

Regular Board Meeting

September 8, 2025 6:00 PM

MCBOE

1. Election of Chairman, Vice Chairman, Chairman Pro-Tem	Justin Perry
2. Agenda	Julie Keny Cathey
3. Recognitions	Justin Perry
1. Cornersville High School	Justin Perry, Brent Adcox
2. Oak Grove Elementary School	
3. Westhills Elementary School	
4. Public Comment	
5. Annual Agenda	Julie Keny Cathey
1. Establish Times and Dates for Monthly Board Meetings	
2. Committees for 2025-2026	
6. Committee Reports/Schedule Committee Meetings	Julie Keny Cathey
7. Consent Agenda	
1. Minutes	
2. Overnight Out-of-State Travel Requests	
1. AMLE Conference - Overnight, Out-of State Travel to Indianapolis, IN	
2. Get Your Teach On - Overnight, Out-of-State Travel to Orlando, FL	
3. MCHS Student Council - Overnight, Out-of-State Travel to Orlando, FL	
4. Ron Clark Admin Conference - Overnight, Out-of-State Travel to Atlanta, GA	
8. Virtual Program Update	Justin Perry, Ashley Johnson
9. Coordinated School Health Update	Justin Perry, Veronica Davenport
10. Purchasing Co-op Agreement	Justin Perry, Savannah Gold
11. Spot Lowe Bids	Justin Perry, Keaton Pettit, Frank Musgrave, Savannah Gold
12. Dental & Vision Bids	Justin Perry, Jennie Carroll, Savannah Gold
1. Ameritas	
2. Delta Dental	
13. Resolutions	Justin Perry, Savannah Gold
14. Federal Budget Revisions	Justin Perry, Savannah Gold, Julie Thomas, Meredith Collins
1. Title I Revision #1	
2. Title II Revision #1	
3. Title III Revision #1	

4. Title IV Revision #1	
5. IDEA-B Revision #1	
6. IDEA Preschool Revision #1	
15. Federal Original Budgets	Justin Perry, Savannah Gold, Frank Musgrave, Julie Thomas
1. AALN Budget	
2. HQIM Budget	
3. 21st Century Community Learning Centers Cohort 2023	
4. 21st Century Community Learning Centers Cohort 2024	
16. Marshall County Schools - School Colors	Justin Perry
17. Attracting and Retaining Talented Teachers and Administration	Justin Perry, Jennie Carroll
18. Update on number of hardship cases for student lunch fees, per recent increase in cost	Justin Perry, Larissa Delk
19. Certified Teachers	Justin Perry, Jennie Carroll
20. Extra Curricular Opportunities - Fishing	Justin Perry
21. Potential Scholarships for future/current teachers and support staff	Justin Perry, Jennie Carroll
22. New Business	
23. Director's Report	Justin Perry
24. Adjourn	
25. FYI	
1. Approved Fundraisers	
2. Monthly Financial Reports	
3. Monthly Withdrawal Report	
4. Travel Requests	
5. Use of Facility Requests	

Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Method of Election of Officers	Descriptor Code: 1.200	Issued Date: 10/12/99
		Rescinds: BBAA	Issued: 08/13/93

1 At the first regular meeting in September each year, the Board shall organize by electing a chairman¹
2 and a vice chairman to serve one-year terms or until a successor is named. In the event that an officer's
3 seat on the board is vacated, the Board shall elect a successor to serve the remainder of the officer's term.
4 Each board officer shall be eligible for re-election.

5 If no officer of the Board is serving at the time of the organizational meeting, any member shall call the
6 meeting to order and preside until a chairman is elected as the first order of business.

7 If the office of chairman is vacated prior to the expiration of the annual term, the vice chairman shall
8 assume all responsibilities of the chairman until a new chairman is elected.

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Legal Reference:

1. TCA 49-2-202(c)(2)

Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Duties of Officers	Descriptor Code: 1.201	Issued Date: 10/12/99
		Rescinds: BBAB	Issued: 08/13/93

1 CHAIRMAN

2 The chairman of the Board shall have the following duties:

- 3 1. To assist the director of schools in preparing meeting agendas;
- 4 2. To preside at all meetings of the Board;¹
- 5 3. To appoint committees authorized by the Board;¹
- 6 4. To function as chairman of the executive committee;¹
- 7 5. To countersign all warrants authorized by the Board and issued by the director of schools for all
- 8 expenditures of the school system;¹
- 9 6. To conduct Board hearings;²
- 10 7. To prepare the school budget with the director of schools;³
- 11 8. To authorize the use of mechanical checkwriting equipment;⁴
- 12 9. To certify the value of surplus property valued less than \$250;⁵ and
- 13 10. To carry out other such duties as may be assigned by the board.

