2026
<b>Company:</b> CDW Government Inc	<b>Street Address:</b> 75 Remittance Drive, Suite 1515
<b>Contact Name:</b> Brendan Devlieger	<b>City:</b> Chicago
<b>Telephone:</b> (866) 684-4536	<b>State:</b> IL
<b>Email:</b> brendev@cdwg.com	<b>Zip Code:</b> 60675-1515
<b>Cost:</b> \$ 83,080.00	
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Brian Daley **Date** 8/25/2025



Thank you for choosing CDW. We have received your quote.

# QUOTE CONFIRMATION

**JOHN YATES,**

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

**Convert Quote to Order**

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PNLT701	8/5/2025	3400S	1685938	<b>\$83,080.00</b>

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<a href="#">Juniper EX3400 48 Ports Compact Access Ethernet Switch</a>	40	4111095	\$2,077.00	\$83,080.00
Mfg. Part#: EX3400-48P UNSPSC: 43222612 advertised: 6978.50 greenbush: 6559.79 Contract: SEKESC Blue Valley School District (022-G)				

<b>SUBTOTAL</b>	\$83,080.00
<b>SHIPPING</b>	\$0.00
<b>SALES TAX</b>	\$0.00
<b>GRAND TOTAL</b>	<b>\$83,080.00</b>

PURCHASER BILLING INFO	DELIVER TO
<b>Billing Address:</b> BLUE VALLEY SCHOOL DISTRICT ACCTS PAYABLE PO BOX 23901 OVERLAND PARK, KS 66283-0901 <b>Phone:</b> (913) 681-4000 <b>Payment Terms:</b> NET 30 Days-Govt/Ed	<b>Shipping Address:</b> BLUE VALLEY SCHOOL DISTRICT JOHN YATES 7490 W 149TH TER OVERLAND PARK, KS 66223-2240 <b>Shipping Method:</b> DROP SHIP-GROUND
<b>Please remit payments to:</b>	
CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	



### Sales Contact Info

**Brendan Devlieger** | (866) 684-4534 | [brendev@cdwg.com](mailto:brendev@cdwg.com)

## Need Help?



My Account



Support



Call 800.800.4239

[About Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)

This order is subject to CDW's Terms and Conditions of Sales and Service Projects at

<http://www.cdw.com/content/terms-conditions/product-sales.aspx>

For more information, contact a CDW account manager.

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# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Facilities and Operations</b>	<b>Requested By:</b>	<b>Caleb Clements</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Landscaping and Athletic Field Services</b>			
<b>Fund:</b>	<b>Capital Outlay</b> ▼	<b>Account Number:</b>	<b>32897</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	<b>District Wide</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |   |   |
|---|---|
| <input type="checkbox"/> This is a New Contract                                   | <input type="checkbox"/> This is a New Bid/RFP                                      |
| <input type="checkbox"/> This is a Renewal Contract                               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____                    |
| <input type="checkbox"/> This is a Curriculum purchase                            | <input type="checkbox"/> This Purchase requires BOE Signatures                      |
| <input checked="" type="checkbox"/> This can be purchased off of <b>Greenbush</b> | <input checked="" type="checkbox"/> Contract # <b>25.4 ESC-lawngroundsmaint2025</b> |

<b>Begin Date:</b> 9/2/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Goodwin Pro Turf Inc	<b>Street Address:</b> 6945 W. 152nd Terrace
<b>Contact Name:</b> Steve Goodwin	<b>City:</b> Overland Park
<b>Telephone:</b> (913) 685-1000	<b>State:</b> KS
<b>Email:</b> Steve@goodwinproturf.com	<b>Zip Code:</b> 66223
<b>Cost:</b> \$ 450,000.00 Estimated	▼
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slabodnik **Date**8/27/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Custodial Dept</b>	<b>Requested By:</b>	<b>Matt Brooks</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Yearly gym floor maintenance coat for the west half of the district.</b>			
<b>Fund:</b>	<b>Capital Outlay</b> ▼	<b>Account Number:</b>	<b>23999</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	<b>West Half Gym Floors</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <b>TIPS</b> | <input checked="" type="checkbox"/> Contract # <b>#230103</b>    |

OK NH 8/19/25

<b>Begin Date:</b> 11/7/2025	<b>End Date:</b> 3/21/2026
<b>Company:</b> Hillyard Kansas City	<b>Street Address:</b> 10809 N Pomona
<b>Contact Name:</b> Jon Woelk	<b>City:</b> Kansas City
<b>Telephone:</b> (913) 579-2344	<b>State:</b> MO
<b>Email:</b> jwoelk@hillyard.com	<b>Zip Code:</b> 64153
<b>Cost:</b> \$ 35,000.00 Estimated ▼	
<b>Prior Year Cost:</b> \$75,000.00 Estimated ▼	
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) August 2025 **Budget Administrator** Matt Brooks **Date**8/19/2025



Hillyard Kansas City NWMO

10809 North Pomona

Kansas City, MO 64153

[www.hillyard.com](http://www.hillyard.com)

tel: 888.420.7380

fax: 816.569.0909

Wednesday, July 16<sup>th</sup>, 2025

Matthew Brooks,

Hillyard will be utilizing the TIPS GPO for our gym floor bid this year. TIPS Contract #230103 specifies a 15% discount from .55 per square foot for screen and 1 coat of Trophy H2O. Which would be .46 cents per square foot. Due to the volume and competitive nature of this bid Hillyard is providing screen and recoat services at .32 cents.

We appreciate the opportunity to work with Blue Valley School District.

Thank you,

Jon Woelk  
Hillyard KC  
913-579-2344  
[Jwoelk@hillyard.com](mailto:Jwoelk@hillyard.com)

West Half

DATE	LOCATION	FACILITY	REASON	EMS PERMIT #	Estimated Square Ft	NOTES/COMMENTS
3/13-3/21	ABM	Gym	Maintenance Coat		10,715	Reservation #115807 (main gym only)
3/13-3/21	HMS	Gym	Maintenance Coat		8,316	Reservation #115810
3/13-3/21	OMS	Gym	Maintenance Coat		8,450	Reservation #115814
3/13-3/21	OTM	Gym	Maintenance Coat		8,415	Reservation #115815
3/13-3/21	PRM	Gym	Maintenance Coat		8,750	
3/13-3/21	STI	Gym	Maintenance Coat		4,290	Reservation #115819
11/14-11/16	BVNW	Main Gym (new)	Maintenance Coat		13,191	Reservation #115819
Dec 23-27	BVNW	Old Main Gym	Maintenance Coat		11,817	Reservation #115837
Dec 23-27	BVNW	Aux Gym	Maintenance Coat		7,236	Reservation #115837
11/7-11/9	BVSW	Main Gym	Maintenance Coat		14,136	Reservation #115855
11/7-11/9	BVSW	Aux Gym	Maintenance Coat		7,980	Reservation #115855
				Cost per sqft	103,296	Total SqFt
				\$ 0.32	\$ 33,054.72	Total Estimated Cost



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>		<b>Business Operations</b>	<b>Requested By:</b>		<b>Jason Gillam</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)					
<b>Purchase of chairs for District office staff</b>					
<b>Fund:</b>	<b>Bond</b>		<b>Account Number:</b>	<b>47037730-0</b>	
<b>Funding Year:</b>	<b>2025/2026</b>		<b>Location(s) items or services are for:</b>	<b>District Office</b>	
<b>Does this use Bond Funds?</b> (if yes, see below)			<b>Yes</b>		
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>			<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>		

**Check all that apply to this Purchase:**

- |   |  |
|---|--|
| <input type="checkbox"/> This is a New Contract   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract   | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase  | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <u>Omnia Partners</u> Contract # <u>R240117</u><br><div style="text-align: right;">OK NH 8/27/25</div> |  |

<b>Begin Date:</b> 9/1/2025	<b>End Date:</b> 12/31/2025
<b>Company:</b> HON Company	<b>Street Address:</b> 200 Oak Street
<b>Contact Name:</b> Tyler Bosley	<b>City:</b> 4000 Washington Street
<b>Telephone:</b> (816) 810-3735	<b>State:</b> MO
<b>Email:</b> tbosley@fre3dom.net	<b>Zip Code:</b> 64111
<b>Cost:</b> \$ 32,899.20	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time): One-Time	

**Month:**(board meeting) September 2025 **Budget Administrator** Jason Gillam **Date** 7/15/2025



# Proposal

QUOTE NUMBER	4947
DATE	08/05/2025
EXPIRATION DATE	
CUSTOMER NAME	Blue Valley Schools
SALESPERSON	House Sales
ACCOUNT MANAGER	
TERMS	NET 30
PAGE	1 of 4

CUSTOMER
Blue Valley Schools 15020 Metcalf Ave Overland Park, KS 66223  ATTN: Accounts Payable Email: acctspayable@bluevalleyk12.org

SHIP TO
Blue Valley School District Office 15020 Metcalf Ave Overland Park, KS 66223  ATTN: Nicole Hogan Phone: 913-239-4203 Email: nhogan@bluevalleyk12.org

Line	Quantity	Description	Unit Price	Extended Amount
1	1.00	CONTRACT INFO CONTRACT: C073; Estimated Ship Date 3-4 weeks from order placement.	0.00	0.00
2	95.00	HIWMM--.Y0-.A-.H-.IM-\$(1)-.CU-10-.BL-.SB-.T Ignition 2 Task Mid-back, ilira back OPTION: .Y0:Simple Synchro-Tilt Control OPTION: .A:Height and Width Adj. Arm OPTION: .H:Hard Caster OPTION: .IM:4-Way Black OPTION: \$(1):Grade 1 Uph OPTION: .CU:Centurion OPTION: 10:Black OPTION: .BL:Black Adjustable Lumbar OPTION: .SB:Standard Base OPTION: .T:Black	317.36	30,149.20
3	1.00	LABOR Labor to receive, deliver, and install task chairs at BVSD District Office. Assumes regular business hours, no stair carry, and no product removal.	2,750.00	2,750.00
			<b>SUB-TOTAL :</b>	<b>\$32,899.20</b>
			<b>TOTAL :</b>	<b>\$32,899.20</b>



# Proposal

QUOTE NUMBER	4947
DATE	08/05/2025
EXPIRATION DATE	
CUSTOMER NAME	Blue Valley Schools
SALESPERSON	House Sales
ACCOUNT MANAGER	
TERMS	NET 30
PAGE	2 of 4

### TERMS & CONDITIONS OF SALE

**PAYMENT TERMS:** A deposit of 50% is required with all orders and is due at the time the order is received. Buyer agrees to pay the net balance in 30 days from receipt of invoice. A 10% retainer is optional at the request of the Buyer and with written agreement by the Seller for outstanding punch list items. Retainer is due within 10 days of completion of punch list. Payment by credit card is accepted, but a convenience charge of 3% will be added to the invoice. Buyer agrees to pay a finance charge of 1-1/2% per month on the unpaid balance of each invoice for each month it is past due. This amounts to an average finance charge of 18% on all delinquent invoices. Buyer additionally agrees to pay all expenses, attorney fees and court costs which Seller incurs by reason of Buyer's default or non-payment. Acceptance of delivery constitutes acceptance of the merchandise as delivered.

**TAXES:** Prices may or may not include any applicable sales, use or any other tax. Any applicable taxes will be added to price at the time of invoicing and Buyer agrees to pay same. If tax is not added, payment of tax is the responsibility of the Buyer as due to the receiving State. Applicable sales tax will be included on the invoice unless a valid Sales Tax Exemption Certificate or valid Resale Certificate is provided.

**FREIGHT AND TARIFFS:** Prices may not include all freight or tariff charges. Additional charges that will be billed to Seller after the acceptance of this proposal will be so noted. These costs will be added to price at the time of invoicing and are the responsibility of the Buyer. Buyer agrees to pay same.

**DELIVERY AND INSTALLATION:** In the event that delivery and/or installation is required as a part of the proposal, the following provisions shall apply.

1. **CONDITION OF JOB SITE** – The job site shall be clean, clear, and free of debris prior to installation. A contingency fee equal to 10% of all installation costs, based on job site conditions, may be added to the final invoice. This fee will only be added after a discussion with and approval from the Buyer. Installation of any product will only occur after the jobsite has received either a Certificate of Occupancy or Temporary Certificate of Occupancy, and all other trades are off the jobsite or within the same locality.
2. **JOB SITE SERVICE** – Electric current, heat, hoisting and/or elevator service will be provided without charge to Seller. Adequate facilities for off-loading, staging, moving, and handling of merchandise shall be provided. Any move-in fees, loading dock fees, elevator reservation fees or the like will be Buyer's responsibility. Buyer also agrees that any fees or labor costs incurred by Seller as a result of move-in, loading dock, or elevator delays will be at Buyer's expense. Buyer is responsible for any mechanical, electrical, or plumbing connections to the building unless otherwise noted above. Any electrical connection from the building power to the furniture is not included in the pricing and must be performed by a licensed electrician, unless otherwise noted.
3. **ELETRICAL CODE** – Seller will specify product to meet required electric code. When Chicago or New York City electric code is required, the Seller will provide the back boxes, but hardwiring the boxes will be at the Buyer's expense.
4. **SPECIAL PACKAGING OR HANDLING** – If special packaging or handling is required that is not contained in the specification, it will be subject to an extra charge to the Buyer. Unless otherwise and previously noted, and when applicable, a completely accessible and operable elevator will be available for use by the installation crew during normal business hours as stated below. A "stair-carry" will result in additional charges and will be added to the final invoice. Buyer is responsible for coordination and receiving of product directly shipped to site, offloading and unpacking, unless otherwise noted.
5. **DELIVERY DURING NORMAL BUSINESS HOURS** – Delivery, receiving of product at the job site, installation will be made during normal working hours (Monday – Friday 8:00 AM – 4:00 PM). Overtime work performed at the Buyer's request will be billed at 1.5 times the hourly rate for evenings and Saturday and 2 times the hourly rate for Sundays. All labor services are priced as (1) single phase delivery and installation, Non-union non-prevailing wage labor, unless otherwise noted. Additional trip charges may result in added costs to the buyer.
6. **DAMAGE** – After arrival at the site, any loss or damage by weather, or trades, such as painting or plastering, by fire or other element shall be the responsibility of the Buyer, and the Buyer agrees to hold Seller harmless from loss for such reasons.
7. **DELAYS** – Seller is not responsible for delays in delivery due to conditions beyond our control, which includes manufacturer's ability to complete production and shipping. Buyer is responsible for delays if site is not ready for installation as scheduled, additional charges for double handling will be added to the final invoice for any product redirected and stored at a warehouse. Any change to an order, including but not limited to, date moves, product changes, product deletions, or ship to changes may incur additional fees once the order has been placed.

**WARRANTY AND LIMITATION OF REMEDIES:** The only warranties which are provided are those of the manufacturer. The Seller hereby EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES INCLUDING BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. Resort to the manufacturer's warranty constitutes the Buyer's exclusive



# Proposal

QUOTE NUMBER	4947
DATE	08/05/2025
EXPIRATION DATE	
CUSTOMER NAME	Blue Valley Schools
SALESPERSON	House Sales
ACCOUNT MANAGER	
TERMS	NET 30
PAGE	3 of 4

remedy. In any event, no consequential or incidental damages are recoverable from the Seller.

**WAREHOUSE AND STORAGE:** Merchandise is ordered to meet specific installation schedules and based on current manufacturer lead times at the time this document is signed. If the Buyer delays delivery beyond the original agreed installation date, the Buyer will be billed as set forth in the billing provision below, and merchandise will be stored for future delivery. The Buyer agrees to pay all storage and restocking fees that may result from any revision, by the Buyer, to any part of an order related to this proposal.

**CONCEALED DAMAGES:** Buyer is held responsible for inspection of product received directly to customer site within (3) business days of delivery and/or proof of delivery. If Buyer does not provide a response in a timely manner, Buyer may incur charges related to concealed damages outside the manufacturer covered concealed damage policy. If the Buyer delays delivery beyond the original agreed installation date and the product must be stored awaiting installation, the Buyer may incur charges related to concealed damages outside the manufacturer policy.

**INSURANCE:** Seller agrees to furnish adequate insurance for products stored in Seller's facilities or in transit in Seller's trucks. Buyer agrees to provide adequate insurance coverage for products that are on-site at Buyer's location including work-in-process, stored materials, and finished products.

**SUBSTANTIAL COMPLETION:** Substantial completion occurs on the date when the work covered by this agreement is sufficiently complete so that Buyer can occupy or utilize the Project work area or designated portion thereof for it's intended use.

**BILLING:** All merchandise will bill immediately upon delivery unless otherwise provided herein. All direct shipments and C.O.M. charged from factory to Buyer are billed immediately upon shipment notification from the supplier. All merchandise ordered is to be delivered upon receipt. Upon receipt of the merchandise by Seller, if Buyer delays delivery beyond the original agreed installation date, for any reason, Buyer will be billed 90% of the total sales price including taxes and shipping cost. The remaining 10% of the total sales price will be billed upon delivery or installation of the merchandise. In addition, if the delivery of the merchandise is delayed for more than 30 days beyond the original agreed installation date, the Buyer will be charged a storage fee of 1 ½% per month of the total sales price including taxes and shipping cost. Should any product be missing or damaged, payment for this product may be withheld until the product has been produced or reproduced and installed. Payment for installation services is due upon completion of said services.

**ACCEPTANCE:** This proposal for the purchase of merchandise must be approved and submitted to the Seller within 10 days to ensure firm prices, unless otherwise agreed upon. Time is of the essence.

**CANCELLATION:** In the event that this proposal is approved and submitted by the Buyer to the Seller and becomes an order, it is understood and agreed that it cannot be cancelled or changed except by written mutual consent. All orders are non-returnable and non-refundable, unless otherwise noted.

**ANY MERCHANDISE ORDERED AS SPECIAL:** For special installations, products upholstered with specifically chosen colors of fabrics and/or metal colors or specific wood finishes ARE NOT RETURNABLE.

**DESIGN:** All design coordinated layouts, equipment suggestions and colors are the exclusive property of Seller and use of them by other parties is prohibited.

**SECURITY INTEREST:** Buyer hereby grants to Seller a security interest in all items or goods furnished pursuant to this contract and in the proceeds thereof (the "Collateral"), to secure the payment of all charges hereunder including, but not limited to, the purchase price for all such items or goods, costs of storage, and costs of collection including without limitation reasonable attorneys' fees and expenses. In the event of any default, Seller may enter upon the premises where the Collateral is located and immediately repossess same, and dispose of same by private or public sales after five (5) calendar days written notice to Buyer, and the proceeds of such disposition shall be first applied to any attorneys' fees or expenses of collection incurred by Seller and the balance applied to any amounts then owed by Buyer to Seller by reason of goods or services work, labor or material furnished pursuant to this document. By signing below, Customer acknowledges that this contract serves as a security agreement within the meaning of the Uniform Commercial Code (UCC), and Customer agrees that Company may file such UCC financing statements as are appropriate to perfect Company's security interest in the Equipment. In addition to all other rights that it may possess, Seller shall have the right, at any time for credit reasons, or because of any Buyer default or defaults, to withhold shipments, in whole or in part, and to recall goods in transit, retake same and repossess all goods which may be stored with Seller for Buyer's account, without the necessity of taking any other proceedings, and Buyer consents that all the goods so recalled, retaken, or repossessed shall become the absolute property of Seller, as to such default. In the event Buyer is in default of any of its obligations hereunder or of any other obligations to Seller, Seller may, in addition to any other rights or remedies provided for herein or available to Seller at law or in equity: (i) withhold performance of any obligation of Seller hereunder or any other obligation of Seller to Buyer, including delivery and/or installation of any other goods, and (ii) set-off against any amount owed Buyer an amount equal to the damages incurred by Seller arising out of Buyer's default hereunder or under any other obligation of Buyer to Seller.

**MEDIATION AND ARBITRATION:** All disputes between the Parties arising out of this Agreement shall be resolved by submission to Mediation on



# Proposal

QUOTE NUMBER	4947
DATE	08/05/2025
EXPIRATION DATE	
CUSTOMER NAME	Blue Valley Schools
SALESPERSON	House Sales
ACCOUNT MANAGER	
TERMS	NET 30
PAGE	4 of 4

the following terms: The parties shall attempt in good faith to mediate such dispute and use their best efforts to reach agreement on the matters in dispute. After a written demand for non-binding mediation which shall specify in detail the facts of the dispute, and within ten (10) days from the date of delivery of the demand, the matter shall be referred to a mediator selected by mutual agreement. The Mediator shall hear the matter and provide an informal opinion and advice, none of which shall be binding upon the parties, but is expected by the parties to help resolve the dispute. Said informal opinion and advice shall be submitted to the parties within forty (40) days following written demand for Mediation. The Mediator's fee shall be shared equally by the parties. Should any dispute not be resolved by Mediation, the dispute shall be submitted to arbitration in Kansas City, Missouri, pursuant to the rules of the American Arbitration Association.

**NO OTHER AGREEMENTS:** The parties covenant by their signature hereto and specifically represent that they have read and reviewed this document in its totality and that it sets forth the entire agreement the parties regarding the transaction set forth herein. Specifically, the parties agree there are no other terms, conditions, or agreements, express or implied, other than those set forth herein except those set forth in the specifications, delivery, and installation schedules of the Seller. To the extent that the Buyer has submitted any terms, conditions, or agreements which differ from those set forth in this document, those terms, conditions, and agreements are hereby objected to and rejected by the Seller. The terms and conditions of this agreement cannot be varied except upon the written approval of both Buyer and Seller.

Thank you for giving us the opportunity to help create your new workplace. We look forward to a longstanding, successful partnership. To provide you with the highest quality service, we need the following:

- Signed Proposal with 50% Deposit (if applicable)
- 25% Progress Payment (applicable to most projects) upon shipment of merchandise from suppliers.
- Balance payment within 30 days of final invoicing

I agree to the terms and conditions above.

**Buyer Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Facilities</b>	<b>Requested By:</b>	<b>Andy Spruill</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Handicap ramp for stages used at all facilities.</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>016001810-7014</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>District wide</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract  | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract  | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase   | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input checked="" type="checkbox"/> This can be purchased off of <u>Omnia Partners</u> Contract # <u>R240120</u> |  |
| OK NH 08/19/25   |  |

<b>Begin Date:</b> 8/19/2025	<b>End Date:</b> 12/31/2025
<b>Company:</b> Wenger Corporation	<b>Street Address:</b> 555 Park Drive
<b>Contact Name:</b> Lisa Lewis	<b>City:</b> Owatonna
<b>Telephone:</b> (507) 455-4100	<b>State:</b> MN
<b>Email:</b> lisa.lewis@wengercorp.com	<b>Zip Code:</b> 55060
<b>Cost:</b> \$ 21,799.33	
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>One-Time</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slabodnik **Date** 8/19/2025

Wenger Corporation  
 555 Park Drive  
 Owatonna, MN 55060-4940  
 United States



Phone: 507-455-4100  
 Fax: 507-455-4258

**Quote Number: 3357018**

**QUOTE**

Date: 04/23/2025  
 Page: 1 of 2  
 Cust #: 00082057

StageTek 24" ADA Ramp w/ Right Hand Landing

<p><b>Quote To:</b>          William Waisner          Blue Valley Unif Sch Dist 229          PO Box 23901          Overland Park KS 66283-0901          United States</p> <p><b>Phone:</b> (913) 239-4069  <b>Fax:</b>  <b>E-Mail:</b> wwaisner@bluevalleyk12.org</p>	<p><b>Date:</b> 4/23/2025  <b>Expires:</b> 5/23/2025  <b>Reference:</b>  <b>Terms:</b> Net 30 Days  <b>Created By:</b> Erynne Reyes</p> <p><b>Salesperson:</b> Lisa Lewis  <b>Phone:</b>  <b>E-Mail:</b> Lisa.Lewis@wengercorp.com</p>
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**Quote Comments:**

\*\*\*\*\*  
 \* Wenger is an approved vendor for Region 4 ESC/OMNIA Partners, Public Sector. All items on this quotation are available through Contract #R240120. This contract is in effect through 12/31/2027. Payment shall be made after satisfactory performance, in accordance with all the provisions thereof, and upon receipt of a properly completed invoice. All transactions, purchase orders, etc. will occur directly between the Supplier, authorized distributor/dealer, general contractor, as agreed to by each Participating Public Agency. Per OMNIA participation requirements, all purchase orders issued to Wenger Corporation must reference OMNIA contract #R240120.  
 \*\*\*\*\*

Customer to check and verify all items before ordering.

Freight quoted is for a one-time shipment. As a result, once orders placed, delivery dates may change. Customer-requested split shipments will result in an additional freight charge.

Wenger Corporation expressly incorporates by reference all of the terms and conditions as specified at: ([www.wengercorp.com/terms-and-conditions.php](http://www.wengercorp.com/terms-and-conditions.php)) and makes them part of this quotation.

Current estimated lead-time is 6-7 week(s) plus transit, subject to change.

Tariffs, Taxes, Duties, Fees and Permits Imposed: With respect to any product purchase hereunder, if any federal, state or local Tariff, Tax, Duty, Fee or Permit is imposed by Applicable Law on the Seller in connection with any such purchase, then the Buyer shall be required to pay to Seller such additional costs.

Line	PartNum/Description	Qty	Net Price	Ext. Price
1.00	282A015 RAMP,24"ELEV,RH LNDG	1 EA	\$18,198.00	\$18,198.00
	**Optional Mid-Rails are Recommended			
2.00	113K001 Staging Universal Deck & Rail Cart	3 EA	\$929.00	\$2,787.00

USD

Wenger Corporation  
 555 Park Drive  
 Owatonna, MN 55060-4940  
 United States



C O R P O R A T I O N

Phone: 507-455-4100  
 Fax: 507-455-4258

**Quote Number: 3357018**

**QUOTE**

Date: 04/23/2025  
 Page: 2 of 2  
 Cust #: 00082057

StageTek 24" ADA Ramp w/ Right Hand Landing

3.00	281A600 LEG STORAGE CLIP,STAGETEK INDOOR,4 PK	6 EA	\$15.00	\$90.00
4.00	Freight Freight Services	1 EA	\$724.33	\$724.33

**TAILGATE DELIVERY with STAGING:**

*Freight reflected in this quotation is for common carrier shipment with tailgate delivery. Tailgate delivery will require your staff to unload the truck, move the product into the building and complete any assembly or installation.*

**LIFTGATE DELIVERY NOT AVAILABLE FOR STAGING, See unloading recommendations.  
 DO YOU REQUIRE INSIDE DELIVERY OR INSTALLATION SERVICES?**

*If you do not have a loading dock or staff available to unload the products from the common carrier trailer, then contact your Wenger sales representative to discuss these delivery methods and to find out the additional charges.*

*If you are a tax-exempt organization and quote includes tax, please send a copy of your tax-exempt certificate and we will remove the sales tax. Thank you.*

Lines Total \$21,799.33  
 Total Taxes \$0.00

**Quote Total \$21,799.33**



**MUSIC EDUCATION AND PERFORMING ARTS**

Owatonna Office: Phone 800.4WENGER (493-6437) Worldwide +1.507.455.4100 | Parts & Service 800.887.7145 | wengercorp.com | 555 Park Drive, PO Box 448 | Owatonna | MN 55060-0448

Syracuse Office: Phone 800.836.1885 Worldwide +1.315.451.3440 | jrclancy.com | 7041 Interstate Island Road | Syracuse | NY 13209-9713

**ATHLETICS** Phone 800.493.6437 | email gearboss@wengercorp.com | gearboss.com | 555 Park Drive, PO Box 448 | Owatonna | MN 55060-0448



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Business Office</b>	<b>Requested By:</b>	<b>Jason Gilliam</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>This purchase is to move EMS software from a local server supported license to a cloud license to allow for access to EMS across all computer platforms across the district. This is a three-year subscription paid upfront.</b>			
<b>Fund:</b>	<b>General Fund</b>	<b>Account Number:</b>	<b>23087</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>District Wide</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 11/1/2025	<b>End Date:</b> 6/30/2028
<b>Company:</b> Accruent LLC	<b>Street Address:</b> 11501 Domain Dr Suite 160
<b>Contact Name:</b> Billie Hawkins	<b>City:</b> Austin
<b>Telephone:</b> (513) 861-0726	<b>State:</b> TX
<b>Email:</b> billie.hawkins@accruent.com	<b>Zip Code:</b> 78758
<b>Cost:</b> \$ 100,253.50 Estimated	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Multi-Year	

**Month:**(board meeting) September 2025 **Budget Administrator** \_\_\_\_\_ **Date** 8/27/2025



### Client Information

<b>Client Name:</b>	Blue Valley School District	<b>Client Contact Name:</b>	Jim Ryan
<b>Bill To:</b>	Accounts Payable PO Box 23901 Overland Park, KS 66283 United States	<b>Client Contact Email:</b>	jpryan@bluevalleyk12.org
<b>Ship To:</b>	Accounts Payable 14950 Metcalf Avenue Overland Park, KS 66283 United States	<b>Client Contact Phone:</b>	(913) 239-4258
<b>Billing Email:</b>	kgillam@bluevalleyk12.org	<b>Account Number:</b>	A-00136577

### Quote Information

<b>Quote #:</b>	Q-307055-5	<b>Quote Expiration:</b>	9/12/2025
<b>Invoice Frequency:</b>	Annual	<b>PO Number:</b>	
<b>Project Name:</b>	EMS Cloud Migration		

### Product Information and Fees

Product	Quantity	Period 11/1/2025 - 10/31/2026	Period 11/1/2026 - 10/31/2027	Period 11/1/2027 - 10/31/2028	Total Fees
EMS Enterprise Events Hosted - Package Fee	1 Subscription(s)	19,500.00	19,500.00	20,475.00	USD 59,475.00
Room, Workspace & Event Scheduling Platform Includes: Desktop Client, WebApp, HR Toolkit, Integrated Authentication, Exchange Integration, Hosting Services & Accruent Academy					
EMS Advanced Users	9,999 User(s)	4,000.00	4,000.00	4,200.00	USD 12,200.00
EMS End Users	9,999 User(s)	3,750.00	3,750.00	3,937.50	USD 11,437.50
EMS Room Sign Subscription	20	2,520.00	2,520.00	2,646.00	USD 7,686.00

Product	Quantity	Period 11/1/2025 - 10/31/2026	Period 11/1/2026 - 10/31/2027	Period 11/1/2027 - 10/31/2028	Total Fees
EMS Calendaring Integration - MS 365 - Outlook	1 License(s)	3,100.00	3,100.00	3,255.00	USD 9,455.00
Includes access to EMS for Outlook					
<b>Total</b>		<b>USD 32,870.00</b>	<b>USD 32,870.00</b>	<b>USD 34,513.50</b>	<b>USD 100,253.50</b>

## Services Fees

### Fixed Fee Services

Service Description	Net Total Price
EMS Cloud Migration	USD 6,800.00
EMS - HR Toolkit Migration	USD 2,900.00
<b>TOTAL:</b>	<b>USD 9,700.00</b>

## Additional Terms

- 1 Accruent shall grant a license to access the SaaS Services for the non-cancelable period listed above ("Committed SaaS Term"). The maximum annual increase to fees during the Committed SaaS Term shall not exceed percent. Thereafter, the SaaS Services shall automatically renew at the then current fees.
- 2 If the invoice period reflects a term of less than 12 months, the recurring fees are prorated and will renew as permitted under the Agreement at the annualized rate.
- 3 Unless Client has a separate negotiated master services agreement or other binding agreement in place with Accruent, by signing below, Client agrees that this Order Document is subject to the end user license agreement set forth at: [https://www.accruent.com/end\\_user\\_license\\_agreement](https://www.accruent.com/end_user_license_agreement).
- 4 Client shall continue to pay for its Maintenance and Support and/or Licensing Fees for its On-Premise License per until the Start Date of this Order Document. Upon the Start Date, all Term On-Premise Licenses and the Maintenance and Support for all On-Premise Licenses shall be terminated.
- 5 The Order Document has an effective date of \_\_\_\_\_ ("Start Date").
- 6 Unless otherwise specified herein, Professional Services are governed by the terms set forth at: [http://www.accruent.com/professional\\_services\\_terms](http://www.accruent.com/professional_services_terms).
- 7 Fixed Fee Services and Time & Materials Services ordered hereunder will be available to Client for 90 days from the Start Date. After such date, any unused portion of the Services defined will be forfeited unless otherwise agreed upon by both parties through Change Control process.
- 8 If Client has ordered educational services, the Accruent Academy Terms shall apply, available at: [http://www.accruent.com/academy\\_terms](http://www.accruent.com/academy_terms).