14 VICE CHAIRMAN

15 The vice chairman shall assume the duties of the chairman in his/her absence or function as the chairman
16 until a new chairman can be elected in the event the chairman is incapacitated or the office becomes
17 vacant.

18 SECRETARY

19 The director of schools, as the executive officer of the Board, shall serve as secretary to the Board.
20 He/She shall conduct all correspondence of the Board, keep and preserve all of its records, receive all
21 reports acquired by the Board, and see that such reports are in proper form. He/She has the right to advise
22 on any question under consideration but has no vote.

23 The Board may assign the keeping of the minutes to a clerk; however, the responsibility resides with the
24 director of schools.

25 CHAIRMAN PRO TEM

26 A chairman pro tem shall be elected to preside during a meeting when neither the chairman nor the vice
27 chairman is present.

Legal References:

1. TCA 49-2-205
2. TCA 49-5-512(5)(6)
3. TCA 49-2-203(10)(A)(1)
4. TCA 49-2-113
5. TCA 49-6-2007

Cross References:

Role of the Board of Education 1.101

Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Agendas	Descriptor Code: 1.403	Issued Date: 07/12/21
		Rescinds: 1.403	Issued: 11/09/20

The Executive Committee of the Board shall be responsible for developing an agenda for each board meeting. Any board member may recommend items to be placed on the agenda for discussion. The particular order may vary from meeting to meeting in keeping with the business at hand.

The agenda (which shall include the consent agenda), together with supporting materials, shall be given to board members at least one (1) day prior to the scheduled date of the meeting. The agenda shall be available for public inspection when it is distributed to the board members. At the beginning of each meeting the Board shall, by a majority vote, approve changes in the agenda for the meeting, which may involve the addition to or deletion of items previously included on the agenda. The Board, however, may not revise board policies or adopt new ones, unless such action has been scheduled.

Staff members or citizens of the district may suggest items for the agenda by presenting proposed items to the director of schools or the chairman of the Board.

For items to be considered on the agenda, they must be received in the director of schools' office at least seven (7) business days prior to the scheduled date of the meeting. The person(s) requesting an item on the agenda shall forward any background information to the director of schools' office so that the material will be included in the delivery to the board members prior to the meeting.

Citizens wishing to address the Board must follow guidelines set forth in policy *Appeals to and Appearances Before the Board* (1.404)

CONSENT AGENDA

While developing the agenda, the chair and director of schools shall identify routine or non-controversial items to be placed on the consent agenda, which shall become a part of the regular agenda. If any member objects to including an item on the consent agenda, that item shall be moved to the regular agenda as an action item requiring discussion. The remaining consent items may be adopted in a single vote without discussion.

Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Appeals to and Appearances Before the Board	Descriptor Code: 1.404	Issued Date: 07/10/23
		Rescinds: 1.404	Issued: 10/08/12

1 APPEALS TO THE BOARD

2 Any matter relating to the operation of the school system may be appealed to the Board. However, the
3 Board desires that all matters be settled at the lowest level of responsibility and will not hear complaints
4 or concerns which have not advanced through the proper administrative procedure from the point of
5 origin.

6 If all administrative channels have been pursued and there is still a desire to appeal to the Board, the
7 matter shall be referred in writing and the Board shall determine whether to hear the appeal.

8 APPEARING BEFORE THE BOARD

9 The executive committee may place individuals on the agenda. Other individuals desiring to appear
10 before the Board must submit a written request with descriptive materials to the office of the director of
11 schools seven (7) business days before the meeting. If the request is approved by the Executive
12 Committee, the item will be placed on the agenda. Individuals placed on the agenda will be recognized
13 at the meeting and given three minutes to speak. The public may address the board about any concerns
14 except personnel matters, which are the responsibility of the director of schools.

15 The Board may, at its discretion, waive the seven day rule in case of a situation which makes such notice
16 impractical or impossible.

17 Delegations must select only one individual to speak on their behalf unless otherwise determined by the
18 Board.

19 Guidelines for individuals who address the Board:

- 20 1. Those requesting to speak to the Board must have documented evidence that they have followed
21 the chain of command in addressing this issue.
 - 22 2. Each person speaking shall state his/her name, address, and subject of remarks.
 - 23 3. Individuals speaking to the Board will address their remarks to the chair.
 - 24 4. Individuals may address the Board only on items that the Board can take action on.
 - 25 5. No response is necessary by the Board or any board member.
 - 26 6. If appropriate, the Board or the director of schools will respond at a later date.
 - 27 7. Time is not transferable to another individual.
 - 28 8. Name calling, personal attacks, profanity, threats, verbal abuse, or disruption of the orderly
29 meeting process will result in the individual or group being asked to leave the meeting.
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1 Individuals desiring additional information about any item on the agenda shall direct such inquiries to
 2 the office of the director of schools.

3 Public Comment Period ²

4 There shall be a public comment period for each meeting with actionable items on the agenda, with the
 5 exception of teacher disciplinary hearings. Comments shall be limited to topics listed on the agenda.
 6 The total public comment period shall be for no more than ten (10) minutes. If an individual wishes to
 7 address the Board during the public comment period, he/she must contact the director the Wednesday
 8 prior to the school board meeting. If Wednesday is a holiday, then sign-ups will be Thursday prior to
 9 the meeting. Each speaker shall be given no more than two (2) minutes. Delegations shall select only
 10 one (1) individual to speak on their behalf unless otherwise determined by the Board.

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Legal References:

1. TCA 39-17-306
2. Public Acts of 2023, Chapter No. 300

Cross References:

- School Board Meetings 1.400
- Public Hearings 1.401
- Agendas 1.403
- Discrimination/Harassment of Employees 5.500
- Complaints and Grievances 5.501
- Student Discrimination, Harassment, Bullying, Cyber-bullying, and Intimidation 6.304
- Student Concerns 6.305

Committees for 2025-2026

September 8, 2025

Executive Committee
, Chairman of the Board
Justin Perry, Director of Schools

Policy

*Andy Woodard
(The entire board will make up
this committee)

Budget/Education

*Kristen Gold
(The entire board will make up this
committee)

Curriculum/Instruction

(Includes Technology & Attendance)

*Julie Keny Cathey
Betsy Bishop
Harvey Jones
Kristen Gold
Heidi McElhaney
Tresha Grissom
Mike Herron

Acquisition/Maintenance/Transportation

*Harvey Jones
(The entire board will make up this
committee)

Safety Committee

*John Daniel Allen & Julie Keny Cathey
(The entire board will make up this
committee)

Five-Year Strategic Plan

*Kristen Gold
(The entire board will make up
this committee)

Enrollment Retention & Virtual Committee

*Mike Herron
(The entire board will make up this
committee)

***Chairman of Committee**

Please note: Any board member can attend any committee meeting that they are not a part of but cannot take part in the voting process in that committee meeting.

Revised 9/2/2025 to add the entire board to the maintenance committee

Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Board Committees	Descriptor Code: 1.300	Issued Date: 10/12/99
		Rescinds: BBC	Issued: 08/13/93

1 The Board shall operate without standing committees, except for the Executive Committee; however,
2 special committees composed of board members may be appointed by the chairman at the direction of
3 the Board and as the needs of the Board shall require.¹ Such committees shall be discharged when the
4 work is finished or earlier by a majority vote of the entire Board. All reports by special committees shall
5 be made directly to the Board.