**Acknowledged and Agreed by the Duly Authorized Representatives of the Parties**

<b>Client: Blue Valley School District</b>	<b>Accruent, LLC</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Date:</b>	<b>Date:</b>
<b>Accruent requires a PO, send PO to your Accruent representative or customerpo@accruent.com. To avoid invoicing issues or a potential disruption in your services, please include the Quote # above in your PO.</b>	
<b>If you are tax exempt, provide exemption certification to your Accruent representative or salestax@accruent.com.</b>	

**Exhibit 1 – Statement of Work**

PROJECT OVERVIEW	
Product:	EMS
Offering Delivered:	Migration - Cloud
Summary:	Accruent will provide professional services to migrate client’s existing on-premise EMS production database to the Accruent cloud.
Duration:	Estimated project duration is up to 5 weeks from project start. Accruent will assign a project when client has indicated readiness by confirming the pre-migration steps outlined below are complete.
Delivery:	Remote engagement only.

CLOUD MIGRATION PLAN AND TIMELINE		
Timeline	Task	Roles/Responsibilities
<b>Migration Preparation</b>		
Pre-Migration	Prepare for Migration	<p>Client reviews system prerequisites for end user components; meets with stakeholders to align on project schedule and responsibilities.</p> <p><a href="https://success.emssoftware.com/Content/System%20Requirements/SystemRequirements_Home.htm?tocpath=System%20Requirements%7C_0">https://success.emssoftware.com/Content/System%20Requirements/SystemRequirements_Home.htm?tocpath=System%20Requirements%7C_0</a></p> <p>If in scope, Client reviews HR Toolkit specifications and prepares modifications to user provisioning export.</p>
<b>Technical Session &amp; Migration in Test</b>		
Week 1	<p>Project Overview &amp; Technical Review call</p> <p>Test Migration Executed</p> <p>Environment Review Session</p>	<p>Client provides description of current EMS environment, including modules in-use in production and description of intended use.</p> <p>Project Manager and Client collaborate on dates for migration activities.</p> <p>Client provides current backups of their on-premise production databases for upgrade and migration into Sandbox EMS Cloud.</p> <p>Accruent Technical Engineer completes migration of each module identified by Client as in production-use in current environment and licensed for use. (New modules are not configured or tested as part of the migration package).</p>
<b>Integration Review and Configuration</b>		
Week 2	Integration(s) Working Session	Project Team reviews and configures integration points in Test: User Provisioning (HR Toolkit), Authentication, and Exchange Integration as applicable.
<b>Workflow Testing</b>		
Weeks 3-4	Client completes UAT/Workflow Testing	Client accesses EMS Test system and completes testing of existing workflows. Client documents any issues found during testing that did not already exist and reports those issues to the Accruent team.

Production Migration		
Week 5	Production Migration Executed Production Integration Configuration Go-Live Stabilization Calls I and II	Client provides current backups of their databases for upgrade and migration into Production EMS Cloud.  Accruent Technical Engineer completes migration of each module identified by Client as in production-use in current environment and licensed for use. (New modules are not configured or tested as part of the migration package).  Project Team configures applicable integration points in Production

**ASSUMPTIONS & RESPONSIBILITIES**

1. The Client project team should consist of the following roles. Technical resources and Business Owners with knowledge of the EMS application are critical for an effective engagement.

**Client Implementation Team**

Role	Responsibilities
Project Manager	Will work hand in hand with EMS Project Manager, assist in creation of project plan, coordinate project resources, and assist to drive project timeline.
IT	Will provide database backups.  Will prepare for deployment of end user applications: EMS Desktop Client application and EMS for Outlook add-in.  Will provide expertise on authentication methods, Exchange integration information, and mail administration as applicable.  If currently using HR Toolkit on-premise, will update user provisioning data to current cloud specifications.
Business Owners	Will participate in UAT to ensure current workflows are intact following the migration/upgrade.

2. Accruent EMS project team will consist of the following resources as applicable to the scope of the engagement:

**Accruent Implementation Team**

Role	Responsibilities
Accruent Project Sponsor	Is accountable for project success; determines project success criteria and monitors project performance. Role fulfilled by Professional Services Manager.
Accruent Project Manager	Works hand in hand with Client Project Manager to draft and maintains Project Plan; drives timeline and ensures scope completion; keeps Client up to date on project progress, risks, and issues. Closes out project and transitions to Customer Support.
Accruent Technical Engineer	Provides technical guidance; Upgrades client database and migrates to Cloud Sandbox and Production environments. Works with client on any integrations including Exchange, Authentication, and Account Provisioning (HR Toolkit). Advises on application deployment.

3. Client has reviewed system prerequisites for installation of EMS end user components in scope (example: EMS Desktop Client and EMS for Outlook) and reviewed configuration specifications for integration points as applicable to scope (example: HR Toolkit, Exchange, Teams, Zoom, Webex). Client has technical resources familiar with SQL, IIS, and Exchange in conjunction with scope of implementation.

[https://success.emssoftware.com/Content/System%20Requirements/SystemRequirements\\_Home.htm?tocpath=System%20Requirements%7C\\_\\_\\_\\_\\_0](https://success.emssoftware.com/Content/System%20Requirements/SystemRequirements_Home.htm?tocpath=System%20Requirements%7C_____0)

4. The Migration will be performed for specific EMS modules and services running in Production. If additional modules are licensed or included in the Cloud package, they will be provisioned, but not configured or tested unless specifically outlined as additional scope.

5. Accruent Cloud licensing includes only 1 EMS Data Database. If client has more than one data database, client must procure additional licensing or plan to merge the databases into one.
6. Accruent will provide an SFTP link for the Client to upload their database for test/production migrations. Client will provide database backups on agreed upon date and time to facilitate migration activities. Unless otherwise specified, this project assumes a single EMS data database and single EMS Master database.
7. Accruent will provide an SFTP link for the Client to upload their HR Toolkit data file(s) on an ongoing basis once EMS is migrated to the cloud. The upload cadence will be at the Client's discretion; however, a nightly upload is recommended. The data file(s) must be in a flat file format.
8. EMS Campus Clients are required to host the EMS Campus Web Service on their own servers. Accruent will work with client team to connect the cloud instance of EMS to the on-premise Campus Web Service. The Campus Web Service will be maintained by the Client.
9. Client will fully test applicable workflows currently executed in EMS. Client will identify user testing participants and collect test responses.

#### AFTER HOURS ENGAGEMENT

Accruent and Client Project Managers will collaborate and agree to specified dates and times for services to be delivered during standard business hours Monday – Thursday (Friday, non-production only) to maximize availability of Professional Services and non-emergency team members. Any services delivered outside of those hours will be subject to availability and invoiced an after-hours fee of \$15,000 account for the additional overtime staffing and resourcing required to provide the after-hours activities. If applicable, this premium will be documented and executed via change order.



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
Student (AT) will attend private school at Behavioral Health Allies Academy based on an IEP decision.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>26090</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BHA Academy</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 7/1/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Behavioral Health Allies	<b>Street Address:</b> 10330 Hickman Mills Dr
<b>Contact Name:</b> Ian Hanover	<b>City:</b> Kansas City
<b>Telephone:</b> (816) 994-2600	<b>State:</b> MO
<b>Email:</b> ian.hanover@behavioralhealth.org	<b>Zip Code:</b> 64137
<b>Cost:</b> \$ 97,000.00 Estimated	
<b>Prior Year Cost:</b> \$ 82,395.25	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/21/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
Student (AT) will be transported to Behavioral Health Allies Academy from their home, and student (AM) will be transported from Behavioral Health Allies to KVC Academy.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>26133</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BHA Academy</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/1/2025	<b>End Date:</b> 8/31/2026
<b>Company:</b> Behavioral Health Allies	<b>Street Address:</b> 10330 Hickman Mills Drive
<b>Contact Name:</b> Ian Hanover	<b>City:</b> Kansas City
<b>Telephone:</b> (816) 994-2600	<b>State:</b> MO
<b>Email:</b> ian.hanover@behavioralhealth.org	<b>Zip Code:</b> 64137
<b>Cost:</b> \$ 207,120.00 Estimated	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/22/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Student (BF) will attend Brighthouse Academy for the 25-26 school year. This is an IEP decision.</b>			
<b>Fund:</b>	<b>Special Education</b> ▼	<b>Account Number:</b>	<b>26090</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	<b>Brighthouse Academy</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/18/2025	<b>End Date:</b> 8/18/2026
<b>Company:</b> Brighthouse Academy LLC	<b>Street Address:</b> 4601 E Douglas Ave, Ste 150
<b>Contact Name:</b> Grant Solomon	<b>City:</b> Wichita
<b>Telephone:</b>	<b>State:</b> KS
<b>Email:</b> grantsolomon@thebighthouseacademy.com	<b>Zip Code:</b> 67218
<b>Cost:</b> \$ 99,000.00 Estimated ▼	
<b>Prior Year Cost:</b> n/a	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 9/3/2025

**The Brighthouse Academy**  
**SCHOOL CONTRACT SERVICE AGREEMENT**

This contract made effective as of the 08/18/2025 by and between The Brighthouse Academy LLC (herein after termed “Provider”) with its practice location at 10001 W 88th St, Overland Park, KS 66212, and Blue Valley School District (hereinafter termed the “Client”) with their locations within Johnson County, KS, and

**WITNESSETH**

WHEREAS, the Client desires to provide services (as hereinafter described) to benefit students and,

WHEREAS, the Provider has appropriate programs/services, capacity, and competence to provide the services hereinafter described for the Client;

NOW, THEREFORE, in consideration of the premises and the mutual agreements contained herein, the parties hereby agree as follows:

1. **Scope of Services.** The Provider may provide the following services:

- Provide special education and related services as outlined in student(s) IEP, attend IEP meetings, when necessary, assist with programming including data monitoring, assist with the creation and implementation of behavior programs and plans, communicate with the Client designated special education administrator and parent(s) as appropriate.
- General education curriculum and instruction shall be delivered through a virtual education platform, with oversight and assistance from the Provider’s staff. Upon request, “Client” will provide access to a suitable virtual platform, and the monthly charge will be decreased by the actual cost “Client” expends on one virtual seat.
- Provide functional behavior assessments for integration into student IEP (if applicable).
- Provide individualized behavior plans outlining goals and objectives targeting maladaptive behavior and skill deficits.
- Provide transitional plans and programming support within the district school setting.
- Provide individualized and student-specific trainings for District Staff throughout the transition period.
- All services shall be performed within the general scope of community standards, meeting all applicable federal, state, and local regulations and standards in a professional, ethical, and competent manner and as prescribed by such professional associations as are applicable to the Provider’s services. The Provider shall provide services to students without regard to race, creed, color, religion, age, sex, disability, marital status, or sexual or affectional preference. The Provider represents that it is qualified to and capable of performing the

services listed herein.

- The Provider represents and warrants that it operates, and it agrees that it will continue to operate, in compliance with all applicable federal, state, and local laws and regulations, including but not limited to, the Family Educational Rights and Privacy Act (“FERPA”), the Individuals with Disabilities Education Act (“IDEA”), Section 504 Rehabilitation Act, all the applicable civil rights laws, and a Federal Work Authorization Program. The Provider further agrees that it will abide by the terms of District policies and procedures. The Provider further acknowledges receipt of the District’s policies and procedures and acknowledges that any violation of District policies and procedures is cause for immediate termination of this contract and any services related thereto.
- Services will be performed in accordance with any IEPs and other qualification standards. The District shall provide The Provider with each student’s most recent IEP upon initiation of this Contract. The Provider shall be responsible for maintaining adequate communication with the District as required for evaluation of the student(s).
- The Provider’s employees shall be fingerprinted and background checked in accordance with the background checks required pursuant to Kansas Teacher Licensure Procedures. Passing said background check is a condition precedent to the Provider’s employees’ provision of services under this Contract.

**2. Confidentiality.** On and after the date of this agreement, Provider shall keep confidential all information relating to Clients and any student referred to Provider by Client, including, but not limited to, any medical, clinical, and academic information, in whatever form. The Provider shall be responsible for ensuring that caregivers have consented to the service, delivery, and sharing of confidential student information. Client shall keep confidential all information relating to Provider’s work for Client or its students, including, but not limited to, any clinical and academic training or services in whatever form. Client agrees that the clinical and academic services provided by Provider are trade secrets of Provider as that term is defined in the Kansas Uniform Trade Secrets Act.

**3. Payment.** Payments for services will be at the rate of \$8,250.00 per full-time student per month and \$4,500.00 per half-day student per month, for 12 months. These rates apply from the Effective Date through August 18, 2026. Invoices are due within 60 days of receipt. Any partial month will be billed pro rata. Monthly payment for contracted services will be sent to Provider at 10001 W 88th St, Overland Park, KS 66212 or to the provided banking information. If Provider files suit to collect any payment due hereunder, then in addition to the amount owed under this Agreement, Provider will be entitled as additional damages to collect its reasonable attorney fees incurred enforcing this Agreement.

**4. Term and Termination.** The term of this contract shall run from the effective date of the contract as stated above through August 18, 2026. This contract will automatically renew for successive one-year terms with a 3% increase in the per student fees unless a party terminates it

under this provision or negotiates a different rate change. Either party may terminate the agreement for cause immediately. Either party shall have the right to terminate this contract at any time, with or without cause, upon 30 days' prior written notice to the other party.

5. **Independent Contractor.** The parties acknowledge that each party hereto is independent of the other and shall not be construed as an agent or representative of the other and shall have no liability for the acts or omissions of the other party. The Provider is acting as an independent contractor and is retained by the Client, solely for the provision of the personal and professional services described herein. Neither party, nor any of its employees, agents, or subcontractors, shall be deemed to be employees or agents of the other party. Therefore, neither party nor any of its employees, agents, or subcontractors shall be entitled to unemployment compensation, workers' compensation, or employee benefits of the other party under this contract, nor shall either party be responsible for income tax or other withholding as to the other party, its employees, or agents by virtue hereof.

6. **Insurance.** The Provider agrees to obtain and keep in force professional liability insurance in a minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate and to furnish proof of such insurance to the Client when requested.

7. **Ownership of Materials, etc.** All written or oral materials, documents, pamphlets, handouts, forms, and other information provided by either party shall be the sole and exclusive property of the party providing the item, whether copyrighted or not. Items shall not be used or reproduced without the prior written approval of the party with whom they originated. No tape-recording or videotaping shall be done without the consent of both parties.

8. **Non-Solicitation.** During the term and for 12 months following termination, the District shall not directly hire or solicit for employment any Provider employee who provided services under this Agreement without Provider's written consent.

9. **Integration and Amendment.** This contract constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the subject matter hereof, except as otherwise indicated herein. This contract supersedes all prior contracts, either oral or written, between the parties with respect to the subject matter of this contract. No amendment or variation of this contract shall be valid unless it is written and signed by all parties.

IN WITNESS WHEREOF, the parties have executed the above-written contract on the date and

year listed below, but effective as of the date first written above.

**The Brighthouse Academy, LLC**

\_\_\_\_\_  
\_\_\_\_\_

By: Rebecca Chapin

Date:

**Blue Valley School District**

\_\_\_\_\_  
\_\_\_\_\_

By:

Blue Valley School District Representative

Date:



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Facilities and Operations</b>	<b>Requested By:</b>	<b>Jake Slobodnik</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><i>TEMPORARY EASEMENT AGREEMENT- Construction easement for future improvements</i></p> <p><i>This agreement is between Blue Valley School District and the City of Overland Park to dedicate a temporary construction easement to the City. This easement is required for the new middle school project.</i></p>			
<b>Fund:</b>	<b>NA</b>	<b>Account Number:</b>	<b>NA</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>175th Street, Overland Park</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/29/2025	<b>End Date:</b>
<b>Company:</b> City of Overland Park	<b>Street Address:</b> 8500 Santa Fe Drive
<b>Contact Name:</b> Leslie Karr	<b>City:</b> Overland Park
<b>Telephone:</b> (913) 895-6196	<b>State:</b> KS
<b>Email:</b> leslie.karr@opkansas.org	<b>Zip Code:</b> 66212
<b>Cost:</b>	<b>\$ 0.00</b>
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slobodnik **Date** \_\_\_\_\_

DO NOT WRITE, TYPE OR STAMP ANYTHING ABOVE THIS LINE OR IN THE MARGINS.  
REMOVE THIS BOX PRIOR TO PRINTING.

Project No.  
Tract No.

**TEMPORARY CONSTRUCTION EASEMENT (LONG TERM)**

KNOW ALL PERSONS BY THESE PRESENTS, that \_\_\_\_\_,  
hereinafter the Grantor, for the sum of ten dollars (\$10.00) and other valuable considerations, receipt and  
sufficiency of which is hereby acknowledged, does grant to the **CITY OF OVERLAND PARK**, a municipal  
corporation in the County of Johnson, State of Kansas, hereinafter the **Grantee**, its successors and  
assigns, a Temporary Construction Easement over, under and through the following described real  
estate, to wit:

**SEE ATTACHMENT 'A'**

The above described easement is to be used for the purpose of constructing, grading, improving,  
reconstructing and inspecting 175<sup>th</sup> Street to thoroughfare standards (the  
"Improvement"). This Temporary Construction Easement includes the right of ingress and egress over  
and through the above-described real estate. Grading within the temporary construction may result in a  
grade change.

Grantor, its successors and assigns, hereby waive and release **Grantee** from any and all claims for  
damages or compensation either now or in the future arising by reason of the use of said real estate for  
the purpose herein described. The **Grantee**, its contractors or assigns shall not be held liable for damage  
to or removal of landscaping, fencing, median islands, entrance monuments and appurtenances thereto  
which damage or removal is caused or necessitated by the Improvement. The **Grantee**, its contractors or  
assigns shall not be responsible for the replacement or reconstruction of these amenities should they be  
damaged or destroyed by **Grantee** or its contractors or assigns in the process of constructing the  
Improvement.

This Temporary Construction Easement shall commence upon written notification by the **Grantee** of the  
commencement of construction of the Improvement and shall expire twenty-four (24) months after the  
completion and acceptance of construction of the Improvement.

This Temporary Construction Easement shall be binding upon the heirs, executors, administrators,  
successors and assigns of Grantor and shall be recorded with the Johnson County Department of  
Records and Tax Administration.

TO THESE COVENANTS, the Grantor does hereby consent and agree.

Rev. Oct. 2016

DO NOT WRITE, TYPE OR STAMP ANYTHING BELOW THIS LINE.  
REMOVE THIS BOX PRIOR TO PRINTING.

DO NOT WRITE, TYPE OR STAMP ANYTHING ABOVE THIS LINE OR IN THE MARGINS.  
REMOVE THIS BOX PRIOR TO PRINTING.

IN WITNESS WHEREOF, the party above named has executed this easement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**INDIVIDUAL ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

BE IT REMEMBERED, That on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came \_\_\_\_\_ who is/are personally known to me to be the same person(s) who executed the within instrument of writing and duly acknowledged the execution of same.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above written.

\_\_\_\_\_  
Notary Public  
Notary Stamp:

DO NOT WRITE, TYPE OR STAMP ANYTHING BELOW THIS LINE.  
REMOVE THIS BOX PRIOR TO PRINTING.





EXHIBIT "A"  
(Page 1 of 2)

Project No.: 023-01202  
Blue Valley Middle School #11  
January 31, 2025  
V\_EXH36\_TEMP CONST ESMT\_02301202

Temporary Construction Easement Description:

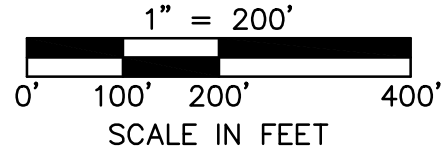
All that part of Lot 1, together with part of Tract A, together with part of Tract B, Blue Valley Middle School #11, a subdivision in the City of Overland Park, Kansas, all lying in the North Half of Section 25, Township 14 South, Range 24 East, more particularly described by Michael J. Bogina, Kansas PS-1655 of Olsson, Inc., LS-114, on January 31, 2025, as follows:

BEGINNING at the Northeast corner of said Tract B; thence South 02 degrees 12 minutes 34 seconds East, on the East line of said Tract B, a distance of 30.00 feet to a point; thence South 88 degrees 02 minutes 46 seconds West, departing said East line, a distance of 432.62 feet to a point; thence South 41 degrees 25 minutes 06 seconds West a distance of 172.48 feet to a point; thence North 76 degrees 10 minutes 13 seconds West a distance of 30.00 feet to a point; thence North 28 degrees 44 minutes 50 seconds West a distance of 131.31 feet to a point; thence South 88 degrees 02 minutes 46 seconds West a distance of 432.89 feet to a point; thence South 88 degrees 02 minutes 44 seconds West a distance of 605.18 feet to a point on the West line of said Lot 1; thence North 02 degrees 19 minutes 10 seconds West, on said West line, a distance of 30.00 feet to the Northwest corner of said Lot 1, said point also lying on the South line of 175th Street right of way, as established in said Blue Valley Middle School #11; thence North 88 degrees 02 minutes 44 degrees East, departing said West line, on said South line, a distance of 605.37 feet to a point; thence North 88 degrees 02 minutes 46 seconds East, continuing on said South line, a distance of 1071.88 feet to the POINT OF BEGINNING, containing 64,713 Square Feet or 1.4856 Acres, more or less.

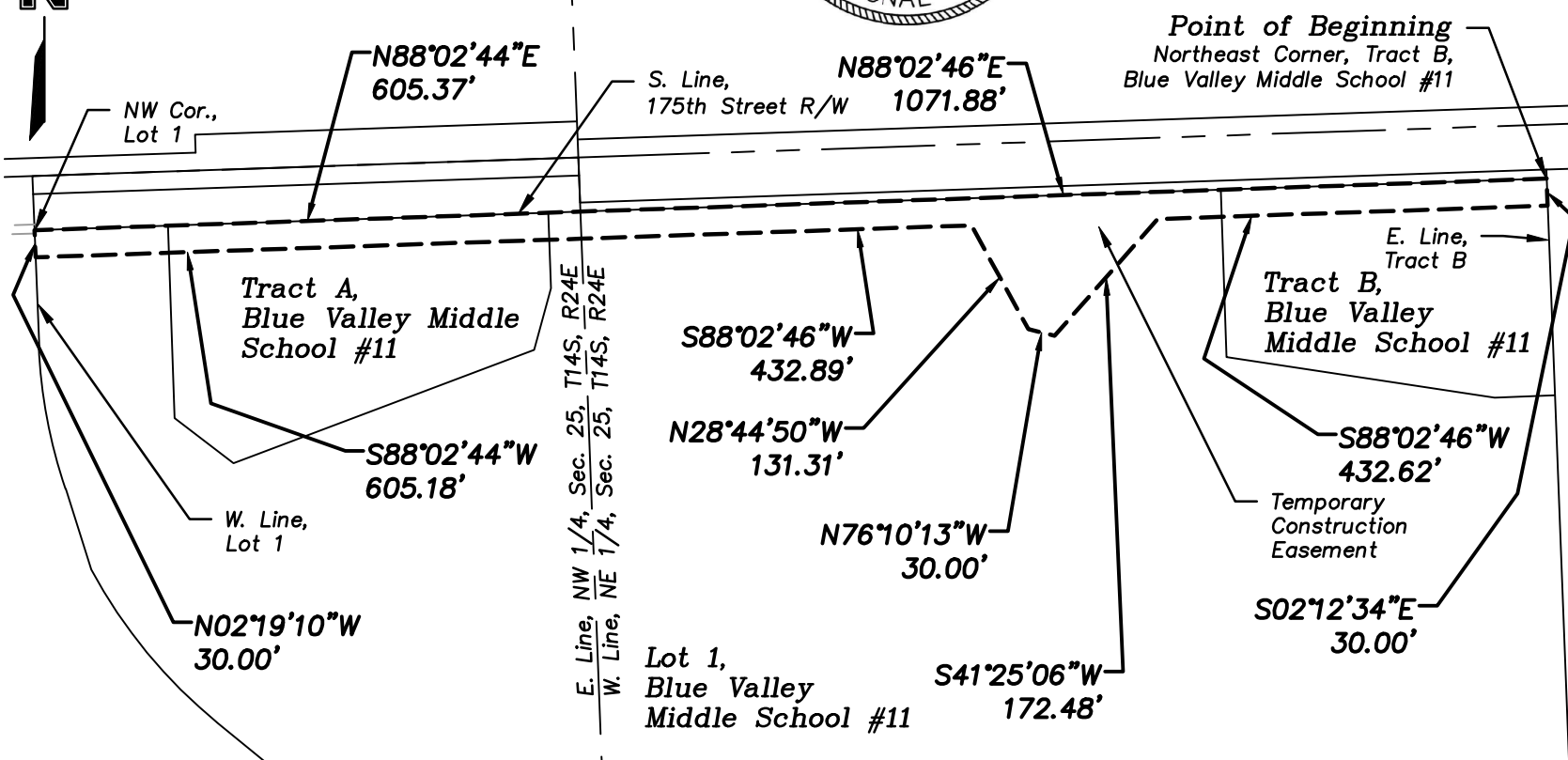
(As depicted on EXHIBIT "A", Page 2 of 2, attached and incorporated herein.)



DWG: F:\2021\03001-03500\02-1-03344\4-D-Design\Survey\SRV\1\Sheets\1\TEMP CONST ESMT\_02103344.dwg USER: mjbogina  
 DATE: Jan 31, 2025 5:30pm XREFS:



Area: 64,713 S.F.  
 1.4856 Ac., ±



PROJECT NO:	023-01202
DRAWN BY:	TWT
DATE:	01-31-2025

**Temporary Construction  
 Easement Exhibit**

**olsson**

7301 West 133rd Street  
 Suite 200  
 Overland Park, KS 66213-4750  
 TEL 913.381.1170

EXHIBIT  
 "A"  
 (Page  
 2 of 2)



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Facilities and Operations</b>	<b>Requested By:</b>	<b>Jake Slobodnik</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><i>UTILITY EASEMENT AGREEMENT- Private Service Line at Blue Valley Recreation Activity Center</i></p> <p><i>This agreement is between Blue Valley School District and the City of Overland Park to dedicate a private water service line easement to the water utility company, WaterOne. This easement is related to the expansion of the Blue Valley Recreation Activity Center.</i></p>			
Fund:	<b>NA</b>	Account Number:	<b>NA</b>
Funding Year:	<b>2025/2026</b>	Location(s) items or services are for:	<b>BVRC</b>
Does this use Bond Funds? (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

Begin Date: <b>8/11/2025</b>	End Date:
Company: <b>City of Overland Park</b>	Street Address: <b>8500 Santa Fe Drive</b>
Contact Name: <b>Leslie Karr</b>	City: <b>Overland Park</b>
Telephone: <b>(913) 895-6196</b>	State: <b>KS</b>
Email: <b>leslie.karr@opkansas.org</b>	Zip Code: <b>66212</b>
Cost: <b>\$ 0.00</b>	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slobodnik **Date** \_\_\_\_\_

## PRIVATE WATER SERVICE LINE

### EASEMENT AGREEMENT

**THIS EASEMENT AGREEMENT** is made and entered into as of the 21 day of August, 2025, by and between Bank of New York Mellon Trust Company NA Trustee, and Unified School District NO 229.

#### Recitals of Fact

A. Grantor is the fee simple owner of certain real property situated in the City of Overland Park, Johnson County, Kansas, as depicted on **Exhibit "B"** attached hereto and incorporated herein by this reference "the **"Servient Tenement"**".

B. Grantee is the fee simple owner of certain real property situated in the City of Overland Park, Johnson County, Kansas, as depicted on on **Exhibit "C"** attached hereto and incorporated herein by this reference "the **"Dominant Tenement"**".

C. Grantor desires to grant to Grantee and Grantee desires to receive from Grantor an exclusive easement for the benefit of Grantee, lying over the Servient Tenement and serving the Dominant Tenement.

#### Agreement

NOW, THEREFORE, in consideration of the mutual promises and agreements contained herein and in consideration of the payment to Grantor by Grantee of the sum of Ten and no/100 Dollars, the receipt and sufficiency of which is hereby acknowledged by Grantor, and for other good and valuable consideration, Grantor and Grantee hereby grant, covenant and agree as follows:

1. **Representation and Warranty.** Grantor hereby represents and warrants that it has full right and authority to convey the easement rights which this Easement Agreement purports to convey upon the terms stated in this Easement Agreement.

2. **Grant of Easement.** Grantor hereby grants, bargains, sells and conveys to Grantee, its successors and assigns, an exclusive easement over, upon, across and under the real property legally described and depicted in **Exhibit "A"** attached hereto and incorporated herein by this reference (the **"Easement Tract"**) with the right to erect, construct, grade, and install, and thereafter use, operate, repair, maintain and replace a domestic water service line and a fire protection water service line (hereinafter **"Improvements"**). This easement shall encumber the Servient Tenement and shall bind all future owners of all or any part of the Servient Tenement which the easement affects. This easement is appurtenant to the Dominant Tenement, shall benefit the Dominant Tenement, and shall "run with the land" and inure to the benefit of all future owners of all or any part of the Dominant Tenement.

3. **Easement Drawing.** Also included on Exhibit "C" or attached as a separate Exhibit "D" is a drawing showing the complete dimensions of the easement as legally described and the dimensioned relationship to the property lines of the Grantor's and the Grantee's property lines.

4. **Duration and Termination.** This Easement Agreement shall be perpetual in duration.

5. **Construction of Improvements.** Grantee agrees that at the sole cost and expense of the Grantee, Grantee may erect, construct, install, and lay the Improvements.

6. **Damage to Property.** Grantor and Grantee acknowledge and agree that any and all damage to the property of Grantor which is caused by the construction, installation, or operation of the Improvements, shall be repaired at the sole cost and expense of and by the Grantee.

7. **Maintenance and Repair.** Grantee shall be responsible for all maintenance and repair of the Improvements, and all insurance of the Improvements, during the term of the Easement Agreement. Grantor shall have no responsibility or liability for any such matters whatsoever.