- 6 1. Special committees shall be appointed by the chairman serving in an advisory capacity shall
7 ordinarily consist of less than a quorum of board members;
- 8
- 9 2. The committee will be advisory only unless specifically authorized to transact designated
10 business;
- 11
- 12 3. General issues to be discussed by the committee must be approved in advance by the entire
13 Board;
- 14
- 15 4. A committee shall serve no longer than the annual organization meeting of the Board unless
16 reappointed to finish a designated task; and
- 17
- 18 5. Committee meetings shall be held in accordance with the Open Meetings law.²
- 19

Legal References:

1. TCA 49-2-205(2)
2. TCA 8-44-102(b)

Cross References

- School Board Meetings 1.400
Public Hearings 1.401
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Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Agendas	Descriptor Code: 1.403	Issued Date: 07/12/21
		Rescinds: 1.403	Issued: 11/09/20

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CONSENT AGENDA

While developing the agenda, the chair and director of schools shall identify routine or non-controversial items to be placed on the consent agenda, which shall become a part of the regular agenda. If any member objects to including an item on the consent agenda, that item shall be moved to the regular agenda as an action item requiring discussion. The remaining consent items may be adopted in a single vote without discussion.

Marshall County Board of Education

Monitoring: Review: Annually, in September	Descriptor Term: Minutes	Descriptor Code: 1.406	Issued Date: 08/12/19
		Rescinds: 1.406	Issued: 10/12/99

1 The director of schools shall keep, or cause to be kept, complete and accurate minutes of all meetings of
2 the Board.¹ The draft of the minutes of the previous meeting shall be sent to all board members with the
3 agenda for the subsequent meeting. Following their approval by the Board, the minutes shall be signed
4 by the chair and director of schools.² The minutes shall become permanent records of the Board and
5 shall be made available to interested citizens and the news media upon request.^{2,3} A copy shall be
6 provided to all board members, the president of the local education association, and to each of the schools
7 no more than thirty (30) days after the approval by the Board.⁴

8 The minutes shall include:

- 9 1. The nature of the meeting (regular or special), time, place, date, board members present or absent,
10 and the approval of the minutes of the preceding meeting;²
- 11 2. A record of all motions, proposals, and resolutions passed or denied by the Board, together with
12 the names of the members making and seconding the motions, and a record of the members
13 voting “aye” and “nay” in the event of a roll call vote;²
- 14 3. Names of persons addressing the Board and the purpose of their remarks; and
- 15 4. A brief account of those items discussed, and whether or not any motions were made regarding
16 those items.

Legal References:

1. TCA 49-2-301(b)(1)(C)-(D)
2. TCA 8-44-104(a)
3. TCA 10-7-503(a)(1)(B), (a)(2)(B)
4. TCA 49-2-203(a)(11); Public Acts of 2019,
Chapter No. 248

Cross References:

Duties of Officers 1.201

August 11, 2025

The Marshall County Board of Education met in regular session on Monday, August 11, 2025, at 6:00 p.m., in the Board Conference Room at Jones School.

Members present: John Daniel Allen, Betsy Bishop, Julie Keny Cathey, Tresha Grissom, Mike Herron, Harvey Jones, Heidi McElhaney, and Andy Woodard. Kristen Gold was absent.

Pledge/Prayer

Mr. Herron made a motion, with a second by Ms. Bishop, to approve the agenda. The motion passed 8-0.

Chapel Hill Elementary Principal, Dawn Kirby, and Director Perry recognized a student.

Director Perry recognized students from Marshall County High School.

Forrest Principal, Angie Phifer, and Director Perry recognized students.

There was no public comment.

Ms. Cathey gave an update on the July 21, 2025, Policy and Safety Committee meetings.

Virtual School Coordinator, Ashley Johnson, presented an update on the virtual program.

Presented under Consent Agenda: July 14, 2025, board meeting minutes; July 21, 2025, special called meetings minutes; July 22, 2025, executive session minutes; Forrest FFA travel request to Indianapolis, IN; LMS travel request to Washington D.C.; and MCHS travel request to Student Council Renaissance Regional Conference Atlanta, GA. Mr. Herron made a motion, with a second by Ms. Bishop, to approve the consent agenda. The motion passed 8-0.

Mr. Jones made a motion, with a second by Mr. Herron, to approve the bus garage salvage. The motion passed 8-0.

Ms. McElhaney made a motion, with a second by Mr. Herron, to approve the propane bid from Blue River Propane (sole bidder). The motion passed 8-0.

Mr. Jones made a motion, with a second by Mr. Herron, to approve Resolution No. 25-08-Budget Additional Revenues General Purpose School Fund 141. The motion passed 8-0.

There was no new business.

During the Director's Report, Dr. Perry thanked everyone for a great start to the new school year.