8. **Successors and Assigns.** This Easement Agreement shall be binding upon the parties hereto, their successors and assigns, including without limitation future owner(s) of all or any portion of the Dominant Tenement and the Servient Tenement as set forth in Section 2 above, and shall inure to the benefit of the Grantee, its employees, contractors, tenants, licensees, agents and invitees.

9. **Miscellaneous.** This Agreement shall be governed by the laws of the State of Kansas. The captions of the paragraphs of this Agreement are inserted for convenience only and shall not be used in the interpretation hereof. If any provisions hereof are found unenforceable, the remaining provisions of this Agreement shall remain in full force and effect and shall be enforceable to the extent unaffected.

IN WITNESS WHEREOF, the parties hereto, intending to be fully and absolutely bound hereby, have executed this Easement Agreement as of the day and year first above written.

Grantor:

By: [Signature]

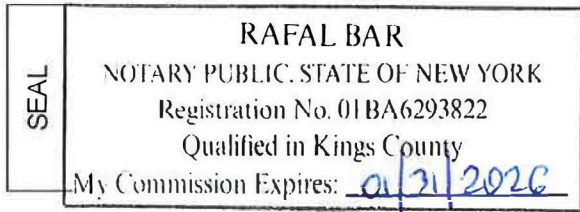
Print Name: Quintanna L. Walker  
Vice President

Print Title: \_\_\_\_\_

STATE OF NEW YORK )  
 ) ss:  
COUNTY OF NEW YORK )

BE IT REMEMBERED, that on this 21<sup>st</sup> day of AUGUST, 2025, before me, the undersigned, A Notary Public in and for the County and State aforesaid, personally appeared Quintanna L. Walker, who is personally known to me to be the same person who executed the within instrument of writing, and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]  
NOTARY PUBLIC SIGNATURE

My appointment expires: 01/31/2026

Grantee:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

BE IT REMEMBERED, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, A Notary Public in and for the County and State aforesaid, personally appeared \_\_\_\_\_, who is personally known to me to be the same person who executed the within instrument of writing, and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My appointment expires: \_\_\_\_\_

EXHIBIT "A"  
(Page 1 of 3)

File No. 024-03492  
Blue Valley Aquatic Center  
July 9, 2025  
V\_EXH5\_02403492

Water Utility Easement Description:

All that part of an unplatted tract of land, lying in the Northwest Quarter of Section 8, Township 14 South, Range 25 East, in the City of Overland Park, Johnson County, Kansas, described by Michael J. Bogina, Kansas PS-1655, of Olsson, KSLs-114, on July 9, 2025, as follows:

COMMENCING at the Northeast corner of Lot 1, Blue Valley Aquatic Center, a subdivision in the City of Overland Park, Johnson County, Kansas, said corner also lying on the South line of 151<sup>st</sup> Street right-of-way, as established in Book 6245, Page 124; thence South 02 degrees 10 minutes 09 seconds East, on the East line of said Lot 1, a distance of 15.00 feet to a point, said point being the POINT OF BEGINNING; thence North 87 degrees 40 minutes 15 seconds East, departing the East line of said Lot 1, a distance of 28.79 feet to a point; thence South 02 degrees 19 minutes 45 seconds East, a distance of 115.84 feet to a point; thence South 30 degrees 12 minutes 58 seconds West, a distance of 54.36 feet to a point to be known as Point "A" on said East line of said Lot 1; thence North 02 degrees 10 minutes 09 seconds West, on said East line, a distance of 28.01 feet to a point; thence North 30 degrees 12 minutes 58 seconds East, departing the East line of said Lot 1, a distance of 26.33 feet to a point; thence North 02 degrees 19 minutes 45 seconds West, a distance of 84.64 feet to a point; thence South 87 degrees 40 minutes 16 seconds West to a point on the East line of said Lot 1, a distance of 13.87 feet; thence North 02 degrees 10 minutes 09 seconds West on the East line of said Lot 1, a distance of 26.82 feet to the POINT OF BEGINNING, containing 2,680.80 Square Feet or 0.0615 Acres, more or less.

AND

COMMENCING at Point "A" on said East line of said Lot 1, Blue Valley Aquatic Center; thence South 02 degrees 10 minutes 09 seconds East on the East line of said Lot 1, a distance of 59.24 feet to a point, said point being the POINT OF BEGINNING; thence South 47 degrees 48 minutes 55 seconds East, departing the East line of said Lot 1, a distance of 21.90 feet to a point; thence North 87 degrees 21 minutes 56 seconds East, a distance of 39.27 feet to a point; thence South 02 degrees 38 minutes 04 seconds East, a distance of 21.43 feet to a point; thence South 87 degrees 21 minutes 56 minutes West, a distance of 10.00 feet to a point; thence North 02 degrees 38 minutes 04 minutes West, a distance of 11.43 feet to a point; thence South 87 degrees 21 minutes 56 seconds West, a distance of 33.39 feet to a point; thence North 47 degrees 48 minutes 55 seconds West a distance of 16.24 feet to a point on the East line of said Lot 1,; thence North

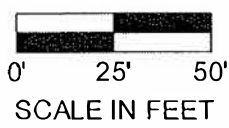
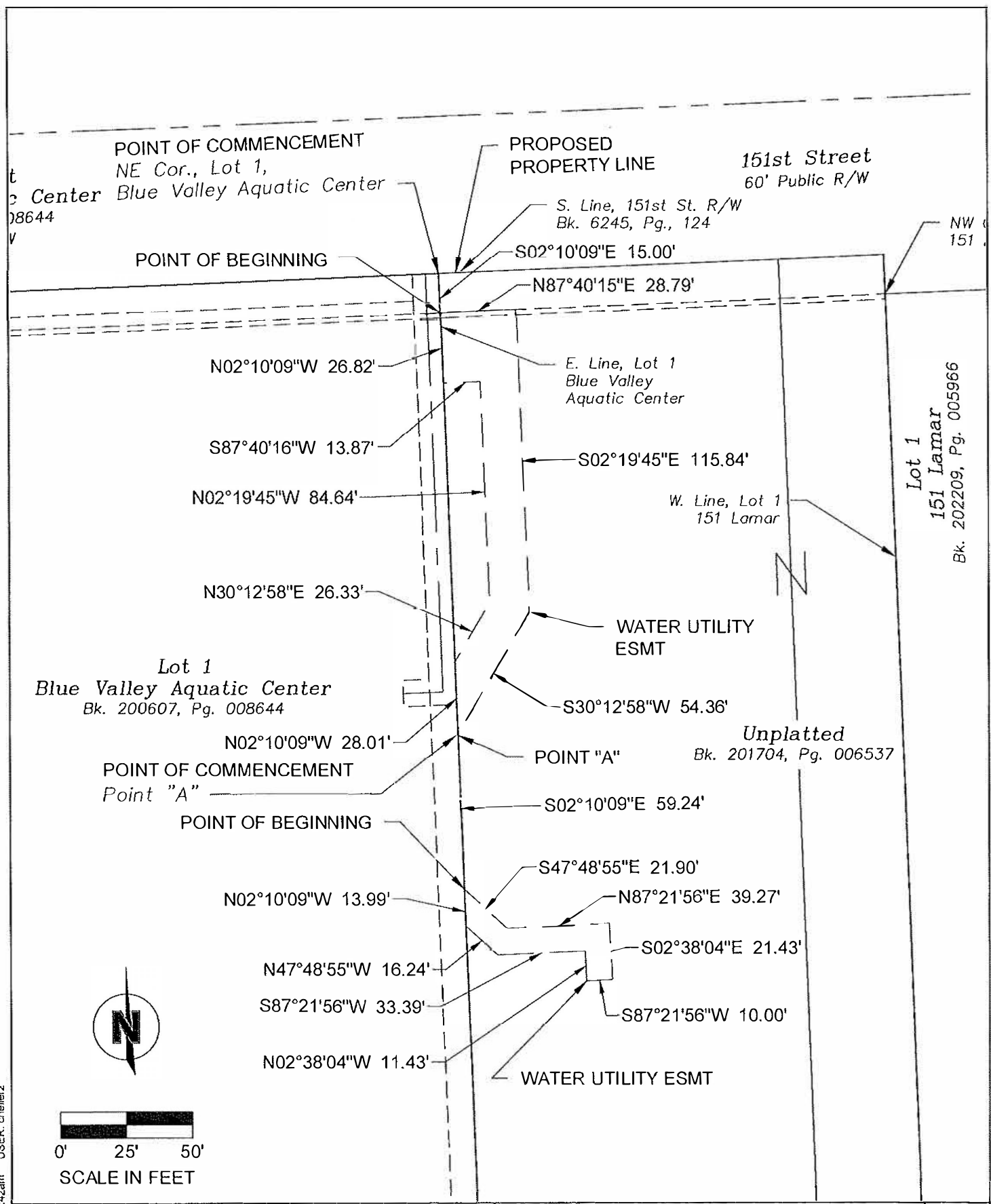
02 degrees 10 minutes 09 seconds West on the East line of said Lot 1, a distance of 13.99 feet to the POINT OF BEGINNING, containing 718.30 Square Feet or 0.0165 Acres, more or less.


Aggregate total of 3,398.90 Square Feet or 0.0780 Acres.

(As depicted on EXHIBIT "A" (Page 2 of 2), attached and incorporated herein.)



F:\2024\103001-035001024-03492\40-Design\Survey\SRVY\Xref\BVRAC SITE CAD - 07.09.2025 CLH.dwg  
 DATE: Jul 29, 2025 8:42am USER: cheller2



PROJECT NO: 024-03492	<b>WATER UTILITY          EASEMENT</b>		EXHIBIT
DRAWN BY: CLH			<b>A</b>
DATE: 07.11.2025			

7301 West 133rd Street  
 Suite 200  
 Overland Park, KS 66213

olsson.com  
 TEL 913.381.1170  
 Olsson - Survey  
 Kansas COA #LS-114



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Facilities &amp; Operations</b>	<b>Requested By:</b>	<b>Caleb Clements</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Playground/Athletic Field Turf Repairs and Cleaning - District wide.</b>			
<b>Playground (account 23990) \$20,000.00</b>			
<b>Athletic Fields (account 23901) \$20,000.00</b>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>various</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>District Wide</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>Yes</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/27/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Fix a Field, LLC	<b>Street Address:</b> PO Box 881
<b>Contact Name:</b> Brandon	<b>City:</b> Baldwin
<b>Telephone:</b> (785) 766-3634	<b>State:</b> KS
<b>Email:</b> brandon@fixafieldllc.com	<b>Zip Code:</b> 66006
<b>Cost:</b> \$ 40,000.00 Estimated	
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) September 2025 **Budget Administrator** Jake Slabodnik **Date** 8/27/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Contracted Level 4 ASL interpreting services for student GM at BVM.</b>			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>30260</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BVM</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/1/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Interpreting Solutions LLC	<b>Street Address:</b> 31348 S Loop
<b>Contact Name:</b> Wendy Bertone	<b>City:</b> Grove
<b>Telephone:</b> (913) 980-4120	<b>State:</b> OK
<b>Email:</b> wendy.bertone@yahoo.com	<b>Zip Code:</b> 74344
<b>Cost:</b> \$ 80,000.00 Estimated	
<b>Prior Year Cost:</b> n/a	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/26/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Career Ready Programs</b>	<b>Requested By:</b>	<b>Adam Wessel</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>This is an extension of the MOU for our Career Ready partnership with Johnson County Community College. This partnership allows high school juniors and seniors to attend courses at JCCC.</b>			
<b>Fund:</b>	<b>General Fund</b> ▼	<b>Account Number:</b>	<b>034000051-5603</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b> ▼	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/1/2025	<b>End Date:</b> 7/31/2026
<b>Company:</b> Johnson County Community College	<b>Street Address:</b> 12345 College Blvd.
<b>Contact Name:</b> Amy Sellers	<b>City:</b> Overland Park
<b>Telephone:</b> (913) 469-8500	<b>State:</b> KS
<b>Email:</b> aseller3@jccc.edu	<b>Zip Code:</b> 66210
<b>Cost:</b>	<b>\$ 450,000.00</b>
<b>Prior Year Cost:</b>	<b>\$ 310,088.68</b>
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>Annual</b>	▼

**Month:**(board meeting) September 2025 **Budget Administrator** Adam Wessel **Date** 8/18/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
This is for an LPN to provide nursing services for student (AW) at ACCESS.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>26088</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>ACCESS</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/12/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Maxim Healthcare Services Inc	<b>Street Address:</b> 10881 Lowell, Ste 100
<b>Contact Name:</b> Hal Oberholzer	<b>City:</b> Overland Park
<b>Telephone:</b> (316) 201-9401	<b>State:</b> KS
<b>Email:</b> haoberho@maxhealth.com	<b>Zip Code:</b> 66210
<b>Cost:</b> \$ 72,000.00 Estimated	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/6/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
A nurse (RN) is needed to provide services for a student (BB) at BVN.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>26088</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BVN</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/12/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Maxim Healthcare Services Inc	<b>Street Address:</b> 10881 Lowell, Ste 100
<b>Contact Name:</b> Hal Oberholzer	<b>City:</b> Overland Park
<b>Telephone:</b> (316) 201-9401	<b>State:</b> KS
<b>Email:</b> haoberho@maxhealth.com	<b>Zip Code:</b> 66210
<b>Cost:</b> \$ 76,000.00 Estimated	
<b>Prior Year Cost:</b> n/a	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) August 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 7/15/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	SPED	<b>Requested By:</b>	Dr. Mark Schmidt
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
Student (AM) attending KVC Academy for the 25-26 school year per IEP decision.			
<b>Fund:</b>	Special Education	<b>Account Number:</b>	26090
<b>Funding Year:</b>	2025/2026 <input type="checkbox"/>	<b>Location(s) items or services are for:</b>	KVC Academy
<b>Does this use Bond Funds?</b> (if yes, see below)		No	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

Begin Date: <b>8/1/2025</b>	End Date: <b>6/30/2026</b>
Company: <b>Niles Home for Children</b>	Street Address: <b>21350 W 153rd St</b>
Contact Name: <b>Yahna Gibson</b>	City: <b>Olathe</b>
Telephone: <b>(816) 241-3448</b>	State: <b>KS</b>
Email: <b>ygibson@kvc.org</b>	Zip Code: <b>66061</b>
Cost: <b>\$ 44,100.00 Estimated</b>	<input type="checkbox"/>
Prior Year Cost: <b>n/a</b>	
Terms: (Annual, Multi-Year, One-Time): <b>Annual</b>	<input type="checkbox"/>

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date**8/21/2025

**Education Services Agreement**  
**Between**  
**Blue Valley Schools (Hilltop Learning Center)**  
**and**  
**KVC Behavioral Healthcare Missouri, Inc.**

This Education Services Agreement ("Agreement") is entered into on August 1<sup>st</sup>, 2025, between Blue Valley Schools, a Kansas Public School District ("Client"), and KVC Behavioral Healthcare Missouri, Inc. ("Contractor").

**RECITALS**

- A. Contractor engages in the business of providing specialized education services to students referred by local school districts.
- B. Client is a Kansas public School District.
- C. Client wishes to engage Contractor to provide certain services with respect to Client's special education program (the "Program"), and Contractor wishes to provide such services, all on the terms set forth below.

**AGREEMENT**

In consideration of the promises and covenants contained herein, the parties agree as follows:

1. Commencement Date and Term. This Agreement shall commence on August 1<sup>st</sup>, 2025 (the "Commencement Date") and shall continue until 11:59 p.m. on June 30<sup>th</sup>, 2026, (the "Term").
2. Services to be provided by Contractor. During the Term of this Agreement, Contractor shall provide educational services in connection with the Individual Education Program ("Services") to students referred and assigned by Client to Contractor. Contractor shall provide the personnel necessary to provide the Services (the "Personnel").
3. Records. Contractor agrees that all files, documents and records or materials created by Contractor while providing the Services during the Term of this Agreement shall be the property of Client. Contractor agrees that upon the expiration or termination of this Agreement for any reason, Contractor shall immediately deliver all such property of Client in its possession to Client. Contractor may retain a copy of all files, documentation and records in its possession. Notwithstanding anything containing herein to the contrary, it is expressly agreed that Contractor shall retain those original records that it is required to maintain by its licensing authorities to include, but not limited to, therapist notes and treatment plans. Client and Contractor shall make a reasonable effort to limit the original records maintained by Contractor.

4. Responsibilities of Client. Prior to the student being enrolled with Contractor, Client will provide a copy of most recent Educational Diagnostic Summary, an IEP developed from that Summary and written for placement in a private separate day school, discipline and attendance records, and any other pertinent information including, but not limited to, information necessary to maintain the health, safety, and security of students and staff of Contractor.

During the Term of this Agreement, Client shall provide Contractor with updated student records, including Individual Education Plans, as may be reasonably necessary for the proper provision of the Services. Client will maintain ownership of the IEP and Educational Evaluation as the LEA (Local Education Authority) and assume responsibility for contents contained within said documents. Contractor will partner with Client to provide necessary data to complete IEP and Educational Evaluation.

If Client intends on using third party vendors in conjunction with services provided by Contractor, Client will obtain written approval from Contractor to allow third party vendors to provide services at Contractor's facilities.

Client shall provide written thirty (30) day notice to Contractor of any intention to discontinue services due to budget constraints. Without written notice, Contractor will continue to provide services and send invoices in accordance with the other terms of this agreement. Any disputes regarding this section will be addressed in accordance with 7d.

5. Additional Responsibilities of Contractor.

- a. Qualifications. Credentials. Licenses. All Contractor Personnel will be qualified in all material respects to provide the Services they provide on behalf of Contractor hereunder. All instructors and therapists provided by Contractor under this Agreement will hold a certification or license issued by the state in which they are providing Services hereunder appropriate for providing the requested Service.
- b. Fingerprinting Requirements. Contractor shall conduct such criminal background checks of all Contractor Personnel through the Missouri Highway Patrol (MHP) as required by applicable law. All employees of Contractor must be authorized to begin work by Missouri Division of Social Services prior to beginning employment with Contractor.
- c. Attendance Reporting. Contractor shall keep accurate records of student attendance. Copies of such records will be provided to Client monthly.
- d. Compliance with Laws. During the term of this Agreement, Contractor shall comply in all respects with all applicable federal and state statutes, laws, regulations, ordinances and rules relating to the provision of special education services.

6. Independent Contractor. The parties hereto acknowledge that Contractor is an Independent Contractor. This Agreement shall not render Contractor an employee, partner, agent of, or joint venture with Client for any purpose. Contractor is and will remain an Independent Contractor in its relationship to Client in connection with this Agreement. Client shall not be responsible for withholding taxes with respect to the Contractor's compensation hereunder. Contractor shall have no claim against Client hereunder or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind.

7. Compensation and Method of Payment. The Compensation shall be payable by Client monthly as follows:

- a) Compensation. The Client agrees to pay the Contractor for services provided at the following rates per student for each day the Client’s student is enrolled with Contractor:

SERVICE	FEE	
Education Services	\$225.00	Per Day of Enrollment
1:1 Paraprofessional ( <i>If applicable per IEP</i> )	\$215.00	Per Day of Enrollment
Speech and Language Services/Occupational Therapy Services	\$95.00	Per Hour

- b) Student Absences. Contractor will keep attendance records daily and will provide Client with the attendance record monthly. Absences will be classified as excused or unexcused using the following definition: an “excused absence” shall include any absence due to substantiated medical issues, religious observances, death of an immediate family member, required court appearances and other circumstances which are approved by the student’s parent or guardian; and an “unexcused absence” shall be any absence that is not an excused absence.
- c) Invoice. Within fifteen (15) business days of the last day of each month during the term of this Agreement, Contractor shall submit an invoice to Client for Services provided during such month and attach true and complete copies of the attendance and time records described in Section 5c above. Each undisputed invoice so delivered shall be due and payable in full by Client within thirty (30) calendar days of the date it was submitted, subject to paragraph 7d below.
- d) Payment Disputes. If Client has a bona fide, good faith dispute with respect to whether a particular Service identified in a Contractor invoice hereunder was actually provided in accordance with the terms of this Agreement, Client shall give written notice to Contractor describing such dispute in reasonable detail within thirty (30) calendar days of the date such invoice was received, accompanied by payment in full of all amounts shown on such invoice that are not the subject of the dispute(s) described on such notice. Contractor and Client shall use their best reasonably good faith efforts to resolve such dispute within the thirty (30) calendar day period following such notice. If such dispute cannot be resolved within such thirty (30) day period, either Contractor or Client may terminate this Agreement on not less than forty-five (45) business days' written notice. Termination of this Agreement shall not impact Client’s obligation to pay.

8. Termination. Either party may terminate this Agreement with or without cause at any time prior to its expiration date by providing written notice of intent to terminate thirty (30) days prior to termination to the other party. If such termination occurs, Contractor shall be paid for services rendered through the date of termination. Notwithstanding the foregoing, if Contractor is convicted of any crime or offense, fails or refuses to comply with the written policies or reasonable directives of Client, is guilty of serious misconduct in connection with its

performance hereunder, or materially breaches provisions of this Agreement, Client may terminate the engagement of Contractor without prior written notice to Contractor, and Contractor shall not receive any additional compensation from Client, but for those amounts remaining to be paid for services already rendered.

9. Insurance. Contractor shall procure and maintain throughout the term hereof, and all renewals and extensions hereof:

- a. General Liability. General liability insurance for Contractor Personnel at the school facilities in performance of Contractor's obligations under this Agreement with coverage of not less than One Million dollars (\$1,000,000) for any incident, and Three Million Dollars (\$3,000,000) annual aggregate. Contractor agrees to provide Client with a Certificate of Insurance of such general liability and professional malpractice insurance policy
- b. Worker's Compensation. Worker's Compensation Insurance covering the activities of each Contractor employee providing Services to Client hereunder, which insurance shall comply with all applicable legal requirements.

10. Indemnification. Each Party shall defend, hold harmless, and indemnify the other Party and the governing board, officers, directors, agents, and employees of the other from and against all liabilities and claims for damage for death, sickness, or injury to any person(s) or damage to any property, including, without limitation, all consequential damages and expenses (including attorney fees), from any cause whatsoever arising from or connected with services or referrals hereunder resulting from the negligence or intentional acts of the other Party or their agents, employees or subcontractors. It is understood that such indemnity shall survive the termination of this Agreement.

11. Extended School Year Program. Contractor shall provide Client with a list of students to be serviced during the extended school year program prior to April 30<sup>th</sup>. Contractor shall obtain written approval from Client prior to providing extended year services to such students.

12. No Third-Party Beneficiaries. The parties intend that the benefits of this Agreement shall inure only to Contractor and Client and not to any third person.

13. Headings. Section headings are not to be considered a part of this Agreement and are not intended to be a full and accurate description of the contents hereof.

14. Waiver. Waiver by one party hereto of breach of any provision of this Agreement by the other shall not operate or be construed as a continuing waiver.

15. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the Parties and their respective successors and permitted assigns. Contractor shall not assign any of its rights under this Agreement or delegate the performance of any of its duties hereunder, without the prior written consent of the Client.

16. Modification or Amendment. No amendment, change or modification of this Agreement shall be valid unless in writing signed by the Parties hereto.

17. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Missouri.

18. Notices. Any notices required or permitted to be given hereunder by either party to the other shall be in writing and shall be deemed delivered upon personal delivery or delivery by facsimile or electronic mail (provided that, in the case of facsimile the sender shall have obtained electronic or other confirmation of actual delivery, and in the case of electronic mail, the sender shall have delivered to the e-mail address identified below and shall not have received an electronic notice of non-delivery); twenty-four (24) hours following deposit with a courier for overnight delivery; or seventy-two (72) hours following deposit in the U.S. Mail, registered or certified mail, postage prepaid, return-receipt requested.

**If to Contractor:**

KVC Behavioral HealthCare, Missouri, Inc.  
330 N. Gore Ave.  
Webster Groves, MO 63119  
Attention: Dr. Pam Dawson, Vice President of Education  
Telephone: 573-465-3959  
Email: [pdawson@kvc.org](mailto:pdawson@kvc.org)

**For Contract Questions/Concerns/Copies:**

Heather Kelley  
Email: [hkelley@kvc.org](mailto:hkelley@kvc.org)

**If to Client:**

Blue Valley Schools (Hilltop Learning Center)  
Address: 7700 W 143rd Street  
Overland Park, Kansas 66223  
Attention: Jennie Perdieu  
Telephone: (913) 624-2831  
Email: [JPerdieu@bluevalleyk12.org](mailto:JPerdieu@bluevalleyk12.org)

19. Entire Understanding. This document constitutes the entire understanding and agreement of the parties, and any and all prior agreements, understandings, and representations are hereby terminated and canceled in their entirety and are of no further force and effect.

20. Unenforceability of Provisions. If any provision of this Agreement, or any portion thereof, is held to be invalid and unenforceable, then the remainder of this Agreement shall nevertheless remain in full force and effect.

IN WITNESS WHEREOF the undersigned have executed this Agreement as of the day and year first written above.

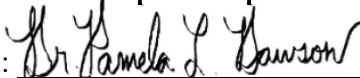
**Client:**

Blue Valley Schools (Hilltop Learning Center)

By: \_\_\_\_\_

**Contractor:**

KVC Behavioral Healthcare Missouri, Inc.  
A Missouri nonprofit corporation

By:   
\_\_\_\_\_  
Dr. Pam Dawson, Vice President, Education



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
Para staffing support to fill a vacancy at BVM for 25-26 school year.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>30260</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BVM</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/7/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> ProCare Therapy	<b>Street Address:</b> 1979 Lakeside Pkwy, Ste 800
<b>Contact Name:</b> Alex Sutton	<b>City:</b> Tucker
<b>Telephone:</b> (470) 286-1089	<b>State:</b> GA
<b>Email:</b> alex.sutton@procaretherapy.com	<b>Zip Code:</b> 30084
<b>Cost:</b> \$ 40,000.00 Estimated	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/6/2025

**ADDENDUM A**  
**Client Assignment Confirmation**



This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and New Direction Solutions, LLC dba ProCare Therapy ("ProCare" or "the Company"). Client will pay ProCare for hours worked by Consultant on the following terms:

**Assignment Details**

ProCare Consultant: Makiah Hudson PID: \*

School District Name (Client): Blue Valley Schools - USD 229

Start Date: 08/07/2025 End Date: 05/29/2026

*Start and End dates are subject to change based on the credentialing and licensure process as well as adjustment in the school district's calendar.*

Position: Paraprofessional

Bill Rate: \$35.00 Minimum Hours: 35

Overtime Rate: 1.5 times Bill Rate

Billing Workweek: Monday – Friday

Miscellaneous: Full Time. 35 Hours Per Week. Hours and Schedule subject to change based on school calendar/district need.

Sales tax or gross receipts tax will be added to professional fees if required or allowed by state law and client is not a tax-exempt entity.

If ProCare Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Option of virtual services will be offered by ProCare in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

If, within one (1) calendar year of Company introducing or referring a Consultant to Client or the end of a Consultant's assignment with Client, whichever is later, Client hires, contracts with, or refers a Consultant to a third-party Client agrees this constitutes a permanent placement and agrees to compensate Company for its time and efforts. The compensation owed to Company for a permanent placement as described in this section shall be the greater of: (i) Twenty-Two Thousand Five Hundred Dollars (\$22,500), or (ii) Thirty-Five Percent (35%) of the Consultant's first-year compensation from Client or third-party. For purposes of this clause, "introduce" and "refer" shall include any instance where Client has received information about a Consultant from Company or has interviewed, communicated with, or otherwise engaged in discussions with a Consultant as a result of Company's services. The parties agree that this section is intended to provide fair compensation to Company for its services, and it does not, in any way, restrict Client's right to hire a Consultant introduced or referred by Company.

Account Representative Information: Alex Sutton  
alex.sutton@procaretherapy.com  
4702861089

By: 108039 - Blue Valley Schools - USD 229

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless ProCare is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
Para to fill a vacancy at BRE for the 25-26 school year.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>30260</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>BRE</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

Begin Date: <b>9/2/2025</b>	End Date: <b>6/30/2026</b>
Company: <b>ProCare Therapy</b>	Street Address: <b>1979 Lakeside Pkwy, Ste 800</b>
Contact Name: <b>Alex Sutton</b>	City: <b>Tucker</b>
Telephone: <b>(470) 286-1089</b>	State: <b>GA</b>
Email: <b>alex.sutton@procaretherapy.com</b>	Zip Code: <b>30084</b>
Cost: <b>\$ 40,000.00 Estimated</b>	
Prior Year Cost: <b>n/a</b>	
Terms: (Annual, Multi-Year, One-Time): <b>Annual</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/21/2025

**ADDENDUM A**  
**Client Assignment Confirmation**



This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and New Direction Solutions, LLC dba ProCare Therapy ("ProCare" or "the Company"). Client will pay ProCare for hours worked by Consultant on the following terms:

**Assignment Details**

ProCare Consultant: Noah Markovetz PID: \*

School District Name (Client): Blue Valley Schools - USD 229

Start Date: 09/02/2025 End Date: 05/22/2026

*Start and End dates are subject to change based on the credentialing and licensure process as well as adjustment in the school district's calendar.*

Position: PARA

Bill Rate: \$35.00 Minimum Hours: 35

Overtime Rate: 1.5 times Bill Rate

Billing Workweek: Monday – Friday

Miscellaneous: 

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Sales tax or gross receipts tax will be added to professional fees if required or allowed by state law and client is not a tax-exempt entity.

If ProCare Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Option of virtual services will be offered by ProCare in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

Should Client desire the convert the Consultant named above from contracted personnel to a direct employee, Client shall reach out to their Company representative for more information.

-

Account Representative Information: Rebecca Brown  
rebecca.brown@procaretherapy.com  
7703250308

By: 108039 - Blue Valley Schools - USD 229

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless ProCare is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
Para to fill a vacancy at OTM for the 25-26 school year.			
<b>Fund:</b>	<b>Special Education</b>	<b>Account Number:</b>	<b>30260</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>OTM</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/1/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> ProCare Therapy	<b>Street Address:</b> 1979 Lakeside Pkwy, Ste 800
<b>Contact Name:</b> Alex Sutton	<b>City:</b> Tucker
<b>Telephone:</b> (470) 286-1089	<b>State:</b> GA
<b>Email:</b> alex.sutton@procaretherapy.com	<b>Zip Code:</b> 30084
<b>Cost:</b> \$ 40,000.00 Estimated	
<b>Prior Year Cost:</b> n/a	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date** 8/21/2025

**ADDENDUM A**  
**Client Assignment Confirmation**



This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and New Direction Solutions, LLC dba ProCare Therapy ("ProCare" or "the Company"). Client will pay ProCare for hours worked by Consultant on the following terms:

**Assignment Details**

ProCare Consultant: Reagan Hunt PID: \*

School District Name (Client): Blue Valley Schools - USD 229

Start Date: 09/01/2025 End Date: 05/22/2026

*Start and End dates are subject to change based on the credentialing and licensure process as well as adjustment in the school district's calendar.*

Position: PARA

Bill Rate: \$35.00 Minimum Hours: 35

Overtime Rate: 1.5 times Bill Rate

Billing Workweek: Monday – Friday

Miscellaneous: 

*
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Sales tax or gross receipts tax will be added to professional fees if required or allowed by state law and client is not a tax-exempt entity.

If ProCare Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Option of virtual services will be offered by ProCare in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

Should Client desire the convert the Consultant named above from contracted personnel to a direct employee, Client shall reach out to their Company representative for more information.

-

Account Representative Information: Rebecca Brown  
rebecca.brown@procaretherapy.com  
7703250308

By: 108039 - Blue Valley Schools - USD 229

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless ProCare is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>A para floater to fill a vacancy for the 2025-26 school year.</b>			
<b>Fund:</b>	<b>Special Education</b> ▼	<b>Account Number:</b>	<b>30260</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	<b>Multiple</b>
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 9/1/2025	<b>End Date:</b> 7/31/2026
<b>Company:</b> ProCare Therapy	<b>Street Address:</b> 1979 Lakeside Pkwy, Ste 800
<b>Contact Name:</b> Alex Sutton	<b>City:</b> Tucker
<b>Telephone:</b> (470) 286-1089	<b>State:</b> GA
<b>Email:</b> alex.sutton@procaretherapy.com	<b>Zip Code:</b> 30084
<b>Cost:</b> \$ 40,000.00 Estimated	▼
<b>Prior Year Cost:</b>	n/a
<b>Terms:</b> (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date**8/26/2025

**ADDENDUM A**  
**Client Assignment Confirmation**



This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and New Direction Solutions, LLC dba ProCare Therapy ("ProCare" or "the Company"). Client will pay ProCare for hours worked by Consultant on the following terms:

**Assignment Details**

ProCare Consultant: Taylor Dawson PID: \*

School District Name (Client): Blue Valley Schools - USD 229

Start Date: 09/08/2025 End Date: 05/29/2026

*Start and End dates are subject to change based on the credentialing and licensure process as well as adjustment in the school district's calendar.*

Position: Paraprofessional

Bill Rate: \$35.00 Minimum Hours: 35

Overtime Rate: 1.5 times Bill Rate

Billing Workweek: Monday – Friday

Miscellaneous: Full Time. 35 Hours Per Week. Hours and Schedule subject to change based on school calendar/district need.

Sales tax or gross receipts tax will be added to professional fees if required or allowed by state law and client is not a tax-exempt entity.

If ProCare Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Option of virtual services will be offered by ProCare in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

Should Client desire the convert the Consultant named above from contracted personnel to a direct employee, Client shall reach out to their Company representative for more information.

-

Account Representative Information: Alex Sutton  
alex.sutton@procaretherapy.com  
4702861089

By: 108039 - Blue Valley Schools - USD 229

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless ProCare is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	ITS	<b>Requested By:</b>	Tyler Davis
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>26-009 IDM Renewal</b>  <b>Purpose:</b> This purchase is for Microsoft Active Directory Enterprise license Subscription. The software takes accounts from Synergy and BPlus and creates them in Office 365, Google, Active Directory, etc.</p>			
<b>Fund:</b>	Capital Outlay	<b>Account Number:</b>	34801
<b>Funding Year:</b>	2025/2026	<b>Location(s) items or services are for:</b>	SSC
<b>Does this use Bond Funds?</b> (if yes, see below)		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 11/1/2025	<b>End Date:</b> 10/31/2026
<b>Company:</b> SoftwareIDM Inc.	<b>Street Address:</b> 110 Front St Ste 300
<b>Contact Name:</b> Todd Mollerup	<b>City:</b> Jupiter
<b>Telephone:</b> (331) 218-0001	<b>State:</b> FL
<b>Email:</b> customerservice@softwareidm.com	<b>Zip Code:</b> 33477
<b>Cost:</b>	\$ 45,000.00
<b>Prior Year Cost:</b>	\$45,000.00
<b>Terms:</b> (Annual, Multi-Year, One-Time): <b>Annual</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** Brian Daley **Date** 8/1/2025



**SoftwareIDM**  
 110 Front St Ste 300  
 Jupiter Florida 33477-5095  
 U.S.A

LICENSING AND SERVICES QUOTE

**Blue Valley Schools**

Blue Valley Schools  
 P.O. Box 23901  
 Overland Park, Kansas 66283

ESTIMATE: Q-US-25-000399

Estimate Date	Expiry Date	Reference#	Sales person	Quote	Customer Contact
07/02/25	08/11/25	BVSD - 2025/26 Renewal	Todd Mollerup	BVSD - 2025/26 Renewal	Tyler Davis

#	Item & Description	Qty	Rate	Amount
1	DESCRIPTION: Annual SaaS Subscription to the SoftwareIDM Identity Panel Suite including applications Identity Panel, Test Panel, Service Panel, Access Panel, and HyperSync. All Providers (connectors) included. Three hosting tenants (Development, QA or UAT, and Production) included.  BVSD NFP/School Price: \$45,000  Subscription Term: November 1, 2025 - October 31, 2026	1.00	45,000.00	45,000.00

**Applications Subscription Licenses - 1YR**

2	<b>Annual Subscription - Application Identity Panel</b> Annual Subscription for Identity Panel Application and framework - Required - Subscription - Time Traveler, Reporting, Dashboards, Health Checks, Workflows, Scheduler, Security, messaging, and more. <a href="https://product.softwareidm.com/hc/en-us/articles/360042443854">https://product.softwareidm.com/hc/en-us/articles/360042443854</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
3	<b>Annual Subscription - Application Test Panel</b> Annual Subscription to Test Panel. Automated regression and integration testing (requires Identity Panel). <a href="https://product.softwareidm.com/hc/en-us/articles/360042444474-Test-Panel-App">https://product.softwareidm.com/hc/en-us/articles/360042444474-Test-Panel-App</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
4	<b>Annual Subscription - Application HyperSync Panel</b> Annual Subscription for Synchronization Engine for the Enterprise. Product Description: <a href="https://product.softwareidm.com/hc/en-us/articles/1500002179802-HyperSync-Panel-App">https://product.softwareidm.com/hc/en-us/articles/1500002179802-HyperSync-Panel-App</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00

#	Item & Description	Qty	Rate	Amount
5	<b>Annual Subscription - Application Service Panel</b> Annual Subscription for Service Panel. Identity portal for the enterprise. Product Description: <a href="https://product.softwareidm.com/hc/en-us/articles/360042942513-Service-Panel-App">https://product.softwareidm.com/hc/en-us/articles/360042942513-Service-Panel-App</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
6	<b>Annual Subscription - Application Access Panel</b> Annual Subscription for Access Panel - ABAC, RBAC, and Attestation Entitlement management, including criteria based groups, plus just-in-time access/PAM. Product description: <a href="https://product.softwareidm.com/hc/en-us/articles/360042444454">https://product.softwareidm.com/hc/en-us/articles/360042444454</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
<b>Provider (Connectors) Subscription Licenses - 1YR</b>				
7	<b>Annual Subscription - Connect License for Microsoft EntraID</b> Annual Subscription to connect to a single AzureAD/EntraID/M365 directory, Including Panel Provider for a AzureAD/M365/EntraID directory service. PowerShell and GraphAPI provider for Microsoft identity data and provisioning including licensing, Exchange, and AzureAD information. Product Description: <a href="https://product.softwareidm.com/hc/en-us/articles/4410991469203-Panel-Provider-for-Microsoft-Entra-Directory">https://product.softwareidm.com/hc/en-us/articles/4410991469203-Panel-Provider-for-Microsoft-Entra-Directory</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
8	<b>Annual Subscription - Connect License for Microsoft Active Directory - Enterprise Subscription</b> Annual Subscription to connect to unlimited internal Microsoft Active Directories. Includes data connector for Active Directory that allows unlimited domains to be connected. Unlimited Active Directory domains and forests. Note: Consider single domain licenses if you have less than three domains. <a href="https://product.softwareidm.com/hc/en-us/articles/1500002179802-HyperSync-Panel-App">https://product.softwareidm.com/hc/en-us/articles/1500002179802-HyperSync-Panel-App</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
9	<b>Annual Subscription - Panel Provider for Microsoft SQL Server - Enterprise Unlimited</b> Subscription - Panel Provider for Microsoft SQL Server. Licenses you to scan, and if applicable, write to Microsoft SQL Server servers or farms  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
10	<b>Annual Subscription - Panel Provider for Delimited File</b> Data connector license for up to ten delimited files. <a href="https://product.softwareidm.com/hc/en-us/articles/4410991678355">https://product.softwareidm.com/hc/en-us/articles/4410991678355</a>  Subscription Term: November 1, 2025 - October 31, 2026	1.00 yr	0.00	0.00
<b>Hosting</b>				
11		1.00	0.00	0.00

#	Item & Description	Qty	Rate	Amount
	<b>Annual Subscription - Hosting - Capacity Rank 750</b> 12 months of fully managed hosting. Azure cloud. Includes one dedicated App Service instance running one production tenant plus two non-production tenants. Dedicated, compared to shared, adds performance isolation from other customer tenants and adds customer driven change control. High-Availability. Security. Automated Backups. Communication Fee and/or hosted Panel Service additional.  Subscription Term: November 1, 2025 - October 31, 2026	yr		
12	<b>Annual Subscription - Panel Service SaaS Data Comm Fee [each]</b> Annual Subscription for Annual Data Communication Fee for one Panel Service from customer network to Azure hosted SaaS, using HTTPS.  Subscription Term: November 1, 2025 - October 31, 2026	2.00 ea	0.00	0.00
13	REVIEW NOTE - THE RENEWAL KEYS BELOW MUST BE REVIEWED AND UPDATED	1.00	0.00	0.00
14	Renewal License Keys:  Apply only one per environment  BVSD - Through October 2025, 1930      Blue Valley School District A9YN6-ZU3E-LFQ8 BVSD - Through October 2025, 1929      Blue Valley School District BX9VG-5XKV-W6WV BVSD - Through October 2025, 1928      Blue Valley School District 74U22-FRCM-HAJK	1.00	0.00	0.00
<b>Sub Total</b>				45,000.00

**HOW TO ORDER**

Fax, email, or overnight this signed document or your purchase order to:  
 SoftwareIDM Inc.  
 110 Front St Ste 300  
 Jupiter, FL 33477  
 Phone (331) 218-0001  
 Todd Direct (630) 306-9788  
 Peter Direct (630) 605-4522  
 orders.distro@softwareidm.com

**Total                    \$45,000.00**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>BVHS</b>	<b>Requested By:</b>	<b>Kylie Garcia</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>Nationals Dance Competition Trip February 2/12-2/17/2026 in Orlando, FL. Additional expenses include \$3,500 for ground transportation. Fundraising efforts and individual family contributions will pay for this trip.</b></p> <p><b>1) Air Travel- SW Airlines - \$24,125</b>  <b>2) Registration/Lodging - Varsity Spirit- \$32,500</b></p>			
<b>Fund:</b>	<b>Activity Funds</b>	<b>Account Number:</b>	<b>5205432</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>Dance Nationals Trip</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> This is a New Contract                   | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> <b>02/12/2026</b>	<b>End Date:</b> <b>02/17/2026</b>
<b>Company:</b> <b>SW Airlines/Varsity Spirit</b>	<b>Street Address:</b>
<b>Contact Name:</b>	<b>City:</b>
<b>Telephone:</b>	<b>State:</b>
<b>Email:</b>	<b>Zip Code:</b>
<b>Cost:</b>	<b>\$ 56,625.00 Estimated</b>
<b>Prior Year Cost:</b>	<b>N/A</b>
<b>Terms: (Annual, Multi-Year, One-Time):</b>	

**Month:**(board meeting) September 2025 **Budget Administrator** M Ortman **Date** 8/25/2025



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Blue Valley High School</b>	<b>Requested By:</b>	<b>Sam Dollins</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>BVHS choir travel for show choir competition and performance at Walt Disney World</b>  <b>Total Travel cost anticipated at \$133,581.95. Families will be responsible for the cost of their student. If fundraising can be done, the cost will be lowered. School personnel travel cost will be wrapped into each of the 75 students' cost. This is NOT a required trip. Optional only</b></p> <p><b>Southwest Airlines- \$34,000</b>  <b>Means Transportation- \$12,750</b>  <b>Walt Disney World (lodging): \$35,429.70</b>  <b>Walt Disney World (park tickets): \$39,852.25</b>  <b>FAME (show choir competition host): \$11,250</b></p> <p style="text-align: right;"><b>FAME (show choir competition registration)- \$11,250</b></p>			
<b>Fund:</b>	<b>Activity Funds</b>	<b>Account Number:</b>	<b>Choir</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>SW Airlines, Means, WDO</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input type="checkbox"/> This is a Renewal Contract                          | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 3/11/2026	<b>End Date:</b> 3/17/2026
<b>Company:</b> SW Airlines/Means Trans/Walt Disney	<b>Street Address:</b>
<b>Contact Name:</b>	<b>City:</b>
<b>Telephone:</b>	<b>State:</b>
<b>Email:</b>	<b>Zip Code:</b>
<b>Cost:</b> \$ 133,281.95 Estimated	
<b>Prior Year Cost:</b> N/A	
<b>Terms:</b> (Annual, Multi-Year, One-Time):	

**Month:**(board meeting) September 2025 **Budget Administrator** M Ortman **Date** 8/18/25

# BLUE VALLEY PUBLIC SCHOOLS' TRIP APPLICATION

(Complete form and submit to principal.)

## TRIP INFORMATION

Name of School Blue Valley High school Application Date 7/21/2025

Name of Group/Organization BVHS Choir

Requested by Sam Dollins

Estimated # of Students 75 (Note: Estimate Maximum Number of Students Attending)

Location of Trip Activity Orlando, FL (Universal Studios and Disney World)

Departure Date 3/11/2026

Return Date 3/17/2026

Number of School Day(s) Missed During Travel 1.5

Trip Origination/Termination Point MCI Airport

Plane, Bus (while in Orlando)

Mode of Transportation: (Include specific information - bus, train, plane; company, etc.)

Sam Dollins, Junyi Nie

School Personnel Attending

At least 8 parent chaperones

Non-School School Personnel Attending

Describe curricular value of trip below. (List specific objectives if possible)

This trip offers significant curricular value by providing students with a unique, real-world extension of their classroom learning. Performing at a prestigious venue like Walt Disney World allows students to experience the professional expectations, reinforcing skills in vocal performance, choreography, discipline, and teamwork. Competing nationally (Universal Studios) fosters a spirit of excellence, encouraging students to set and reach high artistic goals while gaining exposure to diverse styles and students from choirs across the country. Additionally, the trip supports social-emotional learning through collaborations, responsibility, and cultural enrichment, making it an invaluable part of a comprehensive music education.

**Form A (page 1 of 3)**

## FINANCIAL INFORMATION

The following tables will be utilized to determine the cost of a trip. Please make note of the following:

- If a student tour company is (or will be) under contract to assist you with the planning of a trip, you must calculate anticipated costs utilizing Table A and B.
- If a student tour company is not involved with the planning of a trip, you do not need to complete Table B. However, you are required to complete Table A.

Are you utilizing a Tour/Travel Company for this trip? No

**Table A: Estimate Expenses**

Note: 3 blank rows for any other categories of expense not included on this form). Do not include any expenses covered by a student tour company in Table A, these expenses will be calculated in Table B.

Estimated Cost per Participant. Category	#	Cost Per Participant	Cost Extended
Est. Registration Expense	75	150	11250
Est. Travel Expense (to and from destination city)*	85	400	34000
Est. Ground Transportation (in destination city)	85	150	12750
Est. Lodging Expense	85	416.82	35,429.7
Est. Food Expense			0
Est. Miscellaneous Expense **	85	468.85	39852.25
<b>TOTAL</b>			<b>0.00</b>

**133,281.95**

\* Include rental van cost, gasoline, tolls, airline expense, luggage fees, etc.

\*\* Include museum fees, entertainment, etc.

**Table B: Estimate Total Cost with Contracted Travel or Tour Company**

Note: Please estimate maximum potential participants. (See Step 2 on Page 1 of Packet.)

Category of Participants	#	Cost Per Participant	Cost Extended
Students			0
School Personnel			0
Parent Chaperones			0
Other			0
<b>TOTAL</b>			<b>0</b>

**Table C: Total Trip Cost**

0
---

If the School/District is contributing to the trip cost, please enter the total amount here:

**133,281.95**

**This trip will be paid for by individual students and may be offset with any fundraising efforts the group is able to do. The travel cost of the school personnell will be wrapped in the final individual student cost.**

**Form A (page 2 of 3)**

Re: Trip Application

Arrangements: Include all pertinent information - Supervisor-student ratio, schedules, etc. for overnight trips; describe travel arrangements, overnight accommodations, security, additional costs, fundraising, etc. Add additional pages, if necessary.

- Supervision Student Ratio: 6 students to supervisor
- Fly from MCI to MCO on SW airlines
- Ride Means transportation once we arrive in Orlando
- Stay at Pop Century Resort
- Compete at a show choir competition at Universal Studios
- Perform at Walt Disney World
- Got to parks when not competing/performing
- Travel back to airport in Means transportation
- Fly back to MCI on SW Airlines

Approved:

Signature (Principal) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Director of School Administration) \_\_\_\_\_ Date \_\_\_\_\_

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

For all signatures you may either utilize a digital signature or you may print document off and sign.

Office Use Only		
	Bus Request Submitted with Application	Date
	Sub Request Submitted with Application	Date

# BLUE VALLEY #229 TRIP PARENTAL PERMISSION FORM

**This form must be completed, signed by the parent/guardian and returned to the sponsor before a student may participate.**

Date 8/14/26

Dear Parents: Our class/group will be taking a trip(s), the details of which are described below.

Destination Orlando, FL Cost Per Student TBD- \$1600-\$1700  
 Departure Date 3/11/26 Time AM Parent Permission  
 Return Date 3/17/26 Time PM Trip #1  
 Origination/Termination Point MCI airport Yes  
 Mode of Transportation (i.e., Bus, Private Auto/Van\*, Other) Plane/Bus

\*Student will be riding with:  Sponsor  Parent  Another Participant

Destination \_\_\_\_\_ Cost Per Student \_\_\_\_\_ Parent Permission  
 Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Trip #2  
 Return Date \_\_\_\_\_ Time \_\_\_\_\_  Yes  No  
 Origination/Termination Point \_\_\_\_\_  
 Mode of Transportation (i.e., Bus, Private Auto/Van\*, Other) \_\_\_\_\_

\*Student will be riding with:  Sponsor  Parent  Another Participant

Destination \_\_\_\_\_ Cost Per Student \_\_\_\_\_ Parent Permission  
 Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Trip #3  
 Return Date \_\_\_\_\_ Time \_\_\_\_\_  Yes  No  
 Origination/Termination Point \_\_\_\_\_  
 Mode of Transportation (i.e., Bus, Private Auto/Van\*, Other) \_\_\_\_\_

\*Student will be riding with:  Sponsor  Parent  Another Participant

(If any of these are overnight trips, parents will receive a separate letter(s) from the sponsor outlining all details of the trip.)

Special Notes Regarding Trip(s):

The purpose of this form is to inform you of the above planned activity/activities and obtain your consent. The activity/activities will be supervised by adults. It may be necessary to alter some of the details outlined above, but efforts will be made to retain normal supervision for the safety and welfare of all trip participants.

We would like your student to accompany us on this trip(s) and ask that you sign the permission slip below and return it to us no later than \_\_\_\_\_. Failure to return this form will prevent your child from participating in the above activity/activities.

I/WE THE UNDERSIGNED, UNDERSTAND THAT Blue Valley School District #229 assumes no responsibility for any and all accidents, damages or other injury which may occur as a passenger, during transit by a private carrier. Full and complete responsibility will be upon the driver of the private carrier, with his/her automobile insurance assuming all liability.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature (if 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**NOTE: Students may be sent home at the parent's expense for violating existing Blue Valley District policies or regulations.**



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>SPED</b>	<b>Requested By:</b>	<b>Dr. Mark Schmidt</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<b>Contracted SLP to cover for maternity leave at WSE (.4 FTE)</b>			
<b>Fund:</b>	<b>Special Education</b> ▼	<b>Account Number:</b>	<b>30260</b>
<b>Funding Year:</b>	<b>2025/2026</b> ▼	<b>Location(s) items or services are for:</b>	<b>WSE</b>
<b>Does this use Bond Funds?</b> (if yes, see below)			
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 8/10/2025	<b>End Date:</b> 10/15/2025
<b>Company:</b> Supplemental Healthcare Services	<b>Street Address:</b> 6955 S Union Park Center Ste 400
<b>Contact Name:</b> Cahty Rigby	<b>City:</b> Cottonwood Heights
<b>Telephone:</b> (866) 474-6677	<b>State:</b> UT
<b>Email:</b> crigby@shccares.com	<b>Zip Code:</b> 84047
<b>Cost:</b> \$ 36,000.00 Estimated ▼	
<b>Prior Year Cost:</b>	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual ▼	

**Month:**(board meeting) September 2025 **Budget Administrator** Dr. Mark Schmidt **Date**7/21/2025

Wednesday, July 16, 2025

ASHLEY ENZ  
BLUE VALLEY- UNIFIED SCHOOL DISTRICT NO. 229  
15020 METCALF AVE  
OVERLAND PARK, KS 66223

ATTENTION ASHLEY ENZ:

Please accept this letter as verification that Marcia Christie, SLP-CCC, will be extending the contract to work at your facility.

<b>Shift:</b>	7:00AM	<b>Regular Rate:</b>	\$79.00
<b>Unit:</b>	Schools	<b>Overtime Rate:</b>	\$118.50
<b>Start Date:</b>	8/4/2025	<b>Holiday Rate:</b>	\$79.00
<b>End Date:</b>	10/27/2025		
<b>Date of Birth:</b>	08/20/1954		
<b>Time Off:</b>	N/A		
<b>Note:</b>			

Please sign and verify,

Sincerely,

*Cathy Rigby*

Ashley Enz  
Staffing Coordinator

Cathy Rigby  
Client Services Director



# PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

<b>Department/Bldg.:</b>	<b>Human Resources</b>	<b>Requested By:</b>	<b>Eric Punswick</b>
<b>Purpose:</b> (please explain in detail why we need the items or services requested)			
<p><b>Validity Screening Solutions provides background screening services for the District. The District is renewing services for the 25-26 fiscal year.</b></p> <p><b>2024-25 numbers:</b>  <b>\$14,500 for certified</b>  <b>\$17,320 for classified</b>  <b>\$5,550 for guests</b></p>			
<b>Fund:</b>	<b>Capital Outlay</b>	<b>Account Number:</b>	<b>23018</b>
<b>Funding Year:</b>	<b>2025/2026</b>	<b>Location(s) items or services are for:</b>	<b>Human Resources</b>
<b>Does this use Bond Funds? (if yes, see below)</b>		<b>No</b>	
<input type="checkbox"/> This request includes extended warranty, service or maintenance. Please complete the <u>Bond Warranty Agreement Form on page 2</u>		<input type="checkbox"/> This request includes training or consultation. Please complete <u>Bond Consultant Services Form on Page 3</u>	

**Check all that apply to this Purchase:**

- |  |  |
|--|--|
| <input type="checkbox"/> This is a New Contract                              | <input type="checkbox"/> This is a New Bid/RFP                   |
| <input checked="" type="checkbox"/> This is a Renewal Contract               | <input type="checkbox"/> This is a Purchase from Bid/RFP # _____ |
| <input type="checkbox"/> This is a Curriculum purchase                       | <input type="checkbox"/> This Purchase requires BOE Signatures   |
| <input type="checkbox"/> This can be purchased off of _____ Contract # _____ |  |

<b>Begin Date:</b> 7/1/2025	<b>End Date:</b> 6/30/2026
<b>Company:</b> Validity Screening Solutions	<b>Street Address:</b> PO Box 25406
<b>Contact Name:</b> Cathy Newby	<b>City:</b> Overland Park
<b>Telephone:</b> (913) 322-5900	<b>State:</b> KS
<b>Email:</b> cnewby@validityscreening.com	<b>Zip Code:</b> 66225
<b>Cost:</b> \$ 38,000.00 Estimated	
<b>Prior Year Cost:</b> \$ 39,783.50 Estimated	
<b>Terms:</b> (Annual, Multi-Year, One-Time): Annual	

**Month:**(board meeting) September 2025 **Budget Administrator** EJ Punswick **Date** 8/18/2025

# WHAT YOU NEED TO KNOW ABOUT YOUR BACKGROUND CHECK



## A bit about us

We're the organization that's been selected to conduct your background check. Organizations across the country trust us with their screening needs. With clients in all 50 states as well as Canada, we've got the capabilities to serve organizations of any size with the same level of industry expertise and dedicated support. You see, we aren't like most screening companies out there. We are a team of dedicated individuals working together to provide employers with the best quality research.



We boast the most accurate data and will return your background check **42% faster** than the industry average



Each report is hand-screened by a Quality Assurance Specialist to ensure that the final report is accurate and actionable



If you ever have a question or concern about your report, our client care team can assist you at 913.322.5999

## Compliance counts

Your background check will be handled by a team of screening professionals. Our team members are all trained in Fair Credit Reporting Act (FCRA) compliance and receive a certification from the National Association of Professional Background Screeners (NAPBS). Our top priorities at Validity are our compliance and exceptional client care.



## Your background check

### Blue Valley School District Service & Pricing:

Criminal OmniSearch-7 (county and/or state search where the candidate has lived for the past 7 years, includes SSN Validation) \$18.00

Surname Surcharge (a full search in any additional legal names used in last 7 years) \$12.00

Multi-State Sex Offender \$5.00

KC Metro Search (automatically added for free for any candidate who has/does live in the KC metro area)

Criminal International - Prices vary depending on country and are only ordered with client approval

Driving Record - Available on account if needed. Prices vary by state.



# Human Resources Report to the Board of Education

September 8, 2025

Administration recommends approval of the following actions:

## **APPOINTMENTS**

<b><u>Name</u></b>	<b><u>Location</u></b>	<b><u>Position</u></b>	<b><u>Effective</u></b>
HARGER, CARI L	LEAWOOD ELEMENTARY	TEACHER-GRADE 3	08/14/2025
TOPP, MORGAN C	BLUE RIVER ELEMENTARY	TEACHER-GRADE 1	08/15/2025



# Human Resources Report to the Board of Education

September 8, 2025

Administration recommends approval of the following actions:

## **RESIGNATIONS**

<b><u>Name</u></b>	<b><u>Location</u></b>	<b><u>Position</u></b>	<b><u>Effective</u></b>
SUAREZ, JEANNETTE REYNA	LEAWOOD ELEMENTARY	TEACHER-SPANISH	05/22/2026
ZALMAN, SKYLER M	COTTONWOOD POINT ELEMENTARY	SPEECH LANGUAGE PATHOLOGIST	09/03/2025
ZALMAN, SKYLER M	HEARTLAND ELEMENTARY	SPEECH LANGUAGE PATHOLOGIST	09/03/2025



# Human Resources Report to the Board of Education

Addendum

September 8, 2025

Administration recommends approval of the following actions:

## SUPPLEMENTALS

<u>Name</u>	<u>Location</u>	<u>Position</u>	<u>Effective</u>
ADAMS, BLAKE	BLUE VALLEY NORTHWEST HS	ASST DIRECTOR-FALL MUSICAL	08/16/2025
AITKEN, SARA HEESZEL	HEARTLAND ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
AITKEN, SARA HEESZEL	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
ALBERTIN, KAREN SUE	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
ALDERMAN, AMY MICHELLE	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
ALEXANDER, CARISSA N	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
ALEXANDER, KELLEY RENE	MORSE ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
ALLEN, BRIDGET ELAINE	BLUE VALLEY WEST HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
ALLEN, CLAIRE A	LAKEWOOD MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
ALLEN, CLAIRE A	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
ALLISON, JOSEPH B	LAKEWOOD MIDDLE SCHOOL	HEAD COACH-WRESTLING BOYS	11/16/2025
ALLISON, JOSEPH B	LAKEWOOD MIDDLE SCHOOL	HEAD COACH-WRESTLING GIRLS	11/16/2025
AMIHERE, CHRISTINE LOUISE	AUBRY BEND MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
AMMERMAN, ERIC D	OVERLAND TRAIL MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
AMMERMAN, ERIC D	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
ANDERSON, AARON H	BLUE VALLEY WEST HIGH SCHOOL	SUPERVISOR-GYMNASIUM	11/16/2025
ANDERSON, DONNA M	MISSION TRAIL ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
ANDREWS, JAMES NICHOLAS	SUNRISE POINT ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
ANDREWS, JAMES NICHOLAS	SUNRISE POINT ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
ARBUCCI, MICHAEL	HARMONY MIDDLE SCHOOL	DIRECTOR-ENRICHMENT ORCHESTRA	08/06/2025
ARBUCCI, MICHAEL	HARMONY ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
ARNDT, MEGAN ELIZABETH	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-SOFTBALL	03/01/2026
ARNOLD-COLEMAN, JENNIFER A	OVERLAND TRAIL ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
ASQUITH, ROBERT WILLIAM	VIRTUAL ED	42 EXTENDED DAYS-VIRTUAL ED	08/06/2025
AUBREY, PAUL STANLEY	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
BABB, CRYSTAL G	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BABB, CRYSTAL G	BLUE VALLEY NORTHWEST HS	SUPERVISOR-GYMNASIUM	11/16/2025
BABKIN, SARAH ELIZABETH	OXFORD MIDDLE SCHOOL	HEAD SPONSOR-CHEERLEADING	08/06/2025
BAKER, KATHLEEN ELIZABETH	LAKEWOOD ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
BAKER, NALAINA MICHELLE	SERVICE CENTER	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
BAKER, NALAINA MICHELLE	BLUE VALLEY ACADEMY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
BAKER, WILLIAM FRANK	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
BALL, JULIE D	SUNSET RIDGE ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
BANKS, ANGELA LAUREN	STANLEY ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
BANKS, ANGELA LAUREN	STANLEY ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
BANKS, THORNE BISBEE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BANKS, THORNE BISBEE	BLUE VALLEY SOUTHWEST HS	SPONSOR-NATL CURRIC HONOR SOC	08/06/2025
BARANOWSKI, KERRI MARIE	STILWELL ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
BARKLEY, JORDAN SARA	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
BARLOWS, JENNIFER LYNN	BLUE RIVER ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025



# Human Resources Report to the Board of Education

Addendum

September 8, 2025

Administration recommends approval of the following actions:

BARNES, DUSTIN LYNN	BLUE VALLEY SOUTHWEST HS	SUPERVISOR-GYMNASIUM	11/16/2025
BARNES, TARA MICHEL	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
BASOM, AMBER NICHOLE	HEARTLAND ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
BATT, NICOLE ELIZABETH	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BAUCOM, KELLI E	BLUE VALLEY SOUTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
BAUMGARNER, JESSICA DIANE	OVERLAND TRAIL ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
BAUMGARNER, JESSICA DIANE	OVERLAND TRAIL ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
BEECHER, JOSEPH WARREN	BLUE VALLEY SOUTHWEST HS	ASST COACH-BOYS SOCCER	08/16/2025
BELCHER, BROOKE LEIGH	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
BELL, JANA E A	MORSE ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
BENSCHIEDT, LAURA LOUISE	CENTER FOR ADV PROF STUDIES	8 EXTENDED DAYS-STRAND LEADER	08/06/2025
BERAK, COLETT PEARL	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
BEREN, SARAH ZAVETT	EDUCATIONAL SUPPORT CENTER	17 EXTENDED DAYS-CAREER READY	08/06/2025
BERGEE, JILL A	VALLEY PARK ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
BERGEE, JILL A	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
BERTHOLD, DUSTIN A	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
BIEN, ADAM RICHARD	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
BILLQUIST, LINDSAY ELIZABETH	LEAWOOD MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
BILLQUIST, LINDSAY ELIZABETH	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
BIRD, ABIGAIL CATHERINE	BLUE VALLEY NORTHWEST HS	ASST COACH-GIRLS BASKETBALL	11/16/2025
BLACK, PAULA JEAN	LAKWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
BLACKBURN, BRENDON GREER	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BLACKWELL, SHELLEY L	LEAWOOD ELEMENTARY	16 EXTENDED DAYS-ADMIN INTERN	08/06/2025
BLISS, DANIELLE LAUREN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
BLUNT, ALLISON ELAINE	AUBRY BEND MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
BOHL, KELSEY MARIE	OAK HILL ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
BOLDRIDGE, CLAUDINE ELIZABETH	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
BOLLINGER, BRIAN ROBERT	HARMONY MIDDLE SCHOOL	MS COORDINATOR-INTERVENTION	08/06/2025
BOLTON, CRISTY YVONNE	EDUCATIONAL SUPPORT CENTER	24 EXTENDED DAYS-DCT	08/06/2025
BOLTZ, KAYLA ANN	BLUE VALLEY MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
BOMAN, REBECCA ANNE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
BOOK, ANDREW JOHN	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-WINTER MUSICAL	11/16/2025
BOOK, ANDREW JOHN	CEDAR HILLS ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
BOOTON, MARY MARGARET	HILLTOP LEARNING CENTER	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
BOWLIN, KRISTAN ANN	BLUE VALLEY SOUTHWEST HS	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
BOWMAN, ALEXIS MARY	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BOX, BRIAN SAMUEL	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BRAAK, DEREK JEFFREY	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-BOYS SOCCER	08/16/2025
BRACKMAN, EMILY MICHELLE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BRADEN, KENNETH R	BLUE VALLEY SOUTHWEST HS	ASST COACH-FOOTBALL	08/16/2025
BREEDLOVE, JEFFREY MICHAEL	BLUE VALLEY NORTH HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BRIGGS, DAVID A	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BRIODY, JILL M	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
BRIODY, JILL M	LEAWOOD ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025



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Addendum

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Administration recommends approval of the following actions:

BRITE, KATHRYN MAUREEN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
BROWN, AMY JO	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
BROWN, AMY JO	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BROWN, PAUL B	BLUE VALLEY HIGH SCHOOL	3 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BROWN, SARAH DOLENCE	BLUE VALLEY SOUTHWEST HS	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BROWNLIE, BRIDGETT MICHELE	BLUE VALLEY NORTH HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
BRUMMER, DARCY LYNN	PRAIRIE STAR MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
BRUNER-LASISTER, HARMONY SAFFRON	WOLF SPRINGS ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
BUEHLER, JENNIFER ALICIA	BLUE VALLEY WEST HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
BUFFINGTON, COURTNEY KRISTIN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
BULLOCK, LEWIS HENRY	TIMBER CREEK ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
BULLOCK, LEWIS HENRY	AUBRY BEND MIDDLE SCHOOL	DIRECTOR-ORCHESTRA	08/06/2025
BUSER, ABIGAIL ELIZABETH	HARMONY ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
BUSHOUSE, KELLY ANNE	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-MARCHING BAND	08/16/2025
BUSHOUSE, KELLY ANNE	LAKEWOOD MIDDLE SCHOOL	DIRECTOR-BAND	08/06/2025
BUSHOUSE, KELLY ANNE	LAKEWOOD MIDDLE SCHOOL	DIRECTOR-JAZZ BAND	08/06/2025
BUXTON, ASHLEY MARIE	BLUE VALLEY HIGH SCHOOL	20 EXTENDED DAYS-ADMIN INTERN	08/06/2025
BUXTON, ASHLEY MARIE	BLUE VALLEY HIGH SCHOOL	AD INTERN SUPERVISION DUTIES	08/06/2025
BYRNE, JULIE ANN	PRAIRIE STAR ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
BYRNE, JULIE ANN	PRAIRIE STAR ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
CAIN, SHERI DAWN	PRAIRIE STAR MIDDLE SCHOOL	DIRECTOR-ENRICHMENT ORCHESTRA	08/06/2025
CAIN, SHERI DAWN	PRAIRIE STAR ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
CALLAND, KRISTIN LEIGH	BLUE VALLEY MIDDLE SCHOOL	16 EXTENDED DAYS-IDC	08/06/2025
CALLAND, KRISTIN LEIGH	PLEASANT RIDGE MIDDLE SCHOOL	16 EXTENDED DAYS-IDC	08/06/2025
CALLAND, KRISTIN LEIGH	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
CALLAND, KRISTIN LEIGH	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
CAMPBELL, JESSICA LYNNE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
CARENAS, SONIA MARIA	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
CAREY, SOPHIA NICOLE	COTTONWOOD POINT ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
CAREY, SOPHIA NICOLE	COTTONWOOD POINT ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
CARPENTER, TERI RENEE	LAKEWOOD MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
CATANZARO, DANIEL M	BLUE VALLEY WEST HIGH SCHOOL	COORDINATOR-FOOTBALL	08/16/2025
CATES, AMANDA GAYLE	LIBERTY VIEW ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
CHADWELL, MELLANY LEIGH	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
CHADWELL, MELLANY LEIGH	LEAWOOD MIDDLE SCHOOL	SPONSOR-DRILL/DANCE TEAM	08/06/2025
CHAPMAN, LAUREN ANNE	PRAIRIE STAR ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
CHERIAN, THOMAS B	LAKEWOOD ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
CHRISTENSEN, MATTHEW CARY	BLUE VALLEY SOUTHWEST HS	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
CHRISTENSEN, MATTHEW CARY	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
CHURCHILL, KELLY ELIZABETH	ASPEN GROVE ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
CHURCHILL, KELLY ELIZABETH	STANLEY ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
CHUSHUK, RACHEL SUZANNE	BLUE VALLEY SOUTHWEST HS	4 EXTENDED DAYS-DEPT CHAIR	08/06/2025
CHUSHUK, RACHEL SUZANNE	BLUE VALLEY SOUTHWEST HS	8 EXTENDED DAYS-TECH INTEG SPC	08/06/2025
CLARK, MELISSA RENEE	EDUCATIONAL SUPPORT CENTER	24 EXTENDED DAYS-DCT	08/06/2025



# Human Resources Report to the Board of Education

Addendum

September 8, 2025

Administration recommends approval of the following actions:

CLARK, MISTY JEAN	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
CLAUSEN, MELODY J	BLUE VALLEY SOUTHWEST HS	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
CLAUSEN, MELODY J	BLUE VALLEY SOUTHWEST HS	HEAD SPONSOR-SCIENCE OLYMPIAD	08/06/2025
CLEMENTS, JENNIFER JO W	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
CLOUD, BRITTANY SUMMER	VALLEY PARK ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
CODAY, AMANDA M	HEARTLAND ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
CODAY, AMANDA M	HEARTLAND ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
COHN, KATIE ELIZABETH	STANLEY ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
COLLIER, JENNIFER RENE	COTTONWOOD POINT ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
COLLINS, CAMERON SLADE	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
CONRAD, LAUREL MARIE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
CONRAD, MACEY DAWN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 1	09/16/2025
CONRAD-BOWERSOX, PIPER MICHELE	OXFORD MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
CONTRUCCI, RAMI J	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
COOK, LORI MARIE	HARMONY MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
COOK, TIMOTHY RYAN	BLUE VALLEY WEST HIGH SCHOOL	SUPERVISOR-GYMNASIUM	11/16/2025
COOPER, ALISON BESSETTE	OXFORD MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
COPELAND, AVERY DOVE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
COPELAND, ELIZABETH NASH	MISSION TRAIL ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
COPELAND, ELIZABETH NASH	LEAWOOD ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
COPELAND, KATRINE METTE	STILWELL ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
COPELAND, SAMUEL LEON	HEARTLAND ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
CORNELIUS, ABIGAIL M	BLUE VALLEY NORTH HIGH SCHOOL	4 EXTENDED DAYS-DEPT CHAIR	08/06/2025
CORNELIUS, ABIGAIL M	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
CORWINE, SHELBY NICOLE	PLEASANT RIDGE MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
CRANE, ABIGAIL DIANE	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
CRANE, ABIGAIL DIANE	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
CROUCH, LAUREN ELIZABETH	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
CUMBERLAND IV, EDWIN EUGENE	BLUE VALLEY NORTHWEST HS	SPONSOR-11TH GRADE	08/06/2025
DAHM, ELISE MARIE	BLUE VALLEY SOUTHWEST HS	HEAD SPONSOR-COLOR GUARD	08/20/2025
DAIGLE, JOHN PAUL	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
DALTON, REBECCA A	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
DARK, ANN C	BLUE VALLEY WEST HIGH SCHOOL	11 EXTENDED DAYS-DEPT CHAIR	08/06/2025
DARK, ANN C	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
DAVIS, JANET MARIE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
DAWSON, CHRISTINE MARIE	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
DAWSON, CHRISTINE MARIE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
DE LEIRIS, SARAH CATHERINE	INDIAN VALLEY ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
DE LEIRIS, SARAH CATHERINE	COTTONWOOD POINT ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
DEARTH, JACQUELINE MARIE	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-DCT	08/06/2025
DELUCA, KRISTINA MARIE	ASPEN GROVE ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
DENGES, AUDREY RENE	BLUE VALLEY HIGH SCHOOL	HEAD SPONSOR-HOSA	08/06/2025
DEWITT, KIMBERLY	WOLF SPRINGS ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
DEWITT, KIMBERLY	WOLF SPRINGS ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025



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Administration recommends approval of the following actions:

DICKERSON, STACEY E	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
DICKERSON, STACEY E	PLEASANT RIDGE MIDDLE SCHOOL	TEAM LEADER-GRADE 6	08/06/2025
DILLAVOU, MEGAN SUZANNE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
DILLAVOU, MEGAN SUZANNE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
DIXON, KRISTI L	BLUE VALLEY SOUTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
DIXON, KRISTI L	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
DOCKENDORF, SARAH ANN	BLUE VALLEY NORTH HIGH SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
DOLLINS, SARAH RENEE	BLUE VALLEY HIGH SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
DONNELLY-VAZQUEZ, CATALINA NAOMI	BLUE VALLEY NORTH HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
DONOGHUE, BRIANNA E	SUNSET RIDGE ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
DREYER, MIKAYLA WEBER	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
DRUTEN, EDIE ANN	LEAWOOD ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
DUGAN, JENNIFER GILL	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
DUMMITT, ANNE MARIE	LAKEWOOD MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
DUNN, ANNA LEIGH	BLUE VALLEY WEST HIGH SCHOOL	11 EXTENDED DAYS-DEPT CHAIR	08/06/2025
DURHAM, TANYA LYNN	BLUE VALLEY SOUTHWEST HS	ASST COACH-VOLLEYBALL	08/16/2025
ECKERT, SARAH N	BLUE VALLEY MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
ECKERT, SARAH N	BLUE VALLEY MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
ECKERT, SARAH N	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
EHLERS, KAREN LAURA	PRAIRIE STAR ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
EKSTRAND, KORENE KAYE	LAKEWOOD MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
EKSTRAND, KORENE KAYE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
ENGEL, CASEY KATHLEEN	BLUE VALLEY HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
ERBACHER, STEVEN ELVIS	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
ERKER, LAUREN E	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
ERNST, SANDY LEE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
ERPELDING, JUDY ELLEN	VALLEY PARK ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
ERPELDING, JUDY ELLEN	OVERLAND TRAIL ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
FALCO, ADRIANE LEA	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
FAY, LAURA JOHANSON	COTTONWOOD POINT ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
FAZIO, MICHELLE LYNNE	TIMBER CREEK ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
FEAR, AMY ELISSA	STANLEY ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
FEAR, AMY ELISSA	STILWELL ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
FEE, ELISE ROCK	LAKEWOOD ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
FELDMANN, ERIN LYNN	BLUE RIVER ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
FELKE BOWDEN, CAREY ANNE	CEDAR HILLS ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
FERGUSON, ASHLEY STEELE	STANLEY ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
FERNANDEZ, VANESSA MARIA	OVERLAND TRAIL MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
FEUERBORN, TEGAN M	CEDAR HILLS ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
FISH, EMILY SUE	LEAWOOD ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
FISH, EMILY SUE	LEAWOOD ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
FONTAINE, AMY E	OXFORD MIDDLE SCHOOL	SPONSOR-DRILL/DANCE TEAM	08/06/2025
FORD, JENNIFER LYNN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
FORNELLI, RYLIE MICHELE	BLUE VALLEY SOUTHWEST HS	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025



# Human Resources Report to the Board of Education

Addendum

September 8, 2025

Administration recommends approval of the following actions:

FRANSEN, JENNIFER ANN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
FREEMAN, CHRISTINE MARIE	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
FREEMAN, CHRISTINE MARIE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
FREESTONE, JENNIFER LYNNE	BLUE VALLEY ACADEMY	17 EXTENDED DAYS-COUNSELOR	08/06/2025
FRITZ, ANN M	BLUE VALLEY NORTH HIGH SCHOOL	3 EXTENDED DAYS-DEPT CHAIR	08/06/2025
FRYE, CHRISTOPHER V	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
FRYE, CHRISTOPHER V	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-SPRING PLAY	03/01/2026
FRYE, CHRISTOPHER V	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-WINTER MUSICAL	11/16/2025
GABEL, AMY ELIZABETH	PRAIRIE STAR MIDDLE SCHOOL	MS COORDINATOR-SCIENCE	08/06/2025
GABEL, KATE ROSE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
GAGE, BRAYDEN THOMAS	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
GAGNON, JODI LYNNE	HILLTOP LEARNING CENTER	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
GAMBLE, LINDSAY ELIZABETH	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
GAMBLE, LINDSAY ELIZABETH	PLEASANT RIDGE MIDDLE SCHOOL	TEAM LEAD-EXPLORATION	08/06/2025
GAPSCH, CAITLIN ELIZABETH	VALLEY PARK ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
GARCIA, KYLIE RENEE	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
GARDNER, CHARLES GUY	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
GARDNER, CHARLES GUY	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-SPRING PLAY	03/01/2026
GARDNER, CHARLES GUY	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-WINTER MUSICAL	11/16/2025
GARRETSON, MARY FRANCES	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
GARVER, ASHLEY T	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
GEIST, JOSEPH R	BLUE VALLEY WEST HIGH SCHOOL	5 EXTENDED DAYS-TECH INTEG SPC	08/06/2025
GEIST, JOSEPH R	BLUE VALLEY WEST HIGH SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
GEIST, KATHERINE ELAINE	LEAWOOD ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
GERBRANDT, MEGAN ELIZABETH	BLUE RIVER ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
GIBBS, DUSTIN COLE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
GIBSON, ANN MARIE	HARMONY MIDDLE SCHOOL	16 EXTENDED DAYS-IDC	08/06/2025
GIBSON, ANN MARIE	LAKWOOD MIDDLE SCHOOL	16 EXTENDED DAYS-IDC	08/06/2025
GIBSON, ANN MARIE	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
GIBSON, ANN MARIE	LAKWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
GIULIANI, GABRIELLA N	SUNSET RIDGE ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
GIULIANI, GABRIELLA N	SUNSET RIDGE ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
GLASS, BRANDY D	AUBRY BEND MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
GLOTZBACH, MARY CHRISTINE	BLUE VALLEY HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
GOLDSMITH, KIMBERLY LYNN	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
GOODWIN, STEPHANIE LYNN	BLUE VALLEY MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
GORMLEY, ALEXIS NICOLE	SUNSET RIDGE ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
GORMLEY, ALEXIS NICOLE	LAKWOOD ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
GOUGER, JILL MARIE	OXFORD MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
GOUGER, JILL MARIE	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
GRIFFITH, AUBREY RUTH	BLUE VALLEY HIGH SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
GRIGOROV, KENNA BARBIERI	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
GRIMALDI, COURTNEY DANIELLE	BLUE VALLEY WEST HIGH SCHOOL	5 EXTENDED DAYS-TECH INTEG SPC	08/06/2025
GRIMALDI, COURTNEY DANIELLE	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025



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Addendum

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Administration recommends approval of the following actions:

GRIMALDI, COURTNEY DANIELLE	BLUE VALLEY WEST HIGH SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
GROSPITCH, THERESA LYNN	BLUE VALLEY WEST HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
GROSPITCH, THERESA LYNN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
GRUSENMEYER, MOLLY ANNE	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
GUINN, ANGELA FORD	INDIAN VALLEY ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
GURWELL, NICHOLE TEICH	MORSE ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
GURWELL, NICHOLE TEICH	SUNSET RIDGE ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
GUTHRIE, ERIN D	BLUE VALLEY NORTH HIGH SCHOOL	10 EXTENDED DAYS-DEPT CHAIR	08/06/2025
HABERLY, CHRISTYN LINDSAY	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
HADLEY, NANCY MARGARET	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
HAGGERTY, MOLLY ANN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
HALL, HEATHER ELIZABETH	BLUE VALLEY WEST HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
HALL, HEATHER ELIZABETH	BLUE VALLEY WEST HIGH SCHOOL	ASST SPONSOR-HOSA	08/06/2025
HALL, HEATHER ELIZABETH	BLUE VALLEY WEST HIGH SCHOOL	HEAD SPONSOR-SCIENCE OLYMPIAD	08/06/2025
HAMMACK, ERICA LAINE	PRAIRIE STAR MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
HANSEN III, WILLIAM CHRIS	BLUE VALLEY HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
HARGIS, KRISTEN T	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-SPRING PLAY	11/16/2025
HARGIS, KRISTEN T	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
HARSCH, EMILY JOAN	OVERLAND TRAIL ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
HARVEY, ANNE MARIE	OXFORD MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
HARVEY, ANNE MARIE	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
HASS, ERICA MARIE	PRAIRIE STAR ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
HASSELL, ERIK S	OAK HILL ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
HATFIELD, MEGAN KRISTENE	HARMONY MIDDLE SCHOOL	HEAD COACH-WRESTLING BOYS	11/16/2025
HATFIELD, MEGAN KRISTENE	HARMONY MIDDLE SCHOOL	HEAD COACH-WRESTLING GIRLS	11/16/2025
HAWKS, BRANDON T	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
HAWKS, BRANDON T	BLUE VALLEY SOUTHWEST HS	COORDINATOR-FOOTBALL	08/16/2025
HAYES, RENICA S	PRAIRIE STAR MIDDLE SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
HENKE, APRIL LYNN	BLUE VALLEY HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
HILL, CHRISTINE MARIE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
HILL, CHRISTINE MARIE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
HILL, ELIZABETH ASHLEY	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
HILL, SUE A	PRAIRIE STAR MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
HILLEN, KARI ANN	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
HILLIGOSS, LORI ANN	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
HILLS, SUSAN ANN STOLL	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
HOFFHINES, COURTNEY JEAN	LAKWOOD ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
HOFFHINES, COURTNEY JEAN	HEARTLAND ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
HOGGATT, JENNIFER CAROL	AUBRY BEND MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
HOING, JENNA MARIE	BLUE VALLEY NORTHWEST HS	ASST COACH-BOYS SOCCER	08/16/2025
HOIT, LYNDI LEE	BLUE VALLEY HIGH SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
HOLLAND, TOM E	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
HOLLOWAY JR, JOHN D	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-TECH INTEG SPC	08/06/2025
HOLMES, ELIOT KEITH	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025



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Administration recommends approval of the following actions:

HOLOVACH, AMY G	VALLEY PARK ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
HOLSAPPLE, WILLIAM RIKER	LAKEWOOD MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
HOSTETTER, KAYLEE BROOKE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
HOWARD, DEREK LEE	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
HOWARD, GARY LEON	BLUE VALLEY NORTHWEST HS	20 EXD ADMIIN CONSULTANT	08/06/2025
HOWE, AMY ELIZABETH	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
HUBENER, JACQUELINE FAY	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
HUDNALL, SYDNEY MARIE	ASPEN GROVE ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
HUME, WILLIAM EDWARD	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
HUMPHREVILLE, MELISSA ACKER	OVERLAND TRAIL MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
HUMPHREVILLE, MELISSA ACKER	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
HUNT, ELYSE E	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
HUNT, ELYSE E	OVERLAND TRAIL MIDDLE SCHOOL	TEAM LEADER-OTHER RESP	08/06/2025
HURLBUT, ERICA LAIRD	HARMONY MIDDLE SCHOOL	MS COORDINATOR-TECHNOLOGY	08/06/2025
HURST, CECILY FAITH	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
HURST, LAURA JOANN	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
HURST, LAURA JOANN	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-SPRING PLAY	03/01/2026
HURT, COURTNEY CONNOLLY	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
IHM, AARON NIEL	BLUE VALLEY NORTHWEST HS	SUPERVISOR-STADIUM	08/06/2025
ILLUM, KATHARINE	WOLF SPRINGS ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
JAMES, JEAN CAITLIN	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
JANDA, JULIA MARIA	PRAIRIE STAR MIDDLE SCHOOL	DIRECTOR-BAND	08/06/2025
JENSEN, ELISA LYNN	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
JENSEN, ELISA LYNN	LEAWOOD MIDDLE SCHOOL	SPONSOR-DRILL/DANCE TEAM	08/06/2025
JIROVEC, DONNA MARIE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
JOHNSON, ELAINE M	COTTONWOOD POINT ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
JOHNSON, MINDRAWATI ASTUTI	BLUE VALLEY MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
JOHNSTON, MICHAEL A	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
JONASON, ANNE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
JONES, ABIGAIL ROSE	MISSION TRAIL ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
JONES, ABIGAIL ROSE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
JORDAN, BRETT ANTHONY	BLUE VALLEY HIGH SCHOOL	ASST COACH-DEBATE	08/16/2025
JURKOVAC, JESSICA E	BLUE VALLEY SOUTHWEST HS	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
KANAN, WILLIAM HENRY	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
KANAREK, ELI S	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
KEARNEY, JULIE RENE	WOLF SPRINGS ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
KELLER, STEPHANIE SUSAN	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
KELLER, STEPHANIE SUSAN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
KENNEDY, AUBREY MCCORD	PLEASANT RIDGE MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
KENNEDY, TIMOTHY J	BLUE VALLEY HIGH SCHOOL	SUPERVISOR-GYMNASIUM	11/16/2025
KENNEY, MARK V	LAKEWOOD MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
KESSLER, ERIC M	CENTER FOR ADV PROF STUDIES	8 EXTENDED DAYS-STRAND LEADER	08/06/2025
KIMBROUGH, CARLY GIFFEN	BLUE VALLEY NORTHWEST HS	ASST DIRECTOR-WINTER MUSICAL	11/16/2025
KINCAID, TYLER SCOTT	BLUE VALLEY SOUTHWEST HS	ASST COACH-FOOTBALL	08/16/2025



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Administration recommends approval of the following actions:

KINGETER, ROBIN SCHEMMEL	HARMONY MIDDLE SCHOOL	MS COORDINATOR-INTERVENTION	08/06/2025
KIRK, DELANEY LOGAN	LIBERTY VIEW ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
KNEIB, KADI L	INDIAN VALLEY ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
KNIGHT, MISTY BETH	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
KNIGHT, MISTY BETH	PRAIRIE STAR MIDDLE SCHOOL	MS COORDINATOR-MATH	08/06/2025
KNOLL, GRANT A	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
KOCH, BARRET LUCAS	LEAWOOD MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
KOCH, BARRET LUCAS	AUBRY BEND MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
KOCH, KARENE NICHOLE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
KOONTZ, COURTNEY RENEE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
KOTECHA, AMY NICHOLE	MISSION TRAIL ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
KREWSON, SICILEY P	BLUE VALLEY SOUTHWEST HS	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
KROEKER, BRIAN SCOTT	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
KROUSE, CASEY ANNE	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
KURIMSKY, MICHELE SUZANNE	SUNRISE POINT ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
LABELLE, EMILY C	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
LAHASKY, ALEX W	BLUE VALLEY WEST HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
LAHASKY, ALEX W	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
LAHASKY, JENNIFER LYNN	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
LAHASKY, JENNIFER LYNN	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
LANG, PAIGE M	OAK HILL ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
LANGE, JULIA CHRISTINE	PRAIRIE STAR ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
LANGE, JULIA CHRISTINE	BLUE RIVER ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
LAPEE, CHRISTOPHER DAWSON	BLUE VALLEY SOUTHWEST HS	ASST COACH-DEBATE	08/16/2025
LARAMORE, GRANT BENJAMIN	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-DEBATE	08/16/2025
LASCHE, TYLER S	AUBRY BEND MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
LASCHE, TYLER S	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
LASCHE, TYLER S	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-SPRING PLAY	11/16/2025
LASHLEY, TAMARA DAWN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
LEVIN, AMANDA ROSE	BLUE VALLEY NORTH HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
LEVIN, AMANDA ROSE	BLUE VALLEY NORTH HIGH SCHOOL	4 EXTENDED DAYS-DEPT CHAIR	08/06/2025
LEVY, BENJAMIN JOSEPH	BLUE VALLEY NORTH HIGH SCHOOL	10 EXTENDED DAYS-DEPT CHAIR	08/06/2025
LEWIS, MARY KATHLEEN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
LINNER, CHRISTOPHER MAHLON	BLUE VALLEY NORTHWEST HS	SUPERVISOR-STADIUM	08/06/2025
LIPOSCHAK, SYDNEY ANNE	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
LISTER, BRIDGET BAKER	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
LOEWEN, ETHAN LAMONT	LAKWOOD ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
LOMEN, TWYLA LEE	BLUE VALLEY MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
LOMEN, TWYLA LEE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
LONG, FLORENCE WETZEL	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
LOWE, RANDALL	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-FOOTBALL	08/16/2025
LUAL, BUOMKUOTH P	OVERLAND TRAIL MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
LUJANO, CAROL I	INDIAN VALLEY ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
LUJANO, CAROL I	STANLEY ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025



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Administration recommends approval of the following actions:

LUNDINE, ADAM HARLAN	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-DCT	08/06/2025
LYCHE, ABIGAIL G	PLEASANT RIDGE MIDDLE SCHOOL	DIRECTOR-BAND	08/06/2025
LYNN, JENNIFER ELIZABETH	LAKEWOOD ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
MAAS, SARAH JEAN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
MADDEN, LILLIAN MARIE	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MADDOX, SARA FRANCES	CEDAR HILLS ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
MADIGAN, LINDSAY ILSE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
MADISON, SHANNON LEA	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MADSEN, TRICIA LOUISE	HARMONY MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
MADSEN, TRICIA LOUISE	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MAHONEY, MOLLY ELIZABETH	TIMBER CREEK ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
MAHR, MOLLIE MCCLANAHAN	AUBRY BEND MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
MAINS, ANNE ELIZABETH	MORSE ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
MANNA, JACOB MICHAEL	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-MARCHING BAND	08/16/2025
MARSHALL, ZAKIAH	HEARTLAND ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
MARSHALL, ZAKIAH	SUNSET RIDGE ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
MARTENS, LAUREN	WOLF SPRINGS ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
MARTENS, LAUREN	MORSE ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
MARTIN, VALERIE LYNN	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-WINTER MUSICAL	11/16/2025
MARTINEK, MICHELE LYNN	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
MASON, ALLISON MICHELLE	PLEASANT RIDGE MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
MASON, ALLISON MICHELLE	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MASON, ALLISON MICHELLE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
MASON, JODY OELLIEN	OVERLAND TRAIL ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
MASON, KATHERINE IRENE	ASPEN GROVE ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
MASON, KATHERINE IRENE	STILWELL ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
MASON, KATHERINE IRENE	STILWELL ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
MASON, KATHERINE IRENE	ASPEN GROVE ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
MATTSON, JENNIFER ANN	DISTRICT WIDE	NATIONAL BOARD CERTIFICATION	08/01/2025
MAYERS, TRACIE LYNN	HEARTLAND ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
MAYFIELD, JORDAN CHRISTOPHER	BLUE VALLEY NORTHWEST HS	ASST COACH-FOOTBALL	08/16/2025
MAZZAPICA, KARRI LEE	BLUE VALLEY MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
MAZZAPICA, KARRI LEE	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MCCARTHY, ERICA D	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
MCCASLIN, PAIGE	SUNRISE POINT ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
MCCORMICK, JOHN ANDREW	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
MCELROY, BRYCE AVIN	BLUE VALLEY WEST HIGH SCHOOL	20 EXTENDED DAYS-ADMIN INTERN	08/06/2025
MCELROY, BRYCE AVIN	BLUE VALLEY WEST HIGH SCHOOL	AD INTERN SUPERVISION DUTIES	08/06/2025
MCELROY, BRYCE AVIN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 1	09/16/2025
MCENTIRE, BARBARA L	OVERLAND TRAIL MIDDLE SCHOOL	TEAM LEADER-OTHER RESP	08/06/2025
MCGIBBONEY II, ORLANDO DAVID	BLUE VALLEY NORTHWEST HS	ASST COACH-FOOTBALL	08/16/2025
MCKEE, MALLORY KAITLYN	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MCKEE, MALLORY KAITLYN	LAKEWOOD MIDDLE SCHOOL	TEAM LEADER-GRADE 7	08/06/2025
MCKEE, SARAH MARGARET	BLUE VALLEY SOUTHWEST HS	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025



# Human Resources Report to the Board of Education

Addendum

September 8, 2025

Administration recommends approval of the following actions:

MCLAUGHLIN, TANNER D	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
MCVEY, KEELEY R	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
MEEK, AYSIA DIANE	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MEEK, STEPHANIE A	PLEASANT RIDGE MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
MEEK, STEPHANIE A	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
MEEK, STEPHANIE A	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MEISINGER, PEYTON JEAN	SERVICE CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
MEISSNER, JESSICA L	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
METTLACH, CYNTHIA N	LEAWOOD MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
MEYER, JASON E	OXFORD MIDDLE SCHOOL	DIRECTOR-VOCAL MUSIC	08/06/2025
MEYER, JASON E	BLUE VALLEY NORTHWEST HS	DIRECTOR-VOCAL MUSIC	08/06/2025
MIDDLETON, THERESA JEANNE	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
MILLER, CARRIE LYNN	PLEASANT RIDGE MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
MILLER, CARRIE LYNN	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MILLS, HEATHER L	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
MITCHEM, HILARY ANN	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MODELSKI, KIMBERLY ANN	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
MONSEES, KYLE EDWARD	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
MONSON, ANDREW JAMES	LIBERTY VIEW ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
MONSON, ANDREW JAMES	SUNSET RIDGE ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
MONTGOMERY, MORGAN LYNN	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
MOORE, CANDY DIANE	BLUE VALLEY HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
MORRISON, CHRISTA NOEL	MORSE ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
MORRISON, CHRISTA NOEL	MORSE ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
MORSE, TINA MARIE	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-SOFTBALL	03/01/2026
MOSS, ELIJAH COLEMAN	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MOUSE, KELSEY ELIZABETH	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
MOWRY, BRIAN JAMES	BLUE VALLEY HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
MUDD, BLAKE E	BLUE VALLEY NORTH HIGH SCHOOL	ADDL TEACHING SUPV-2ND SEM	01/05/2026
MUDD, BLAKE E	BLUE VALLEY NORTH HIGH SCHOOL	COORDINATOR-FOOTBALL	08/16/2025
MUDD, BLAKE E	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
MULHOLLAND, JENNIFER MARIE	MORSE ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
MULLENIX, KIMBRA ANN	HILLTOP LEARNING CENTER	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
MUNSON, REBECCA STITH	SUPPORT SERVICES CENTER	24 EXTENDED DAYS-COORD LIB SYS	08/06/2025
MURKIN, HALEY N	BLUE VALLEY NORTHWEST HS	5 EXTENDED DAYS-NURSE HS	08/06/2025
MURPHY-DYER, MALLORY ERIN	HARMONY ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
MURPHY-DYER, MALLORY ERIN	HARMONY ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
MURRAY, DEBORAH LOUISE	OVERLAND TRAIL MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
MURRAY, DEBORAH LOUISE	COTTONWOOD POINT ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
MURRAY, RYAN CHRISTOPHER	PRAIRIE STAR MIDDLE SCHOOL	ASST COACH-FOOTBALL	08/16/2025
MURRAY, RYAN CHRISTOPHER	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
MYERS, CARRIE ANN	EDUCATIONAL SUPPORT CENTER	45 EXTENDED DAYS-BVEA	08/06/2025
NADEN, PAULA MARIE	TIMBER CREEK ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
NAVARRO, NICOLAS ALEXANDER	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-GIRLS SOCCER	03/01/2026



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Administration recommends approval of the following actions:

NEITZEL, AARON FRANCIS	PRAIRIE STAR ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
NEITZEL, AARON FRANCIS	PRAIRIE STAR MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
NELSON, JORDAN KALENE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
NENEMAN, CAITLIN MARJORIE	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
NEWELL, LUCAS A	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
NEWTON, CHELSI ANN	STILWELL ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
NOCITA, LISA THOMAS	PRAIRIE STAR MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
NOCITA, LISA THOMAS	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
NOCITA, LISA THOMAS	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
NORTON MOLAND, ERYN ANNELLE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
NORTON, BARBARA JO	LEAWOOD MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
NORVAL, ALEXANDRIA NICOLE	BLUE VALLEY NORTH HIGH SCHOOL	5 EXTENDED DAYS-NURSE HS	08/06/2025
O'BRYAN, DIANNE LYNN	BLUE VALLEY HIGH SCHOOL	13 EXTENDED DAYS-COORD TEACHER	08/06/2025
O'LEARY, KATELYN HANNAH	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
O'NEAL, KRISTI RENAE	PLEASANT RIDGE MIDDLE SCHOOL	TEAM LEADER-GRADE 7	08/06/2025
OCON JR, JUAN	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-BOYS SOCCER	08/16/2025
ODDO, KATHRYN ELIZABETH	HARMONY ELEMENTARY	16 EXTENDED DAYS-ADMIN INTERN	08/06/2025
ODLE, CRAIG TAYLOR	BLUE VALLEY NORTHWEST HS	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
OHMES, ANNA ELIZABETH	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
OLDSON, MCKENNA LEE	HARMONY MIDDLE SCHOOL	HEAD SPONSOR-SCIENCE OLYMPIAD	08/06/2025
OLDSON, MCKENNA LEE	HARMONY MIDDLE SCHOOL	MS COORDINATOR-INTERVENTION	08/06/2025
OLLIG, CHRIS B	BLUE VALLEY NORTH HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
OPP, CHRISTOPHER PATRICK	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-FOOTBALL	08/16/2025
ORRICK, ANTHONY JOHN	BLUE VALLEY SOUTHWEST HS	5 EXTENDED DAYS-DEPT CHAIR	08/06/2025
ORRICK, ZACHARY JORDAN	BLUE VALLEY NORTHWEST HS	SUPERVISOR-GYMNASIUM	11/16/2025
ORTIZ, DENISE A	HARMONY ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
ORTIZ, DENISE A	OVERLAND TRAIL ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
OSTMEYER, KAREN NASON	PLEASANT RIDGE MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
PACHECO, CARLOS	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-MARCHING BAND	08/16/2025
PALERMO, CHERIN LYNN	LEAWOOD MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
PALERMO, CHERIN LYNN	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
PALMGREN JR, ROBERT MICHAEL	BLUE VALLEY SOUTHWEST HS	10 EXTENDED DAYS-DEPT CHAIR	08/06/2025
PARKER, HALEY NICOLE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
PARKER, KATHRYN ANN	OVERLAND TRAIL ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
PARKS, KATIE ROSE BARTOLAC	SUPPORT SERVICES CENTER	20 EXD-COORDINATOR DIGITAL RES	08/06/2025
PAYNE, HEATHER LYNN	WOLF SPRINGS ELEMENTARY	16 EXTENDED DAYS-ADMIN INTERN	08/06/2025
PEARSON, KATHRYN IDA ANN	BLUE VALLEY NORTH HIGH SCHOOL	20 EXTENDED DAYS-ADMIN INTERN	08/06/2025
PELATE, KALA MARIE	BLUE RIVER ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
PEPPER, KATE ELLEN	LAKEWOOD MIDDLE SCHOOL	HEAD SPONSOR-SCIENCE OLYMPIAD	08/06/2025
PERES, KATHY L	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
PERRY, REBECCA SUZANNE	AUBRY BEND MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
PETERSON, RALEIGH ANNE	OVERLAND TRAIL MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
PETERSON, SARAH JEAN	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
PETRICH, BRITTANY RENEE	OVERLAND TRAIL MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025



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Administration recommends approval of the following actions:

PICKERT, AZADEH TAGHIZADEH	BLUE VALLEY HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
PICKERT, AZADEH TAGHIZADEH	BLUE VALLEY HIGH SCHOOL	13 EXTENDED DAYS-COORD TEACHER	08/06/2025
PITTMAN, JOSEPH KEIL	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-TECH INTEG SPC	08/06/2025
PITTMAN, JOSEPH KEIL	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
POESCHL, SARAH J	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
POMMERENKE, KATHLEEN CLAIRE	BLUE VALLEY NORTH HIGH SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
POPE, SARAH REESE	OVERLAND TRAIL MIDDLE SCHOOL	16 EXTENDED DAYS-IDC	08/06/2025
POSKIN, BROOKE A	BLUE VALLEY HIGH SCHOOL	COORDINATOR-PROM	08/06/2025
PRATER, LINDSAY CARTHLEENA	BLUE RIVER ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
PRICE, JANE K	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
PULCINI, ROBERT DANIEL	AUBRY BEND MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
PURIN, PETER C	PRAIRIE STAR MIDDLE SCHOOL	DIRECTOR-ENRICHMENT CHOIR	08/06/2025
PUTZIER, JEBEDIAH LEE	PRAIRIE STAR MIDDLE SCHOOL	ASST COACH-FOOTBALL	08/16/2025
QUIASON, JESSICA MARIE	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
QUINN, ROXANNE HAZEL	OVERLAND TRAIL MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
QUINN, ROXANNE HAZEL	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
RABBITT, JOCELYN RENEE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
RAMPY, ZACH	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-FOOTBALL	08/16/2025
RAMSTAD, SYBIL CLAIRE	LEAWOOD MIDDLE SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
RATHBONE, BRODERIC R	LEAWOOD MIDDLE SCHOOL	ASST COACH-BOYS BASKETBALL	11/16/2025
RATHJEN, MIA MARIE	PRAIRIE STAR MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
RATZLAFF, TARA NICOLE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
REDLIN, MAKELA ANN	AUBRY BEND MIDDLE SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
REED, VICTORIA JEAN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
REED, ZOIE R	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
RELPHORDE, MARCUS JERRAD	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
RESTIVO, LAURA M	BLUE VALLEY WEST HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
REYNOLDS, RUBY ANN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
REYNOLDS, TINA DENAY	PRAIRIE STAR MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
RHOADES, JENNIFER MARIE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
RICCARDI, KELLEY SUZANNE	BLUE VALLEY HIGH SCHOOL	5 EXTENDED DAYS-NURSE HS	08/06/2025
RICHARDS, CHRISTINE ROBERTA	PRAIRIE STAR MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
RICHARDS, CHRISTINE ROBERTA	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
RICKE, ELIZABETH ANNE	BLUE VALLEY NORTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
RIFFER, JILL C	CENTER FOR ADV PROF STUDIES	8 EXTENDED DAYS-STRAND LEADER	08/06/2025
RINDOM, HALLEY ANN	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
RINEARSON, SHAUNA CHRISTINE	BLUE VALLEY SOUTHWEST HS	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
RITZEL, MICHAEL E	OAK HILL ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
ROBERTS, KENNETH LEON	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-BOYS BASKETBALL	11/16/2025
ROBERTS, MEGAN BLOOM	BLUE VALLEY NORTHWEST HS	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
ROBINSON, DANYLLE RENEE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
RODRIGUEZ, DIAMOND J'QUAY	PLEASANT RIDGE MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
ROSE, JESSICA LAUREN	LEAWOOD MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
ROUSE, AMY K	AUBRY BEND MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025



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Administration recommends approval of the following actions:

RUDDY, JOHN MICHAEL	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-FOOTBALL	08/16/2025
RUDDY, JOHN MICHAEL	PLEASANT RIDGE MIDDLE SCHOOL	TEAM LEADER-GRADE 8	08/06/2025
RUMBOUGH, COLLEEN M	BLUE VALLEY MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
RUTHERFORD-SERPE, POLLY ANNE	PLEASANT RIDGE MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
SAGESER, SYDNEY LEIGH	OAK HILL ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
SALTS, PEGGY J	WOLF SPRINGS ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
SAMPLE, JENNIFER D	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-BOYS SWIMMING	11/16/2025
SAMPLE, JENNIFER D	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-GIRLS SWIMMING	03/01/2026
SAMPLE, SIOBHAN MARIAH	TIMBER CREEK ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
SAMPLE, TOBIN JOSEPH	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-GIRLS SWIMMING	03/01/2026
SATTLER, TYLER E	BLUE VALLEY MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
SAWYER, KATHLEEN A	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
SCHAAKE, SHARI	BLUE VALLEY SOUTHWEST HS	11 EXTENDED DAYS-DEPT CHAIR	08/06/2025
SCHAAKE, SHARI	BLUE VALLEY SOUTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
SCHMIDT, JACOB JOHN	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SCHNEEBERGER, CAROL HENDERSON	ASPEN GROVE ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
SCHULLER, ELIZABETH JEAN	OVERLAND TRAIL MIDDLE SCHOOL	PDC REPRESENTATIVE	08/06/2025
SCHULLER, ELIZABETH JEAN	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
SCHUMACHER, KERI LYNN	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
SCHWABAUER, AMANDA NICOLE	CEDAR HILLS ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
SCHWEIGER, AMANDA JO	LAKWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SEAMAN, TIFFANY STAR	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-DCT	08/06/2025
SHAH, CYNTHIA LYNN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SHANNON, KIMBER LEE	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
SHANNON, KIMBER LEE	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-SPRING PLAY	11/16/2025
SHARP, DAVID CHRISTOPHER	OVERLAND TRAIL MIDDLE SCHOOL	20 EXD ADMMIN CONSULTANT	08/06/2025
SHARTZER, ABIGAIL MARIE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SHATZER, AMY MICHELLE	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SHAWGER, AMBRIA MAE	BLUE RIVER ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
SHAWGER, AMBRIA MAE	SUNRISE POINT ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
SHAWGER, AMBRIA MAE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SHOEMAKER, PAIGE AMANDA	BLUE VALLEY NORTH HIGH SCHOOL	10 EXTENDED DAYS-DEPT CHAIR	08/06/2025
SIDENER, DANICIA KAILYNN	BLUE VALLEY MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
SIDENER, DANICIA KAILYNN	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SIEPERDA, TAYLOR ELAINE	BLUE VALLEY NORTHWEST HS	ASST COACH-BOYS SWIMMING	11/16/2025
SIEPERDA, TAYLOR ELAINE	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
SIMER, KATHERINE FRANCES	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
SIMMONS, MEGAN GAY	TIMBER CREEK ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
SIMMONS, MEGAN GAY	TIMBER CREEK ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
SINCLAIR-KING, CRYSTAL L	BLUE VALLEY WEST HIGH SCHOOL	SPONSOR-NATL CURRIC HONOR SOC	08/06/2025
SITES, RACHEL A	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SKAGGS, LAURA BETH	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SKAGGS, LAURA BETH	PRAIRIE STAR MIDDLE SCHOOL	TEAM LEADER-SPED	08/06/2025
SKAKAL, CHELSE RENAE	BLUE VALLEY WEST HIGH SCHOOL	ASST SPONSOR-SCIENCE OLYMPIAD	08/06/2025



# Human Resources Report to the Board of Education

Addendum

September 8, 2025

Administration recommends approval of the following actions:

SKAKAL, CHELSE RENAE	BLUE VALLEY WEST HIGH SCHOOL	HEAD SPONSOR-HOSA	08/06/2025
SKINKER, THOMAS K	VALLEY PARK ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
SLADE, LAUREN CAROLINE	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-DCT	08/06/2025
SLICKMAN, KASSIDY ALAINE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
SLICKMAN, KASSIDY ALAINE	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SMALL, SARAH RHEA	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SMITH, JENNIFER REBECCA	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
SMITH, JENNIFER REBECCA	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SMITH, KARA GENE	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SMITHYMAN, WILLIAM EDWARD	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
SMITHYMAN, WILLIAM EDWARD	BLUE VALLEY WEST HIGH SCHOOL	5 EXTENDED DAYS-TECH INTEG SPC	08/06/2025
SMITHYMAN, WILLIAM EDWARD	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
SMITHYMAN, WILLIAM EDWARD	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
SPADONI, SHANNON RAE VAIL	PLEASANT RIDGE MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
SPAKE, GAVIN ANDREW	EDUCATIONAL SUPPORT CENTER	24 EXTENDED DAYS-DCT	08/06/2025
SPARKS, SALLY D	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SPARKS, SALLY D	LAKEWOOD MIDDLE SCHOOL	TEAM LEADER-SPED	08/06/2025
STAINES, RYAN MICHAEL	OVERLAND TRAIL MIDDLE SCHOOL	DIRECTOR-BAND	08/06/2025
STAINES, RYAN MICHAEL	LEAWOOD MIDDLE SCHOOL	DIRECTOR-BAND	08/06/2025
STALEY, SARAH MARIE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
STALLBAUMER, KRISTIN ANN	BLUE VALLEY HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
STALLBAUMER, KRISTIN ANN	BLUE VALLEY HIGH SCHOOL	4 EXTENDED DAYS-DEPT CHAIR	08/06/2025
STANFIELD, PATRICIA LEE	PLEASANT RIDGE MIDDLE SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
STANGL, AMY COLLEEN	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
STANGL, AMY COLLEEN	PRAIRIE STAR MIDDLE SCHOOL	MS COORDINATOR-COMM ARTS	08/06/2025
STEENSON, EMILY MCGEE	VALLEY PARK ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
STEINER, FAITH	BLUE VALLEY SOUTHWEST HS	ASST SPONSOR-COLOR GUARD	08/16/2025
STELTER, SHAWN M	AUBRY BEND MIDDLE SCHOOL	SPONSOR-STUDENT COUNCIL	08/06/2025
STEVENS, HANNAH J	BLUE VALLEY ACADEMY	SPONSOR-YEARBOOK	08/06/2025
STEVENSON, JAMIE M	BLUE VALLEY MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
STEVENSON, JAMIE M	BLUE VALLEY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
STEWART, KASEY MARIE	BLUE VALLEY SOUTHWEST HS	5 EXTENDED DAYS-NURSE HS	08/06/2025
STEWART, MATTHEW AARON	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
STEWART, MATTHEW AARON	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-SPRING PLAY	03/01/2026
STEWART, MATTHEW AARON	BLUE VALLEY WEST HIGH SCHOOL	ASST DIRECTOR-WINTER MUSICAL	11/16/2025
STEWART, OLIVIA ROSE	LIBERTY VIEW ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
STEWART, TAYLOR KYLE	AUBRY BEND MIDDLE SCHOOL	HEAD COACH-WRESTLING BOYS	11/16/2025
STEWART, TAYLOR KYLE	AUBRY BEND MIDDLE SCHOOL	HEAD COACH-WRESTLING GIRLS	11/16/2025
STONE, RYLIE CHRISTIAN	BLUE VALLEY WEST HIGH SCHOOL	5 EXTENDED DAYS-NURSE HS	08/06/2025
STONE, RYLIE CHRISTIAN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
STRAWDER, CRYSTAL JOY	AUBRY BEND MIDDLE SCHOOL	DIRECTOR-BAND	08/06/2025
STUEVE, ANDREW C	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-CROSS COUNTRY	08/16/2025
STUEVE, ANDREW C	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
SULLINS, JACQUELINE ANN	STILWELL ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025



# Human Resources Report to the Board of Education

Addendum

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Administration recommends approval of the following actions:

SUMMERLIN, VICTORIA MARGARET	OAK HILL ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
SUMMERLIN, VICTORIA MARGARET	OXFORD MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
SUTCLIFFE, KELLY G	HARMONY MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
SWANSON, PATRICK	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
TALLEY, SARA FELICITY	AUBRY BEND MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
TATE, SHELBY NICOLE	PRAIRIE STAR MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	08/16/2025
TATE, SHELBY NICOLE	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
TAVERNARO, JENNIFER LYNN	LAKEWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
TAVERNARO, JENNIFER LYNN	LAKEWOOD MIDDLE SCHOOL	MS COORDINATOR-COMM ARTS	08/06/2025
TAVERNARO, JENNIFER LYNN	LAKEWOOD MIDDLE SCHOOL	TEAM LEADER-GRADE 8	08/06/2025
TAYLOR, JENNIFER ELLEN	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-DCT	08/06/2025
TAYLOR, KENNETH DALE	BLUE VALLEY NORTH HIGH SCHOOL	12 EXTENDED DAYS-DEPT CHAIR	08/06/2025
TAYLOR, KENNETH DALE	BLUE VALLEY NORTH HIGH SCHOOL	ASST SPONSOR-DECA/FBLA/BPA	08/06/2025
TAYLOR, LAURA KATHERINE	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
TAYLOR, LAURA KATHERINE	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
TERRELL JR, FORREST ALLEN	BLUE VALLEY HIGH SCHOOL	SUPERVISOR-GYMNASIUM	11/16/2025
TERRELL JR, FORREST ALLEN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/06/2025
TESSON, ALEXANDRIA LAUREN	OAK HILL ELEMENTARY	16 EXTENDED DAYS-ADMIN INTERN	08/06/2025
TESSON, ALEXANDRIA LAUREN	OAK HILL ELEMENTARY	AD INTERN SUPERVISION DUTIES	08/06/2025
THOMAS, ALYSSA MAUREEN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
THOMPSON, BRITTON TANNER	BLUE VALLEY MIDDLE SCHOOL	HEAD COACH-WRESTLING BOYS	11/16/2025
THOMPSON, BRITTON TANNER	BLUE VALLEY MIDDLE SCHOOL	HEAD COACH-WRESTLING GIRLS	11/16/2025
THOMPSON, DEREK ALLEN	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
TIFFANY, SCOTT CHANDLER	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
TODD, AMANDA WREN	BLUE VALLEY SOUTHWEST HS	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
TODD, AMANDA WREN	BLUE VALLEY SOUTHWEST HS	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
TOEPFER, ASHTYN LYNN	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
TOEPFER, ASHTYN LYNN	LEAWOOD MIDDLE SCHOOL	ASST DIRECTOR-SPRING PLAY	11/16/2025
TOMAS, ANGELA DAWN	AUBRY BEND MIDDLE SCHOOL	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
TOMAS, ANGELA DAWN	AUBRY BEND MIDDLE SCHOOL	SPONSOR-STUDENT COUNCIL	08/06/2025
TORGLER, ASHLEY MEGAN	SUNRISE POINT ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
TORRES, KATHRYN ANNE	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
TOUSLEE, GIGI SUZANNE	HARMONY MIDDLE SCHOOL	4 EXTENDED DAYS-NURSE MS	08/06/2025
TRIMBLE, MEGAN M	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
TROUT, BRIANNE MARIE	WOLF SPRINGS ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
TROUTMAN, SHANNON EILEEN	STANLEY ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
TSCHIRHART, STEPHANIE DENISE	AUBRY BEND MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
TURRENTINE, MARK WILLIAM	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-DCT	08/06/2025
UFFMANN, JESSICA BETH	HARMONY ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
VAIL, KIMBERLY SHANNON	AUBRY BEND MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
VAN OORT, KARI JO	HARMONY ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
VAN SCOYOC, ELIZABETH ABBOTT	SERVICE CENTER	5 EXTENDED DAYS-NURSE DW	08/06/2025
VAN SCOYOC, ELIZABETH ABBOTT	BLUE VALLEY ACADEMY	5 EXTENDED DAYS-NURSE HS	08/06/2025
VAN WYHE, GABRIEL A	BLUE VALLEY SOUTHWEST HS	ASST SPONSOR-STUDENT COUNCIL	08/06/2025



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Administration recommends approval of the following actions:

VAN WYHE, GABRIEL A	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
VANDER FEEN, DILLON T	BLUE VALLEY SOUTHWEST HS	ASST COACH-GIRLS TENNIS	08/16/2025
VANGAASBEEK, CHRISTY IRENE	MISSION TRAIL ELEMENTARY	9 EXTENDED DAYS-COUNSELOR	08/06/2025
VANRHEENEN, DAVID K	HARMONY MIDDLE SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
VANRHEENEN, DAVID K	HARMONY ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
VANRHEENEN, DAVID K	HARMONY MIDDLE SCHOOL	MS COORDINATOR-INTERVENTION	08/06/2025
VATLAND, MAKENNA LYN	LIBERTY VIEW ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
VATLAND, MAKENNA LYN	OAK HILL ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
VATLAND, MAKENNA LYN	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
VILLA, CAESAR	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
VOOR VART, LEANN RENAE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
VORNDRAN, DORIS IRENE	INDIAN VALLEY ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
VOTH, ANEKA MARIE	HEARTLAND ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
WAGNER, KATHERINE MARIE	SUNSET RIDGE ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
WAGONER, JOEL DAVID	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
WAGONER, JOEL DAVID	OVERLAND TRAIL MIDDLE SCHOOL	TEAM LEAD-EXPLORATION	08/06/2025
WALKER, AUBRIE NORINE	HILLTOP LEARNING CENTER	10 EXTENDED DAYS-SS CONSULTANT	08/06/2025
WARD, KATHARINE ELIZABETH BRIGHTON	BLUE VALLEY HIGH SCHOOL	ASST COACH-DEBATE	08/16/2025
WARNER, CORBIN LANE MCINTOSH	BLUE VALLEY HIGH SCHOOL	ASST COACH-BOYS SOCCER	08/18/2025
WARNES, TIFFANY NICOLE	BLUE VALLEY WEST HIGH SCHOOL	6 EXTENDED DAYS-DEPT CHAIR	08/06/2025
WARRICK, MANDI LYNN	LEAWOOD MIDDLE SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
WARRICK, MANDI LYNN	LEAWOOD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
WASKO, STEVEN M	SUNRISE POINT ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
WASKO, STEVEN M	ASPEN GROVE ELEMENTARY	DIRECTOR-INSTRUMENTAL MUSIC	08/06/2025
WASKO, STEVEN M	PRAIRIE STAR MIDDLE SCHOOL	DIRECTOR-ORCHESTRA	08/06/2025
WATERS, EMILY AUTUMN	HILLTOP LEARNING CENTER	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
WATKINS, HALEY BROOKE	AUBRY BEND MIDDLE SCHOOL	SPONSOR-NEWSPAPER	08/06/2025
WEBER, CASEY MARGUERITE	BLUE VALLEY SOUTHWEST HS	17 EXTENDED DAYS-COUNSELOR	08/06/2025
WEBER, JENNIFER CHRISTINE	BLUE VALLEY NORTH HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
WEISS, REBECCA GASSER	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
WELLS, MARY MELINDA	EDUCATIONAL SUPPORT CENTER	24 EXTENDED DAYS-DCT	08/06/2025
WENECK, LINDSAY GRANT	COTTONWOOD POINT ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
WESTCOTT, JOHNATHON THOMAS	OXFORD MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
WHALEN, JOSEPH PATRICK	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
WHETZEL, AARON EDWARD	LEAWOOD MIDDLE SCHOOL	ASST COACH-BOYS BASKETBALL	11/16/2025
WHITE, JOEL THOMAS	BLUE VALLEY SOUTHWEST HS	SUPERVISOR-GYMNASIUM	11/16/2025
WHITE, JOEL THOMAS	BLUE VALLEY SOUTHWEST HS	SUPERVISOR-STADIUM	08/06/2025
WHITE, PHILLIP M	PLEASANT RIDGE MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
WHITLOCK, DEANNE THERESE	EDUCATIONAL SUPPORT CENTER	16 EXTENDED DAYS-IDC	08/06/2025
WIESE, AMY MICHELLE	BLUE VALLEY NORTH HIGH SCHOOL	17 EXTENDED DAYS-COUNSELOR	08/06/2025
WILCOX, BROOKE E	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
WILCOX, BROOKE E	CEDAR HILLS ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
WILES, ALLISON RAE	HEARTLAND ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
WILES, ALLISON RAE	HILLTOP LEARNING CENTER	2 EXTENDED DAYS-NURSE ES	08/06/2025



# Human Resources Report to the Board of Education

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Administration recommends approval of the following actions:

WILKINSON, LESLIE JEANNE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
WILLIAMS, JANELL DAWN	BLUE VALLEY WEST HIGH SCHOOL	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
WILLIAMS, SYLVIA LYNN	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
WILLIAMS, SYLVIA LYNN	OVERLAND TRAIL MIDDLE SCHOOL	TEAM LEADER-GRADE 7	08/06/2025
WILSON, NICOLE M	OVERLAND TRAIL MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
WILSON, NICOLE M	OVERLAND TRAIL MIDDLE SCHOOL	TEAM LEADER-GRADE 6	08/06/2025
WISE, DEANNA MARIE	LIBERTY VIEW ELEMENTARY	8 EXTENDED DAYS-LIBR MEDIA SPC	08/06/2025
WITTEBORG, KRISTIN MARIE	TIMBER CREEK ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
WITTEBORG, KRISTIN MARIE	ASPEN GROVE ELEMENTARY	17 EXTENDED DAYS-PSYCHOLOGIST	08/06/2025
WOLF, JULIE BALDWIN	LEAWOOD ELEMENTARY	2 EXTENDED DAYS-NURSE ES	08/06/2025
WOODWARD, TAYLOR NAOMI	DISTRICT WIDE	LIMITED SUPPLY 1 OF 3	09/16/2025
WOULFE, JULIE MARIE	BLUE VALLEY MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
WOULFE, WILLIAM RICHARD JOSEPH	BLUE VALLEY NORTHWEST HS	ASST COACH-FOOTBALL	08/16/2025
WRAY, BENJAMIN TIPTON	MISSION TRAIL ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
WRAY, BENJAMIN TIPTON	MISSION TRAIL ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
WRIGHT, JEFFREY DONALD	AUBRY BEND MIDDLE SCHOOL	ASST COACH-FOOTBALL	08/16/2025
WRIGHT, KATHRYN NICOLE	INDIAN VALLEY ELEMENTARY	DIRECTOR-CHOIR	08/06/2025
WRIGHT, KATHRYN NICOLE	INDIAN VALLEY ELEMENTARY	DIRECTOR-VOCAL MUSIC	08/06/2025
YANG, JING	WOLF SPRINGS ELEMENTARY	ADDL TEACHING CI-YEAR	08/06/2025
YARNELL, JEFF E	BLUE VALLEY HIGH SCHOOL	8 EXTENDED DAYS-DEPT CHAIR	08/06/2025
YARNELL, JEFF E	BLUE VALLEY HIGH SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2025
YORK, LESLEY MICHELLE	DISTRICT WIDE	PDC REPRESENTATIVE	08/06/2025
YOUNG, AMY S	PRAIRIE STAR MIDDLE SCHOOL	ASST COACH-VOLLEYBALL	08/16/2025
YOUNG, AMY S	PRAIRIE STAR MIDDLE SCHOOL	LEADERSHIP TEAM MEMBER	08/06/2025
ZACHARIAH, JISA MERIN	BLUE VALLEY SOUTHWEST HS	ASST SPONSOR-SCIENCE OLYMPIAD	08/06/2025
ZHANG, HANXUAN	WOLF SPRINGS ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
ZHANG, HANXUAN	VALLEY PARK ELEMENTARY	16 EXTENDED DAYS-IDC	08/06/2025
ZINK, COLLEEN MICHELLE	EDUCATIONAL SUPPORT CENTER	18 EXTENDED DAYS-DYSLEXIA TRNR	08/06/2025

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
066037	MCCOWNGORDON CONSTRUCTION LLC	4,581,392.59
074433	STRAUB CONSTRUCTION COMPANY IN	1,866,260.36
066869	DAKTRONICS INC	1,289,236.00
057490	TRANE USA INC	726,984.00
064307	CIRCADIA	496,302.41
067910	ENVISION TECHNOLOGY GROUP	488,021.00
074555	CERTAPRO PAINTERS OF SHAWNEE M	429,724.45
073757	US FOODS INC	415,903.33
068799	EDUPOINT EDUCATIONAL SYSTEMS L	348,445.95
072075	POWERSCHOOL GROUP LLC	321,111.18
060686	CDW-GOVERNMENT INC	256,819.00
063299	COMBES CONSTRUCTION LLC	170,983.22
072496	SECURLY INC	163,521.94
073307	HARVEST TECHNOLOGY GROUP INC	150,316.71
007946	HOLLIS & MILLER ARCHITECTS INC	149,036.67
002757	MCCONNELL & ASSOCIATES CORP	148,283.30
063926	PLUMBING BY FISHER INC	139,551.85
067074	GOODWIN PRO TURF INC	128,965.00
027190	WENGER CORPORATION	113,115.65
074235	UNIVERSAL CONSTRUCTION COMPANY	113,009.15
072542	PINNACLE STAFFING GROUP	102,274.96
069343	TEACHER'S CURRICULUM INSTITUTE	87,995.00
066974	BCI MECHANICAL INC	87,693.95
073448	SCHOOL SPECIALTY LLC	84,794.03
000397	LANKFORD ENTERPRISES INC	82,860.00
064467	B&H PHOTO VIDEO	77,677.34
066442	VIRCO INC	75,918.64
074469	AMPLIFY EDUCATION INC	58,978.40
066424	SITEONE LANDSCAPE SUPPLY LLC	58,324.84
051394	OVERHEAD DOOR	57,169.14

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
066408	DLR GROUP INC A KANSAS CORPORA	55,357.75
073228	BRADY INDUSTRIES OF KANSAS LLC	53,274.97
073910	SIGNATURE LANDSCAPE LLC	49,899.50
064530	LEXIA LEARNING SYSTEMS	49,196.00
066726	KONE INC	47,251.57
050179	BSN SPORTS	46,186.98
072481	C & C PRODUCE	43,279.11
073938	CORPORATE CLEANING GROUP INC	40,431.00
073178	HON COMPANY	39,564.88
068823	SUMMIT BEHAVIORAL SERVICES	39,050.00
013450	KANSAS CITY AUDIO VISUAL INC	38,979.17
074237	SYNDEO STAFFING KANSAS CITY LL	38,524.07
071558	SYNETIC TECHNOLOGIES	38,357.00
065188	OMEGA DOOR & HARDWARE DIV OF M	37,914.71
000300	KELLER FIRE & SAFETY INC	36,263.44
071523	DELTA INNOVATIVE SERVICES INC.	34,527.56
074820	INTRADO LIFE & SAFETY INC	33,867.33
074836	OLATHE FLEET SOLUTIONS LLC	33,689.42
060681	PECKHAM GUYTON ALBERS AND VIET	32,324.71
065665	KRUGER TECHNOLOGIES INC	31,120.00
073590	JOHNSON CONTROLS FIRE PROTECTI	30,829.83
074500	AMERGIS HEALTHCARE STAFFING IN	30,756.07
074885	INFRAMAPPA INC	29,000.00
071483	HILAND DAIRY FOODS COMPANY LLC	27,318.38
074285	HELTS TURF FARMS LLC	26,736.00
066280	REINDERS INC	26,470.31
065033	PROQUEST LLC	25,595.89
071832	BEHAVIORAL HEALTH ALLIES	23,853.00
073650	FIX A FIELD LLC	23,433.00
066468	AMERICAN DIGITAL SECURITY LLC	22,584.93

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
070872	UNIVERSITY OF KANSAS HOSPITAL	22,500.00
000238	KENTON BROTHERS INC	22,474.28
074372	CURRICULUM ASSOCIATES LLC	22,302.92
062203	SSI FURNISHINGS	21,704.37
072434	WASTE MANAGEMENT OF KANSAS INC	21,405.21
061545	BENCHMARK INC	21,043.89
010225	GRAINGER	20,457.33
073591	OXFORD COMPUTER GROUP WORLDWID	20,400.00
019950	PUR-O-ZONE INC	19,934.09
073759	AMERICAN PEST MANAGEMENT	19,832.50
027790	MCGRAW HILL EDUCATION INC	19,437.70
009030	FLINN SCIENTIFIC INC	18,937.68
074182	DR DEBS CENTER FOR CHILD AND F	18,500.00
073401	SOLIANT STAFFING LLC	18,168.51
062508	CONFERENCE TECHNOLOGIES INC	17,392.94
006972	BLICK ART MATERIALS LLC	17,277.22
074886	CITY WIDE FACILITY SOLUTIONS -	16,825.00
074866	LOGICALIS INC	16,819.38
073776	HUT AMERICAN GROUP LLC	16,380.00
069292	BUILDING CONTROLS & INTEGRATIO	15,945.30
050266	FAST SIGNS	15,442.07
074890	ARTS CONCEPTS-WALL DECOR STUPE	14,961.07
064186	PEPCO INC	14,880.50
064653	95 PERCENT GROUP INC	14,667.40
073711	THARP MECHANICAL LLC	14,550.00
066939	BLUE VALLEY TRACTOR	14,302.49
001123	LAKEMARY CENTER INC	14,004.00
058266	SHOW-ME LIVE EVENT PRODUCTION	13,927.40
001465	BRACKER'S GOOD EARTH CLAYS INC	13,906.35
057395	FRY-WAGNER MOVING & STORAGE	13,884.82

**Blue Valley USD #229**  
**Claims for 9/15/25**

Vendor ID	Vendor Name	
074864	GRAFTON INTEGRATED HEALTH NETW	13,200.00
067033	COMMERCIAL FILTER SERVICE OF K	13,035.32
071270	FRITZ PAINTING & DRYWALL LLC	12,990.00
074894	PROCARE THERAPY	12,535.20
074851	CESO COMMUNICATIONS LLC	12,120.00
073167	FREEDOM INTERIOR SOLUTIONS LLC	11,865.73
072615	CODECOMBAT INC	11,515.00
074561	WIL FISCHER CO OF KS	11,325.17
025800	UNITED SCHOOL ADMINISTRATORS O	11,000.00
061361	UNITED REFRIGERATION INC	10,955.12
066562	CINTAS CORPORATION NO 2	10,580.21
063858	CHILDREN'S MERCY HOSPITAL	10,289.38
062501	ABLE HANDS INTERPRETING SERVIC	10,106.18
074892	IML SECURITY SUPPLY	10,066.43
069960	SUPPLEMENTAL HEALTH CARE SERVI	9,646.30
001239	CENGAGE LEARNING	9,217.50
074807	HUWAR CONSTRUCTION AND DEVELOP	9,104.74
063508	BRAINPOP	9,000.00
059516	KAW ROOFING AND SHEET METAL IN	8,145.60
066010	ROMA BAKERY	8,076.88
064100	THE RED FORCE FIRE AND SECURIT	7,949.02
072243	BLACK DOG BASS WORKS	7,824.62
074213	KC AIRWORKS LLC	7,700.00
069609	ALL POINT TRANSPORTATION LLC	7,650.66
071891	KAPITAN BAND INSTRUMENT REPAIR	7,639.00
074587	PEPSICO BEVERAGE SALES LLC	7,391.41
072889	BORDER STATES ELECTRIC SUPPLY	7,372.21
072574	TECHCYCLE SOLUTIONS LLC	7,333.50
001964	ANIXTER INC - KANSAS CITY	7,116.00
070152	SPOONBALL SPORTS LLC	6,907.00

**Blue Valley USD #229**  
**Claims for 9/15/25**

Vendor ID	Vendor Name	
071931	HOLLIDAY SAND & GRAVEL COMPANY	6,834.72
053627	ASSOCIATED AIR PRODUCTS INC	6,707.60
072017	BUILDING CONTROLS AND SERVICES	6,678.58
071660	PALEN MUSIC CENTER INC	6,649.20
069524	USIC LOCATING SERVICES INC	6,292.55
060119	MOLLY HAWKINS HOUSE INC	6,254.45
056352	VALIDITY SCREENING SOLUTIONS	6,106.00
063492	SELECT MARKETING & DISTRIBUTIN	6,088.70
074403	MARKLEY STRATEGIES LLC	6,083.33
000341	J W PEPPER	5,970.04
001039	APPLE INC	5,950.00
062158	MTS CONTRACTING INC	5,935.00
074876	UNIVERSAL CHEERLEADERS ASSOCIA	5,905.50
073429	TELETRAC NAVMAN US LTD	5,665.32
067703	SCHOLASTIC CLASSROOM MAGAZINES	5,621.04
074861	EVERWAY LLC	5,416.23
072511	COACH CLIFF'S GAGA PITS LLC	5,398.00
063632	MAXIM HEALTHCARE SERVICES INC	5,386.24
058696	PIONEER ATHLETICS	5,358.00
059640	HENDERSON ENGINEERS INC	5,336.00
065862	KANSAS BUREAU OF INVESTIGATION	5,130.00
067784	FAVORITE HEALTHCARE STAFFING L	5,085.22
002019	KANSAS ASSOCIATION OF SCHOOL B	5,000.00
074877	VARSITY SPIRIT FASHIONS & SUPP	4,950.00
070004	OLATHE STRIPING	4,810.00
002460	FREESTYLE PHOTOGRAPHIC SUPPLIE	4,778.97
073613	MEDICALES SHOP INC	4,679.62
066782	THEATRICAL RIGHTS WORLDWIDE LL	4,675.00
072283	ADVANCED TURF SOLUTIONS, INC.	4,605.00
074495	LR CONSULTING SOLUTIONS	4,562.50

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
069371	NO TEARS LEARNING INC	4,537.34
074567	HELM SERVICE	4,462.00
074476	DAIKIN TMI LLC	4,352.38
052897	GILMORE & BELL PC	4,200.00
056954	ADORAMA INC	4,077.54
068708	GLOBAL EQUIPMENT COMPANY	4,056.80
073746	FOLLETT CONTENT SOLUTIONS LLC	4,044.86
074573	A&E TREE LLC	4,000.00
063588	WALTER P MOORE & ASSOCIATES IN	3,850.00
072997	HD SUPPLY INC	3,792.79
055728	POLAR ELECTRO INC	3,754.40
070036	INDEX RESTAURANT SUPPLY	3,750.00
063407	PAPER 101	3,635.00
071843	FOLEY EQUIPMENT COMPANY	3,582.26
057740	TURF & SOIL DIAGNOSTICS INC	3,500.00
071892	ICON POOLS LLC	3,463.46
055898	ASC PUMPING EQUIPMENT INC	3,325.65
064211	ULINE INC	3,237.09
071527	GRIMCO INC	3,216.42
061757	AGILIX SOLUTIONS LLC	3,085.98
021700	SCHOOL HEALTH CORPORATION	3,080.56
067197	THE AMERICAN BOTTLING CO INC	3,039.65
072190	BELLEVUE WEST BAND BOOSTERS	3,000.00
066857	DEHAN JR, JOHN A	2,970.00
068743	MC ELECTRIC INC.	2,802.50
073564	T & C MICRO SERVICES CO	2,760.50
071719	REINTJES & HITER CO INC	2,681.93
054274	ELECTRONICS SUPPLY CO INC	2,679.70
074683	SOUND SUCCESS LLC	2,587.50
073336	DOCUSIGN INC	2,522.98

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
065999	NATIONAL STUDENT CLEARINGHOUSE	2,475.00
065866	LAKESHORE LEARNING MATERIALS	2,458.57
074794	THE WRAP DOC	2,432.25
059562	HONEY WAGON	2,256.00
073472	CORNELL, DEWEY GENE	2,250.00
074901	LINEBERRY, KENNETH WESLEY	2,250.00
002540	STANION WHOLESALE ELECTRIC CO	2,207.68
054191	MEYER MUSIC COMPANY	2,198.96
002583	SHERWIN-WILLIAMS	2,171.66
060071	OFFICE DEPOT (BUSINESS SERVICE	2,127.65
074906	BRADY INDUSTRIES	2,039.20
074911	BIDNICK, EMERSON	2,000.00
066987	DISCOUNT SCHOOL SUPPLY	1,999.96
074679	OLD SCHOOL HORNS	1,966.01
073781	HOWIES ATHLETIC TAPE	1,824.12
072941	LEARNING A-Z LLC	1,755.00
072258	RUSHORDERTEES	1,737.90
072549	MARKETING TULES	1,675.00
065863	K C BOBCAT	1,609.02
061979	STEVE WEISS MUSIC INC	1,553.80
059030	SPENCER FANE BRITT AND BROWNE	1,517.00
066654	MACKIN BOOK COMPANY	1,497.10
066220	KUTA SOFTWARE LLC	1,474.00
070100	MULTIVISTA	1,420.00
074138	ATHCO ACQUISITION CORP	1,383.53
073570	KRONOS SAASHR INC	1,361.48
074914	SCHOOLSTATUS LLC	1,360.00
059421	SCHOOL NURSE SUPPLY INC	1,329.39
065919	MEDCO SUPPLY	1,325.36
052214	VOYAGER SOPRIS LEARNING INC	1,298.00

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
055818	AMERICAN TIME & SIGNAL CO	1,291.15
071737	PRO'S CHOICE PRINTING INC	1,275.00
059064	BROSKI FENCE CO LLC	1,271.00
062706	SPRINT SYSTEMS OF PHOTOGRAPHY	1,270.42
068413	RMI GOLF CARTS	1,263.36
072504	VERITIV OPERATING COMPANY	1,236.00
008530	ELECTRONIC CONTRACTING COMPANY	1,225.00
002303	BLACKMORE & GLUNT INC	1,208.90
012146	INDUSTRIAL SALES COMPANY	1,198.85
069845	CENTURY MARKETING INC	1,177.20
074888	SOCCER POST	1,155.00
074819	APPROVED NETWORKS	1,151.33
028118	NATIONAL SIGN COMPANY INC	1,126.50
068762	PETERMANN STSA LLC	1,122.46
072705	STANGER INDUSTRIES INC	1,116.00
054793	CENTAR INDUSTRIES INC	1,095.00
004775	CHARLES D JONES CO INC	1,094.15
071856	WESTLAKE HARDWARE INC	1,087.69
073281	EKON-O-PAC	1,053.00
068946	CONCEPT PRODUCTS	1,038.18
069089	WALDINGER CORPORATION, THE	1,020.58
050394	CROFT TRAILER SUPPLY INC	998.84
066675	GOPHER SPORT	994.48
056910	FASTENAL COMPANY	990.81
073720	SMOOTHIE KING	972.00
069272	CHEMSEARCH DIVISION	959.80
062434	PANEL SYSTEMS PLUS INC (PSP)	950.00
000915	BLUE VALLEY FOOD SERVICE DEPT	939.03
073468	CCC SERVICES LLC	900.00
073914	PICKUP PATROL LLC	900.00

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
072411	CAPSTONE	899.00
069247	LIDDLE SPORT SHOP THE	880.00
067072	GENERAL PARTS LLC	874.17
022460	ADA BADMINTON & TENNIS	862.00
061475	CRAIG HOMECARE	859.04
070089	FITZPATRICK GOLF SHOP LLC	840.00
065953	REW MATERIALS	838.66
073330	KANSAS CITY WINNELSON	836.91
070386	PRINCETON REVIEW, THE	800.00
004350	CAROLINA BIOLOGICAL SUPPLY CO	786.74
072819	KIDS DISCOVER LLC	768.00
052807	EBSCO INFORMATION SERVICES	761.05
073790	PARTS TOWN LLC	759.00
065417	ROASTERIE INC, THE	755.05
066856	HERITAGE-CRYSTAL CLEAN LLC	712.67
000159	ABBAY SIMONS CO	710.00
027200	WEST MUSIC COMPANY INC	681.60
073935	DELTAMATH SOLUTIONS INC	680.00
072383	FOUNDATION BUILDING MATERIALS	676.80
062393	BYERS GLASS AND MIRROR INC	645.00
062074	J M O'CONNOR INC	608.00
057976	COLEMAN EQUIPMENT INC	606.09
063403	SUPERIOR GRINDING LLC	604.48
066981	CRISIS PREVENTION INSTITUTE IN	600.00
002159	SOUTHEAST KANSAS EDUCATION SER	600.00
071705	ESGI LLC	598.00
068543	ESPECIAL NEEDS LLC	593.95
058705	VAN WALL EQUIPMENT INC	587.45
055746	LUCK'S MUSIC LIBRARY	553.97
050231	REALLY GOOD STUFF INC	544.86

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
074613	ATHLETIC STUFF	490.00
054689	ABLENET INC	480.00
071866	POMPS TIRE SERVICE INC	478.70
063954	ASSOCIATED EQUIPMENT SALES CO	466.64
072728	HOBART SERVICE	448.75
067675	BARNES & NOBLE BOOKSELLERS INC	442.25
073127	UNITED STATES AWARDS INC	431.12
073209	LITERACY RESOURCES LLC	427.73
063141	MIDWEST EQUIPMENT COMPANY INC	417.92
073630	MODULARHOSE.COM	410.26
074902	ALFRED, DELANEY	410.00
072820	NASCO	393.44
006800	DEMCO INC	390.21
073773	E EDWARDS WORK WEAR	387.95
072445	HARVEST AV SOLUTIONS LLC	380.00
057906	O'REILLY AUTO PARTS	379.91
069226	MFAC LLC	378.80
058138	PRICE CHOPPER - QUEENS	375.76
071086	VWR FUNDING	363.95
073621	MARTIN TECHNICAL SERVICE LLC	350.00
074199	LEGACY KC LLC	340.00
071021	KIMBALL MIDWEST	316.97
061797	SMITTY'S LAWN AND GARDEN EQUIP	314.77
072900	RIVERSIDE INSIGHTS	293.06
074832	BARBOSA DE ROUSSEAU, FABIO	277.50
060383	CFM DISTRIBUTORS INC	256.00
055771	JORBAN-RISCOE ASSOCIATES INC	250.00
062459	ADAPTIVATION INC	239.00
065972	STUDIES WEEKLY	225.87
072824	MONOPRICE INC	225.09

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
074913	CHORAL TRACKS LLC	225.00
001591	SUPER DUPER PUBLICATIONS	224.18
062241	SIERRA BUILDING PRODUCTS	220.80
071788	BREAKOUT INC	218.00
073913	IDN H HOFFMAN	215.97
062814	DECKER INC	215.39
065624	ABSOLUTE AWARDS INC	192.00
020425	REEVES-WIEDEMAN COMPANY	177.36
074818	JADE ALARM CO	175.00
066750	SMALLWOOD LOCK SUPPLY INC	171.23
074272	WEBSTER, SVETLANA	168.75
014530	LATHROP GPM LLP	158.31
073933	YARD LOVE KC	150.00
066062	STAPLES CONTRACT & COMMERCIAL	149.58
001558	ACADEMIC THERAPY/HIGH NOON BOO	145.60
001286	JOHNSON CONTROLS INC	141.62
001808	JOHNSTONE SUPPLY	138.12
018300	HERFF JONES INC	136.61
074668	THOU MAYEST LLC	130.00
057855	REALITYWORKS INC	128.00
072680	MICHIGAN DYSLEXIA INSTITUTE IN	106.88
074858	THE ART OF EDUCATION UNIVERSIT	99.00
053102	SOUTHWEST STRINGS	98.60
074184	VENTRIS LEARNING LLC	90.00
073939	CARQUEST AUTO PARTS	82.56
073259	CONTROL DEPOT INC	59.19
073665	PITSCO EDUCATION LLC	58.22
057213	RIDDELL ALL AMERICAN	49.95
073157	UNIFIRST CORPORATION	47.16
074530	KANG, JIHYUN	43.75

**Blue Valley USD #229**  
**Claims for 9/15/25**

<b>Vendor ID</b>	<b>Vendor Name</b>	
065263	PORTELA-WYNDRUM, WANDA	37.50
069585	KANSAS ASSOCIATION OF SCHOLARS	30.00
056663	UNITED ART AND EDUCATION INC	27.77
067336	KC STRINGS INC	24.00
068850	REJIS COMMISSION	16.00
070193	PROPIO LANGUAGE SERVICES	10.89
066107	ARAMARK	9.99
<b>GRAND TOTAL</b>		<b>15,575,163.83</b>

**Blue Valley USD #229  
Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
ACH	INTERNAL REVENUE SERVICE	3,305,206.04
ACH	BLUE CROSS BLUE SHIELD OF KC	3,057,025.02
063829	THOMAS MCGEE GROUP	1,584,596.87
ACH	EVERGY	1,236,870.25
ACH	KANSAS DEPT OF REVENUE	656,995.39
ACH	KPERS	428,814.23
ACH	TRANSAMERICA/DIVERSIFIED INVESTMENT	302,078.27
ACH	COMMERCE - PCARDS	262,277.33
ACH	H S A - U M B	141,012.48
ACH	DELTA DENTAL	131,404.16
ACH	WATERONE WEBPAY	111,972.96
067402	AGILE SPORTS TECHNOLOGIES	107,500.00
ACH	THOMAS McGEE - P&C	95,381.40
ACH	THE STANDARD INS - STD/LTD/SUP LIFE	71,526.87
ACH	TriSTAR - FLEX - MED/DEP REIMBURSEMENT	69,234.08
ACH	SURENCY - VISION INSURANCE	26,273.00
066424	SITEONE LANDSCAPE SUPPLY LLC	24,675.50
ACH	BVNEA	22,072.00
ACH	THOMAS McGEE - WK COMP	17,750.42
074678	BOELTER LLC	15,895.18
ACH	THE STANDARD INS - AI/HI/CI	15,508.46
ACH	BVW PTO	15,277.97
074875	AT&T ENTERPRISES LLC	15,175.28
ACH	BVNW BOOSTER CLUB	12,985.62
073929	WOODRIVER ENERGY LLC	12,712.94
ACH	BVH PTO	11,062.19
066616	SPRINGSHARE LLC	10,286.00
ACH	KPERS - WAR	8,945.25
061931	CARTER ENERGY CORP	8,591.05
068414	LIFT TRUCK SALES	8,530.81

**Blue Valley USD #229**  
**Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
ACH	BVSW PTO	7,536.87
ACH	ALLSTATE - IDENTITY INSURANCE	7,108.88
ACH	KCPAY - KANSAS CHILD SUPPORT	5,472.00
ACH	KANSAS GAS SERVICE	5,019.21
ACH	PSM PTO	4,694.26
ACH	ARAG - LEGAL BENEFIT	4,394.52
ACH	LES PTO	4,376.25
ACH	OHE PTO	4,376.25
065689	NICKLAUS GOLF CLUB LP AT LIONS	3,970.00
ACH	BVEF	3,627.50
063040	ATMOS ENERGY	3,425.09
ACH	OMS PTO	2,781.35
ACH	FSPC CHILDSUPPORT - MISSOURI	2,555.00
ACH	SRE PTO	2,402.07
ACH	LMS PTO	2,487.65
065269	TAESE	2,440.00
ACH	EXECUTIVE LIFE SOLUTIONS	2,221.46
ACH	LKM PTO	2,188.12
058136	GRIFFIN, WILLIAM H	2,100.00
ACH	HMS PTO	2,086.01
ACH	STATE OF KANSAS - SALES TAX	2,045.66
ACH	HES PTO	1,969.31
068404	UNIFIED SCHOOL DISTRICT #233	1,920.00
ACH	HRT PTO	1,896.37
071385	MIDLAND PAPER	1,879.71
ACH	CITY OF KCMO - EARNINGS TAX	1,631.10
ACH	OTM PTO	1,628.94
ACH	TriSTAR SYSTEMS - ADMIN FEE	1,593.90
ACH	MOR PTO	1,556.00
072662	W H GRIFFIN TRUSTEE	1,395.00

**Blue Valley USD #229**  
**Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
071089	BESSINE WALTERBACH LLP	1,341.00
013910	KSHSAA	1,308.00
ACH	AGE PTO	1,303.15
ACH	IVE PTO	1,254.52
067797	COMMERCIAL LAW GROUP PA	1,252.74
067028	EAGLES LANDING GOLF COURSE	1,230.00
073795	JOHNSON, JACQUELINE	1,223.44
068487	BVM PTO	1,215.62
ACH	ABM PTO	1,094.06
050228	JOHNSON COUNTY PARKS & RECREAT	1,012.00
ACH	WSE PTO	948.19
066616	SPRINGSHARE LLC	937.00
ACH	LKE PTO	899.56
070183	COUNTRY CLUB OF LEAWOOD	810.00
054959	BLUE VALLEY NORTHWEST HIGH	783.00
ACH	CITY OF OLATHE BILL PAY - UTILITIES	773.58
053210	VALLEY PARK ELEMENTARY PTO	716.00
ACH	OTE PTO	700.20
065429	KANSAS CITY SYMPHONY	670.00
ACH	EXPERTPAY - CA CHILD SUPPORT	656.00
073627	KANSAS MISSOURI SUPERINTENDENT	650.00
067191	KAHRS LAW OFFICES PA	625.58
067702	ST THOMAS AQUINAS HIGH SCHOOL	600.00
068767	SYCAMORE RIDGE GOLF COURSE	560.00
R01910	LINDSAY, KAMERON	504.00
068328	IRONHORSE GOLF CLUB/CITY OF LE	500.00
068820	TURNER USD 202	448.00
020979	TAYLOR, ADAM SCOTT	411.60
ACH	CPE PTO	397.75
011279	ALEXANDER, TYLER WILSON	392.00

**Blue Valley USD #229**  
**Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
067599	BVSW - ONLINE FEES	387.10
064418	BVH ONLINE FEES	367.50
BVSW	BLUE VALLEY SOUTHWEST HIGH SCH	355.92
071266	KANSAS BANDMASTERS ASSOCIATION	350.00
007524	WEINSTEIN, HEATHER DANIELLE	333.95
008650	DECASTRO, AMY ANN	299.09
018703	STOCK, CARA LAURINE	287.10
074869	VRC COMPANIES LLC	282.25
005577	LATAS, ANTHONY DEAN	280.00
016858	RIZZO, CHLO-ANN A	280.00
023013	SHOMAN, ANDREW MARTIN	280.00
021448	WISEMAN, NICOLE ELIZABETH	259.55
P13284	KO, ANGELA	252.00
021499	MICHAELS, EVAN	222.00
064420	BVN ONLINE FEES	220.50
P13914	ALTMAN, TAYLOR	215.00
P13915	BARBER, JEREMY	215.00
P13734	DAVIS, ALYSSA	215.00
P13920	DE JONG, MAARTEN	215.00
P13853	GADDAM, DILEEP KUMAR	215.00
P13916	HALAWA, MAHMOUD	215.00
P13761	OKERE, CHRISTY	215.00
P13918	RIZZO, SOPHIA	215.00
P12249	SAIFAN, MARIAM	215.00
P13910	SCHULZ, ERICA	215.00
P13919	TRAMMEL, HANNA	215.00
068525	BLUE SPRINGS R-IV SCHOOL DISTR	200.00
068996	FORT SCOTT UNIFIED SCHOOL DIST	200.00
X00542	HITE, RICHARD E	200.00
068875	SHAWNEE MISSION WEST HIGH SCHO	200.00

**Blue Valley USD #229**  
**Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
013811	SLOBODNIK, JACOB	200.00
ACH	BRE PTO	199.36
008008	MANN, SHERRIE ANN	198.76
021837	ROHWEDER, KATHRYN A	192.23
063577	CREDIT WORLD SERVICES INC	186.45
015162	HOGAN, NICOLE RANAE	184.48
019681	BENSCHIEDT, LAURA LOUISE	182.00
014261	TURRENTINE, MARK WILLIAM	182.00
068497	SHAWNEE MISSION NORTH	180.00
ACH	HLC PTA	175.05
067756	BONNER SPRINGS/EDWARDSVILLE SC	160.00
000126	CARR, REBECCA A	154.49
069301	EMPORIA HIGH SCHOOL	150.00
073400	KANSAS ASSOC OF SCHOOL PERSONN	150.00
063867	KSDE	150.00
068822	WASHBURN RURAL HIGH	150.00
063013	CULLIGAN OF GREATER KANSAS CIT	150.00
000630	MULLEN, STACIE ANN	149.00
P13478	DEGNAN, ANGELA	145.60
067159	SUNFLOWER HILLS GOLF COURSE	144.00
012680	LOEWEN, ETHAN LAMONT	129.00
068532	INFORMATION NETWORK OF KANSAS	120.41
067718	SMILEYS GOLF COMPLEX	120.00
052857	SPRING HILL UNIFIED SCHOOL DIS	120.00
019682	GOODEN, AUSTIN EDWARD	116.19
014458	BOX, BRIAN SAMUEL	115.50
071179	LINDE GAS & EQUIPMENT INC	113.95
013457	WESSEL, ADAM JOSEPH	112.00
008910	DELAHUNT, COLM	106.54
055267	OVERLAND PARK GOLF DIVISION	100.00

**Blue Valley USD #229**  
**Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
010187	HOWARD, GARY LEON	98.00
071660	PALEN MUSIC CENTER INC	94.00
068737	KANSAS SPEECH COMMUNICATIONS A	90.00
017315	SATRIANO, JAMES ALAN	84.00
064422	BVW ONLINE FEES	83.30
068550	OLATHE EAST HIGH SCHOOL	80.00
014975	WARREN, ERICA MICHELLE	74.81
018868	CHAVEZ, EMMA CAITLYN	67.06
001783	ANDERSON, TERESA K	63.98
005546	DREYER, MARGO BETH	57.89
023022	STAINES, RYAN MICHAEL	57.47
074924	CLERK OF THE COURT	56.30
018254	SLADE, LAUREN CAROLINE	54.87
055409	KANSAS FOUNDATION FOR EXCELLEN	50.00
021900	HAYDEN, MERON	49.00
021618	EISSOUH, ANA	45.99
021412	LYCHE, ABIGAIL G	44.80
P09862	KITCHAIYA, PIYACHAT	40.00
054829	STERICYCLE	33.97
R01909	EUSTON, STEPHEN	32.00
022980	VOTYPKA, KELLI BETH	30.10
018372	MURRAY, LEE ANN	26.25
020943	HUGHES, DENISE LYNN	25.27
016427	HILLMAN, MELISSA D	25.13
022912	HOOVER, MALACHI LEE	25.00
020921	SAS, CONSTANTIN CATALIN	21.21
023088	MASON, KATHERINE I	19.32
017964	AYALA DE LA PAZ, EDUARDO	14.28
021445	BAKER, MADISON ANGELINA	14.28
005592	CHRISTIAN, PATRICIA M	14.00

**Blue Valley USD #229**  
**Disbursements for August 2025**

<b>Vendor ID</b>	<b>Vendor Name</b>	
013642	BURNS, MELODY J	12.46
015353	MCDAVID, KATHLEEN HELEN	11.48
011591	VEGA, KIMBERLY DAWN	10.48
003980	CHYKA, MICHEAL BRUCE	9.66
009668	GIBSON, MELISSA	9.10
023041	MEYER, JASON E	6.72
016929	WESTCOTT, JOHNATHON THOMAS	6.72
022833	STILL, ANDREW ARNEZ	5.88
015822	KHAMSIHONG, MILES CHAMNONG	4.62
	<b>GRAND TOTAL</b>	<b>11,919,340.86</b>

# BLUE VALLEY SCHOOLS

## FINANCE AND OPERATIONS BOARD ADVISORY COMMITTEE

### **MINUTES**

**September 4, 2025 @ 7:30 a.m.**

**District Office Commons**

#### FACILITATOR(S):

Jake Slobodnik, Executive Director of Operations and  
Jeremy McFadden, Chief Financial Officer

#### COMMITTEE MEMBERSHIP:

Patrons: Elizabeth Webb, Tom Robinett, Brenda Stasiulis, Louis Pisani, Ryan Rutkowski, Megan Senatore, Cassie Banka, Stephanie Heckart, Sara Holmes, Lauren Garcia, Matthew Misch, Daniel Mayer, Stephanie James, Kelly Arvin Harrison  
Board Members: Jim McMullen, Clay Norkey, Sonya Evans  
Staff: Jake Slobodnik, Jeremy McFadden, Kyle Hayden, Dr. Gillan Chapman, Dr. Eric Punswick, Jason Gillam, Kaci Brutto, Carrie Myers, Brian Daley, Kelly June, Charles Rathbun

#### Strategic Plan Connection(s):

Empowering exemplary educators and staff – by informing decisions around compensation, staffing and operational support that promote a positive and thriving workplace.

Fostering supportive and healthy school communities – by ensuring facilities and operations contribute to safe and well-maintained environments for students and staff.

#### TOPIC 1

Jeremy McFadden, Chief Financial Officer, welcomed the newly appointed committee members and reviewed the agenda.

## TOPIC 2

Jeremy McFadden and Dave Arteberry with Stifel Nicholas reviewed the 2025 bond sale calendar. The bond sale will be for \$101,250,000, which is the remaining bond authority from the 2023 Bond Referendum. At the October board meeting, the Board of Education will be asked to adopt a bond sale resolution authorizing the competitive bid sale on November 10th.

## TOPIC 3

Dr. Eric Punswick, Chief Human Resources Officer, presented the annual human resources report. Dr. Punswick reviewed certified recruitment and retention efforts, along with historical data associated with certified staffing. The committee also discussed strategies to attract and retain staff which is a strategic plan priority.

## TOPIC 4

Jason Gillam, Director of Business Operations, presented the purchasing memo as shown below.

## NEXT MEETING

The next meeting will be held on October 9. The meeting adjourned at 9:00 a.m..

## **PURCHASES \$500,000 & ABOVE**

25020 Medical Benefits RFP \$41,230,521.00 Estimated

Vendor: Blue Cross and Blue Shield of Kansas City

Location: District Wide

Anticipated Funds: Special Reserve Healthcare

Bid

## **BIDS**

Emergency Purchase – Gym Floor repair at Blue Valley High gym \$33,210.00 Estimated

Vendor: Lankford Enterprises Inc

Location: BVH

Anticipated Funds: Capital Outlay

E-Rate FCC Form 470 Number 240015170 Network Switches	\$192,250.00
Vendor: CDW Government Inc	
Location: District Wide	
Anticipated Funding: Bond	
26008 Grass Seed	\$90,972.80 Estimated
Vendor: Grass Pad, Inc.	
Location: Grounds Department	
Anticipated Funds: Capital Outlay	
26009 Grounds Trailer	\$28,850.00
Vendor: Hoyt's Trailer Center	
Location: Grounds Department	
Anticipated Funds: Capital Outlay	
26010 Fertilizer	\$20,387.20 Estimated
Vendors: Grass Pad	\$8,075.20
Reinders	\$12,312.00
Location: Grounds Department	
Anticipated Funds: Capital Outlay	
26011 Utility Cab Tractor	\$53,600.00
Vendor: Coleman Equipment, Inc.	
Location: Grounds Department	
Anticipated Funds: Capital Outlay	
26012 Transit Vans	\$207,549.00
Vendor: Shawnee Mission Ford Inc	
Location: Facilities & Operations	
Anticipated Funds: Capital Outlay	
26013 Engineering Supplies	\$32,466.80
Vendor: Project Lead the Way Inc	
Location: Blue Valley West High School	
Anticipated Funds: Capital Outlay	

26014 3D Printers \$27,752.55  
Vendor: Staples, Inc.  
Location: High Schools  
Anticipated Funds: Capital Outlay

**COOPERATIVE PURCHASES**

4J Facility Supply LLC \$35,000.00 Estimated  
Purchase of yearly gym floor maintenance coat for the east half of the District.  
Cooperative: TIPS #230103  
Anticipated Funds: Capital Outlay

American Digital Security LLC \$28,643.49 Estimated  
Purchase to add cameras to the exterior of the Hilltop Learning Center building.  
Cooperative: TIPS #240101  
Anticipated Funds: Bond

Brady Industries of Kansas LLC \$44,429.50  
Purchase of 10 new Kaivac machines for restroom cleaning.  
Cooperative: Greenbush #24.7 ESC-Facility Solutions2024  
Anticipated Funds: Capital Outlay

CDW Government Inc \$83,080.00  
This purchase of network equipment will support the paging replacement project in elementary schools. 26-013  
Cooperative: Greenbush #022-G  
Anticipated Funds: Bond

Goodwin Pro Turf Inc \$450,000.00 Estimated  
Landscaping and Athletic Field Services  
Cooperative: Greenbush # 25.4 ESC-lawngroundsmaint2025  
Anticipated Funds: Capital Outlay

Hillyard Kansas City \$35,000.00 Estimated  
Purchase of yearly gym floor maintenance coat for the west half of the District.  
Cooperative: TIPS #230103  
Anticipated Funds: Capital Outlay

Hon Company \$32,899.20  
Purchase of chairs for District office staff.  
Cooperative: Omnia Partners #R240117  
Anticipated Funds: Bond

Wenger Corporation \$21,799.33  
Purchase of handicap ramp for stages used at all facilities.  
Cooperative: Omnia Partners #R240120  
Anticipated Funds: Capital Outlay

## **SERVICE PURCHASES**

Accruent LLC	
<u>2024/2025</u>	<u>2025/2026 – 2028/2029</u>
N/A	\$100,253.50 Estimated

This purchase is to move EMS software from a local server supported license to a cloud license to allow for access to EMS across all computer platforms across the district. We have currently paid \$24,450.44 for our EMS enterprise, District maintenance and EMS room sign term licenses that will be credited against the three-year commitment of \$100,253.50. Our net incremental cost over the three-year commitment, if we factor in expected increases in the current platform at the rate we have seen each year over the last three-year renewals, is \$19,322.55. After migration all district platforms, MAC and PC will have access to EMS systems, maintenance will reside at Accruent (it is currently on site with periodic Accruent visits), and Microsoft TEAMS and EMS room sign licenses will synchronize.

Year 1:	\$32,870.00
Year 2:	\$32,870.00
Year 3:	\$34,513.50
Total:	\$100,253.50

Funds: General Fund

Behavioral Health Allies

2024/2025

2025/2026

N/A

\$207,120.00 Estimated

Student (AT) will be transported to Behavioral Health Allies Academy from their home, and student (AM) will be transported from Behavioral Health Allies to KVC Academy.

Funds: SPED

Behavioral Health Allies

2024/2025

2025/2026

N/A

\$97,000.00 Estimated

Student (AT) will attend private school at Behavioral Health Allies Academy based on an IEP decision.

Funds: SPED

The Brighthouse Academy LLC

2024/2025

2025/2026

N/A

\$99,000.00 Estimated

Student (BF) will attend Brighthouse Academy for the 25-26 school year. This is an IEP decision.

Funds: SPED

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City of Overland Park

2024/2025

2025/2026

N/A

\$0.00

This agreement is between Blue Valley School District and the City of Overland Park to dedicate a temporary construction easement to the City. This easement is required for the new middle school project.

Funds: N/A

City of Overland Park

<u>2024/2025</u>	<u>2025/2026</u>
------------------	------------------

N/A	\$0.00
-----	--------

This agreement is between Blue Valley School District and the City of Overland Park to dedicate a private water service line easement to the water utility company, WaterOne. This easement is related to the expansion of the Blue Valley Recreation Activity Center.

Funds: N/A

Fix a Field LLC

<u>2024/2025</u>	<u>2025/2026</u>
------------------	------------------

N/A	\$40,000.00 Estimated
-----	-----------------------

Playground/Athletic Field Turf Repairs and Cleaning – District wide.

Playground (account 23990)	\$20,000.00
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Athletic Fields (account 23901)	\$20,000.00
---------------------------------	-------------

Funds: Capital Outlay

Interpreting Solutions LLC

<u>2024/2025</u>	<u>2025/2026</u>
------------------	------------------

N/A	\$80,000.00 Estimated
-----	-----------------------

Contracted Level 4 ASL interpreting services for student GM at BVM.

Funds: SPED

Johnson County Community College

<u>2024/2025</u>	<u>2025/2026</u>
------------------	------------------

\$310,088.68	\$450,000.00
--------------	--------------

This is an extension of the MOU for our Career Ready Partnership with Johnson County Community College. This partnership allows high school juniors and seniors to attend courses at JCCC.

College. This partnership allows high school juniors and seniors to attend courses at JCCC.

Funds: Career & Technical Education

Maxim Healthcare Services Inc

<u>2024/2025</u>	<u>2025/2026</u>
------------------	------------------

N/A	\$72,000.00 Estimated
-----	-----------------------

This is for an LPN to provide nursing services for student (AW) at ACCESS.

Funds: SPED

Maxim Healthcare Services Inc

2024/2025

2025/2026

N/A

\$76,000.00 Estimated

A nurse (RN) is needed to provide services for a student (BB) at BVN.

Funds: SPED

Niles Home for Children

2024/2025

2025/2026

N/A

\$44,100.00 Estimated

Student (AM) attending KVC Academy for the 25-26 school year per IEP decision.

Funds: SPED

ProCare Therapy

2024/2025

2025/2026

N/A

\$40,000.00 Estimated

Para staffing support to fill a vacancy at BVM for the 25-26 school year.

Funds: SPED

ProCare Therapy

2024/2025

2025/2026

N/A

\$40,000.00 Estimated

Para to fill a vacancy at BRE for the 25-26 school year.

Funds: SPED

ProCare Therapy

2024/2025

2025/2026

N/A

\$40,000.00 Estimated

Para to fill a vacancy at OTM for the 25-26 school year.

Funds: SPED

ProCare Therapy

2024/2025

2025/2026

N/A

\$40,000.00 Estimated

A para floater to fill a vacancy for the 2025-26 school year.

Funds: SPED

SoftwareIDM Inc

<u>2024/2025</u>	<u>2025/2026</u>
\$45,000.00	\$45,000.00

Microsoft Active Directory Enterprise license Subscription. The software takes accounts from Synergy and BPlus and creates them in Office 365, Google, Active Directory, etc.  
Funds: Capital Outlay

Southwest Airlines Co / Varsity Spirit

<u>2024/2025</u>	<u>2025/2026</u>
N/A	\$56,625.00 Estimated

Nationals Dance Competition Trip February 2/12-2/17/2026 in Orlando, FL. Additional expenses include \$3,500 for ground transportation. Fundraising efforts and individual family contributions will pay for this trip.

Air Travel – Southwest Airlines \$24,125  
Registration/Lodging – Varsity Spirit \$32,500  
Funds: Activity Funds

Southwest Airlines Co / Means Transportation /  
Walt Disney World / FAME

<u>2024/2025</u>	<u>2025/2026</u>
N/A	\$133,281.95 Estimated

BVHS choir travel for show choir competition and performance at Walt Disney World. Total Travel cost anticipated at \$133,581.95. Families will be responsible for the cost of their students. If fundraising can be done, the cost will be lowered. School personnel travel cost will be wrapped into each of the 75 students' cost. This is NOT a required trip. Optional only.

Southwest Airlines \$34,000  
Means Transportation \$12,750  
Walt Disney World (lodging) \$35,429.70  
Walt Disney World (park tickets) \$39,852.25  
FAME (show choir competition host) \$11,250  
Funds: Activity Funds

Supplemental Healthcare Services

2024/2025

2025/2026

N/A

\$36,000.00 Estimated

SLP services to cover for maternity leave at WSE (.4 FTE).

Funds: SPED

Validity Screening Solutions

2024/2025

2025/2026

\$39,783.50 Est.

\$38,000.00 Estimated

Validity Screening Solutions provides background screening services for the District. The District is renewing services for the 25-26 fiscal year.

Funds: Capital Outlay

**RESCIND**

KL Harper Holdings LLC

2024/2025

2025/2026

N/A

\$48,000.00 Estimated

Originally reported in July 2025. Staff member fell through.

Funds: SPED





# **September 2025 Celebrations Update**


# DISTRICT

---

All five Blue Valley high schools earned **top 10 recognition in Kansas** and placed in the **top 10% nationally** in the 2025 U.S. News and World Report's Best High Schools list.



**BLUE VALLEY HIGH SCHOOLS  
RANKED TOP 10 IN KANSAS  
& TOP 10% NATIONWIDE**



# DISTRICT

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For the seventh consecutive year, Forbes ranked Blue Valley Schools as one of the **best employers in Kansas.**

The district has been named to the list every year since the award's inception.



**FORBES BEST-IN-STATE EMPLOYERS**

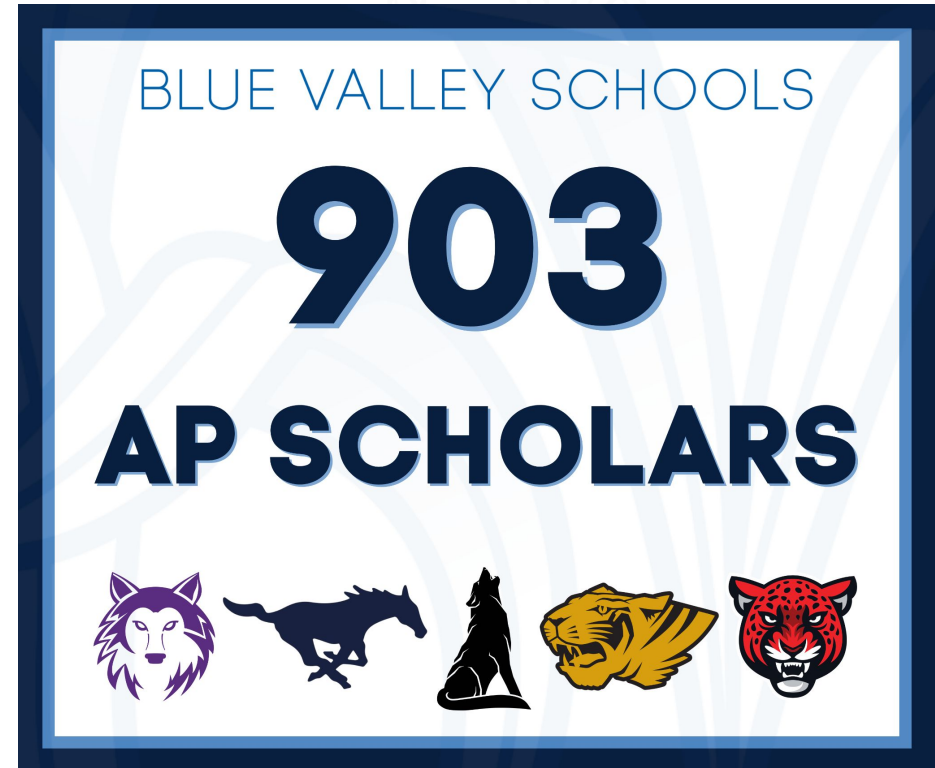
2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025

# DISTRICT

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**903 Blue Valley high school students** received an Advanced Placement (AP) Scholar award for tests taken during the 2024-25 school year.


The test results set new district records with 89.5% of AP exams taken receiving a score of 3 or higher, and 73.5% of Blue Valley graduates completed at least one AP course during high school.



BLUE VALLEY SCHOOLS

**903**

**AP SCHOLARS**



# DISTRICT

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At its 35<sup>th</sup> Annual Community Breakfast this morning, the **Blue Valley Educational Foundation** celebrated 35 years of innovation, investment and impact in Blue Valley schools.



# DISTRICT

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## September Recognition Dates & Holidays

- Suicide Prevention Month
- Hispanic Heritage Month (9/15-10/15)
- 9/1: Labor Day
- 9/7: National Grandparents Day
- 9/11: Patriot Day
- 9/15-19: National Arts in Education Week



# STUDENT

---

**Blue Valley North** was named a finalist for the 2025 Kansas State High School Activities Association (KSHSAA) Performing Arts School of Excellence award.



# STAFF

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Blue Valley Northwest's **Todd Petersen** was selected as a recipient of the 2025 Yale Educator Award.

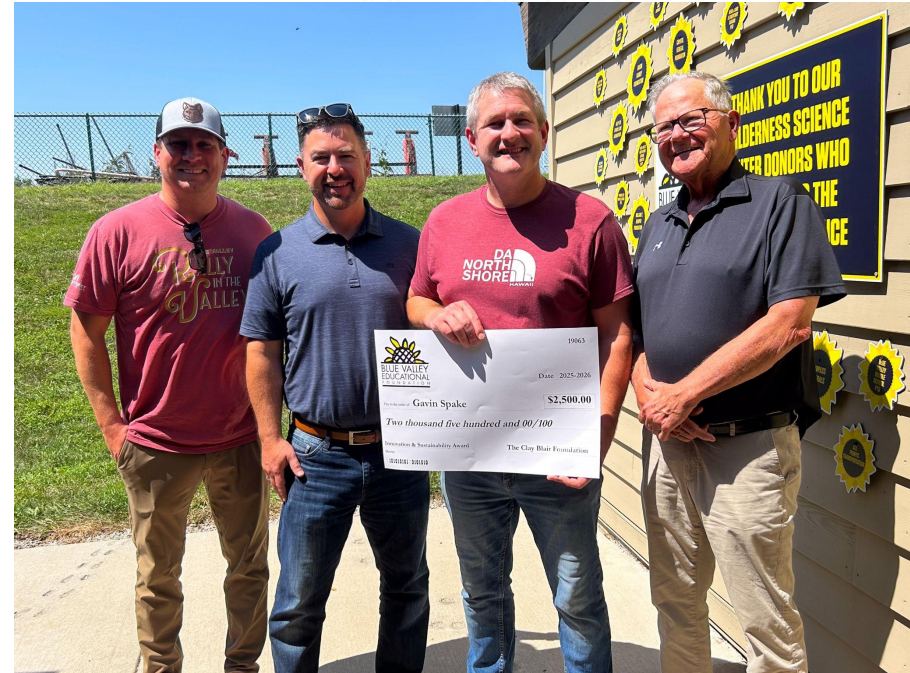
The recognition, presented by Yale Office of Undergraduate Admissions, honors educators from around the world who inspire and support their students to perform at high levels and achieve excellence.



# STAFF

**Gavin Spake**, teacher at Blue Valley's Wilderness Science Center, received an Innovation & Sustainability Award from the Clay Blair Family Foundation.

The award recognizes his exceptional commitment to environmental education, innovation and sustainability.



# ACTIVITIES & ATHLETICS

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Blue Valley Southwest's **Taylor Stanley** was named to the USA Volleyball U19 National Team and represented Team USA at the Fédération Internationale de Volleyball (FIVB) U21 World Championship.



*Sports in Kansas*

# ALUMNI

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**Leanne Wong**, graduate of Blue Valley High, claimed the vault national title and silver on all-around at the 2025 U.S. Gymnastics Championships.



*Gerald Herbert/AP*



# **Electric Assisted & Motorized Bikes/Scooters**

Board of Education  
September 8, 2025

# A Trend Beyond Blue Valley

- **American Academy of Orthopaedic Surgeons** warns of **hidden dangers of E-Bikes** with rising injuries for riders of all ages.
- **U.S. Consumer Product Safety Commission** data indicates year over year **increases in injuries and deaths since 2017**.
- **USA Today** pointed out that scooters and e-bikes are the **newest travel hazard cities didn't see coming**
- A **National Public Radio report** suggested e-bike injuries have surged **sending thousands of Americans to hospitals**



# Current Regulations

# State/Local Laws for E-Bikes/Scooters



## 12.04.135 Electric-Assisted Bicycles and Electric-Assisted Scooters, Traffic Law Application

- A. May be operated on sidewalks.
- B. Traffic regulations applicable to bicycles shall apply to electric-assisted scooters and electric-assisted bicycles.
- C. May not operate an electric-assisted scooter at a speed in excess of fifteen (15) miles per hour.
- D. May not operate an electric-assisted bicycle at a speed in excess of twenty (20) miles per hour.
- E. May be operated on city streets with a speed limit up to and including 35mph.
- F. May not operate either on any interstate highway, federal or state highway within the city; provided that, nothing in this section shall prohibit either from crossing a federal or state highway.
- G. May not operate an electric-assisted bicycle or electric-assisted scooter on a street with a posted speed limit greater than thirty-five (35) miles per hour.

# State/Local Laws for Motorized Bicycles



## 12.04.134 Application of 12.04.127 to 12.04.133 to Motorized Bicycles

- A. May be operated on sidewalks while under ONLY human power.
- B. Traffic regulations applicable to bicycles shall apply to motorized bicycles.
- C. May be operated on roadways of less than four (4) lanes with a speed limit of up to and including 35mph.
- D. May be operated on roadways of four (4) or more lanes with a speed limit of up to and including 45mph.
- E. Have a maximum designed speed of no more than 30 mph.
- F. Insurance required (OPMC 12.04.134).
- G. Operators under age 18 must wear a regulation-compliant helmet (OPMC 12.04.142).

# District Impact & Trends

- Neighborhood reports of concern
- Supervision of children
- Accidents
- Property Damage
- Customization increasing risks



# 2024 - 2025 Observations

- Increase in number of motorized scooters and electric bikes on our campuses
  - Bus transportation changes for middle school and high school may be adding to this increase
- Increasing concerns for student safety among riders
- Difficulty for principals monitoring and enforcing a “power off and walk” guideline on campuses
- Challenges managing shared campus concerns with different arrival and dismissal schedules
- Increased property destruction on playgrounds and campuses with motorized scooters and electric bikes
- Increased concerns about students/children with unsafe riding in all areas of the community—main streets, shopping centers, etc.



# Mitigating Risks



# New This Year


- ❖ Strategic communication
  - Elementary and Middle School Family Newsletters
  - Video
- ❖ Student Permit Agreement
  - Partnership with families to review guidelines
  - Focusing on safety
  - Permit #
- ❖ Partnership with law enforcement topic specific



Permit # \_\_\_\_\_  
(To be added by school)

**Motorized and Electric Assisted Bicycles and Scooters**

**Student Permit Agreement**



Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Bike/Scooter Brand \_\_\_\_\_ Color \_\_\_\_\_

1. Students who ride an electric or motorized bike/scooter to school must turn off the motor once on district property, dismount and, using clearly marked crosswalks, walk the bike/scooter to the bike rack.
2. Students are prohibited from riding electric or motorized bikes/scooters on any Blue Valley hard or soft surface playgrounds, tracks or playing fields at any time.
3. Students who intentionally damage Blue Valley School District property may be held financially responsible for repairs and criminally responsible for their actions.
4. Parents/guardians of students who operate an electric or motorized bike/scooter may be held financially liable for any damage to Blue Valley School District property caused by their student.
5. A permit sticker must be displayed on all motorized and electric assisted bicycles and scooters while on any Blue Valley campus.

The information I have submitted above is accurate and true to the best of my knowledge. I understand this agreement is intended to help keep me and others safe. I have read and understand the terms of this agreement. I agree to abide by the terms of this agreement and operate my bike/scooter in a safe manner.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Questions?**









# **Safety & Security**

**Board of Education  
Sept. 8, 2025**

# Strategic Approach to Safety & Security

- Relationships
- Layered approach to eliminating risk
- Partnerships:
  - Blue Valley Officers & School Resource Officers
  - Overland Park Police Department
  - Leawood Police Department
  - Children's Mercy Hospital
  - Johnson County Mental Health & other providers

# Emergency Planning

- Implementation of physical, procedural, and cultural measures
  - ◆ Does it solve a current problem?
  - ◆ Is the solution based on historical data?
  - ◆ Does it address a problem likely to surface?
  - ◆ How does it impact the culture?
  - ◆ What are the unintended consequences?

# Results

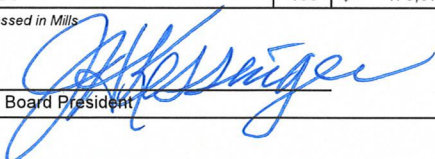
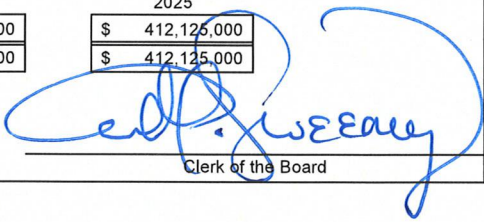
- Secure buildings with limited, monitored access
- Ongoing threat assessment training
- Interior thumb-turn locks on classrooms
- TIPS App for Teens
- CrisisAlert
  - ◆ Upgrades & severe weather alert
- Strategically placed intruder-resistant glazing
- 25 full time police officers
- AED expansion
- Safety drills
- Door monitoring system
- Turf playgrounds with motion lighting

**QUESTIONS?**

**Notice of Hearing 2025-2026 Budget**

The governing body of Unified School District 229 will meet on the 8th day of September 2025 at 5:35 PM at 15020 Metcalf Ave, Overland Park, KS 66223 for the purpose of hearing and answering objections of taxpayers relating to the proposed use of all funds and the amount of tax to be levied. Detailed budget information, including budget profile, building needs assessment and Board state assessments review is available at the USD 229 District Office, on the district website, and will be available at this hearing.

The Amount of 2025 Tax to be Levied and Expenditures (published below) establish the maximum limits of the 2025-2026 Budget. The 'Est. Tax Rate' (column 7), shown for comparative purposes, is subject to slight change depending on final assessed valuation.

	Code 99 Line	2023-2024 Actual		2024-2025 Actual		2025-2026 Proposed Budget		
		Actual Expenditures (1)	Actual Tax Rate* (2)	Actual Expenditures (3)	Actual Tax Rate* (4)	Budgeted Expenditures (5)	Amount of 2025 Tax to be Levied (6)	Est. Tax Rate* (7)
<b>OPERATING</b>								
General	06	\$ 169,054,909	20.000	\$ 184,124,073	20.000	\$ 193,979,607	\$ 88,019,463	20.000
Supplemental General (LOB)	08	56,213,261	12.190	61,362,859	12.372	64,631,925	61,643,107	12.980
<b>SPECIAL REVENUE</b>								
Federal Funds	07	3,874,309		938,354		1,257,072		
At-Risk Education Fund	13	7,607,931		8,200,406		9,419,374		
Bilingual Education	14	2,541,784		3,193,296		4,551,647		
Virtual Education	15	711,002		756,265		1,272,223		
Capital Outlay	16	37,254,533	7.969	39,937,915	8.000	52,797,080	38,207,531	8.000
Food Service	24	11,751,125		11,345,450		14,900,000		
Professional Development	26	774,318		834,505		1,362,537		
Parent Education Program	28	873,560		878,776		1,218,381		
Summer School	29	153,072		170,899		285,709		
Special Education	30	64,252,831		72,491,921		90,247,154		
Cost of Living	33	11,046,249	2.471	12,457,450	2.639	13,901,978	12,615,413	2.656
Career and Postsecondary Education	34	5,263,643		5,322,266		1,845,000		
Gifts and Grants	35	1,898,883		1,716,064		3,222,188		
Special Liability Expense Fund	42	1,038,722	0.092	1,500,000	0.038	1,325,000	1,526,161	0.321
Extraordinary Growth Facilities	45	4,367,003	0.969	3,312,404	0.695	2,981,164	2,504,242	0.527
Special Reserve Fund	47	31,770,467		34,445,203				
KPERS Special Retirement Contribution	51	24,035,997		24,458,242		30,083,638		
Contingency Reserve	53	-		5,350,000				
Textbook & Student Material Revolving	55	3,822,130		5,018,611				
Activity Fund	56	624,188		418,248				
<b>DEBT SERVICE</b>								
Bond and Interest #1	62	43,144,838	9.973	54,155,738	9.707	57,067,813	42,818,161	9.016
Special Assessment	67	714,439	0.094	709,818	0.145	750,000	446,122	0.094
<b>TOTAL USD EXPENDITURES</b>	100	482,789,194	53.758	533,098,763	53.596	547,099,490	247,780,200	53.594
Less: Transfers	105	119,878,856		130,166,816		90,401,142		
<b>NET USD EXPENDITURES</b>	110	362,910,338		402,931,947		456,698,348		
<b>TOTAL USD TAXES LEVIED</b>	115	227,424,285		237,774,356		247,780,200		
<b>OTHER</b>								
Recreation Commission	84	18,964,833	2.453	20,261,063	2.405	23,189,278	11,636,165	2.450
Rec Comm Emp Benefits & Spec Liab	86	1,567,725	0.499	1,665,080	0.451	2,246,417	1,662,288	0.350
<b>TOTAL OTHER</b>	120	20,532,558	2.952	21,926,143	2.856	25,435,695	13,298,453	2.800
<b>TOTAL TAXES LEVIED</b>	125	\$ 240,120,302		\$ 250,823,941		\$ 261,078,653		
Assessed Valuation - General Fund	128	\$ 4,105,654,845		\$ 4,203,877,545		\$ 4,400,973,133		
Assessed Valuation - All Other Funds	130	\$ 4,298,558,410		\$ 4,567,746,411		\$ 4,749,185,142		
Assessed Valuation - Capital Outlay	129	\$ 4,317,606,543		\$ 4,594,832,843		\$ 4,775,941,393		
<b>Outstanding Indebtedness, July 1</b>		2023		2024		2025		
General Obligation Bonds	135	\$ 475,975,000		\$ 449,455,000		\$ 412,125,000		
<b>TOTAL USD DEBT</b>	155	\$ 475,975,000		\$ 449,455,000		\$ 412,125,000		
<i>*Tax Rates are expressed in Mills</i>								
								
		Board President		Clerk of the Board				

# LOCAL OPTION BUDGET



## Local Option Budget Authority is granted in accordance with K.S.A. 72-5143.

Sections from statute are *italicized* below.

Text in [brackets] within sections from statutes was added by School Finance for clarification.

(h) *The board of education of any school district that desires to increase its local option budget authority for the immediately succeeding school year shall submit written notice of such intent to the state board by April 1 of the current school year. The board of a school district shall not adopt a local option budget in excess of the authority stated in [this] notice.*

- The Local Option Budget Percentage form, within the LEA Forms application, will be considered the district's written notice of such intent for the upcoming school year.

## Resolution to Adopt LOB Percentage

All boards of education shall adopt annually a local option budget percentage resolution. The maximum percent that may be authorized is the statewide average 32.3% unless the district has adopted a resolution to exceed the statewide average up to the maximum state prescribed percent (33%). The maximum percent that may be authorized by the resolution below **CANNOT** exceed the percent certified to KSDE on April 1st (see letter (h) above).

See Resolution to Exceed the Statewide Average Percent on page 2 for information on adopting a resolution that authorizes a percent higher than the statewide average and up to the state prescribed percent.

(b) *...The adoption of a resolution... shall require a majority vote of the members of the board. Such resolution [for the current school year] shall be effective upon adoption and shall require no other procedure, authorization or approval.*

- Below is a sample resolution form that may be used by the local board of education **at the time the budget is adopted** and retained at the district level. This resolution should accompany the certified budget to the county as well.

Unified School District No. 229, Johnson County, Kansas.

### RESOLUTION

Be It Resolved that:

The above-named school board shall be authorized to make a Local Option Percentage in an amount of 33 percent for the 2025-26 school year.

### CERTIFICATE

THIS IS TO CERTIFY that the above Resolution was duly adopted by the board of education of Unified School District No. 229, Johnson County, Kansas, on the 8<sup>th</sup> day of September, 2025.

\_\_\_\_\_  
Clerk of the Board of Education



# AGENDA ITEM SUMMARY

**Agenda Item:**

Approval of the 2025-26 Legal Maximum Budget and Estimated Tax Rate.

**Person Submitting Item:** Jeremy McFadden, CFO

**Background and Summary:**

School districts must conduct an annual budget hearing prior to approving the maximum limits of the budget, the amount of tax to be levied, and an estimated tax rate. The approved budget and tax levy is due by September 20 to KSDE and by October 1 to Johnson County. School districts are required to publish notice of the budget hearing a minimum of 10 calendar days between publication and budget hearing.

**Budget Source:** N/A

**Strategic Plan Alignment:**

1. Advancing Academic Excellence & Exceptional Student Experiences – Budget allocations for effective teacher-to-pupil class ratios, program supports for performing arts, career and technical pathways, supplemental activities and athletic programs, and curriculum resources.
2. Fostering Supportive & Healthy School Communities – Budget allocations for special education, bilingual, at-risk, counselors and social workers.
3. Empowering Exemplary Educators and Staff – Budget allocations for competitive, market-aligned compensation packages and job-embedded professional development.

**Recommendation:**

Approve the 2025-26 Legal Maximum Budget and Estimated Tax Rate, including the approval of the Local Option Budget resolution.