The meeting adjourned at 6:21 p.m.

Respectfully Submitted,

Julie Keny Cathey, Chair

Justin Perry, Director

August 21, 2025

The Executive Committee of the Marshall County Board of Education, comprised of Chairman of the Board, Julie Keny Cathey, and the Director of Schools, Justin Perry, met by phone on Thursday, August 21, 2025, at 3:15 p.m. to approve utilizing Elevate K-12 for a monthly contract fee of \$7,749.96 for teaching services rendered.

The Executive Committee voted 2-0 to approve.

The meeting adjourned at 3:18 p.m.

Respectfully Submitted,

Julie Keny Cathey, Chair

Justin Perry, Director

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Brandon Scott Peaster Today's Date: 08/20/25
McKenzie Anderson Activity Date(s): Nov. 5-8
Activity: AMLE conference Location: Indianapolis

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed 3

Cheryl [Signature] 8/21/25
PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$899.98
Make Check/PO Payable To: AMLE \$399.99 - Anderson-member
Full Address: _____ \$499.99 Peaster - non-member
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging 3 X 2
(You must return a copy of the hotel receipt to the Central Office)
Make Check/PO Payable To: Indianapolis Marriott Downtown
Full Address: 350 West Maryland St Indianapolis, IN 46225
Phone: 1-317-822-3500 Fax: _____
of Rooms Needed 2 Arrival Date: Nov 5, 2025 Departure Date: Nov 8, 2025

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES ___ NO X (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES ___ NO X

ESTIMATED EXPENSE:

Registration: \$ <u>899.98</u>	Meals: \$ <u>280 x 2 = 560</u>
Lodging: \$ <u>895.05 x 2 = 1,790.10</u>	Other: \$ <u>236.00</u> (Parking, tolls, etc.) <u>\$79 p/day</u>
Airline: \$ _____	Van Mileage _____ miles X \$.30 Cost \$ _____
Car Rental: \$ _____	Personal Vehicle: <u>686</u> miles X \$.67 Cost \$ <u>459.62</u>
Substitute \$ <u>322.95</u> (<u>3</u> # of days) <u>each</u> <u>\$145.90</u>	TOTAL REQUESTED: \$ <u>4,591.60</u>

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ 4,591.60
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

___ Absence ___ Substitute ___ Lodging ___ Car Rental ___ Airline ___ Meals ___ Mileage Personal
___ Mileage-County Van ___ Other _____

Beth Smith 8/22/25 [Signature] 8/25/25
SUPERVISOR'S SIGNATURE DATE DIRECTOR OF SCHOOLS' SIGNATURE DATE
10/23/2013 Julius B Thomas 8/22/25

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Rhonda Franklin Today's Date: 8/20/2025
Christi Whitson Activity Date(s): 11/5-8/2025
 Activity: AMLE Conference Location: Indianapolis, Indiana

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed 3 *x 2 teachers*
8/20/25
 PRINCIPAL'S SIGNATURE _____ DATE _____

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$499.99 x 2 = \$999.98
non-members
 Make Check/PO Payable To: AMLE
 Full Address: _____
 Phone: 317-262-8191 Fax: 317-262-8270

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging 3
 (You must return a copy of the hotel receipt to the Central Office)
 Make Check/PO Payable To: Indianapolis Marriott Downtown
 Full Address: 350 West Maryland St Indianapolis, IN 46225
 Phone: 1-317-822-3500 Fax: _____
 # of Rooms Needed 2 Arrival Date: 11/5/2025 Departure Date: 11/08/2025

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES NO

ESTIMATED EXPENSE:

Registration: \$ 499.99 x 2 = 999.98 Meals: \$ 280 x 2 = 560
 Lodging: \$ 895.05 x 2 = 1,790.10 Other: \$ 230.00 (Parking, tolls, etc.) 59 per day
 Airline: \$ - Van Mileage _____ miles X \$.30 Cost \$ _____
 Car Rental: \$ - Personal Vehicle: 670 miles X \$. 67 cost \$ 448.90
 Substitute \$322.95 x 2 = (3 # of days) = 645.90 TOTAL REQUESTED: \$ 4,680.88

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ 4,680.88
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
 ____ Mileage-County Van ____ Other _____

Beth Smith 8/22/25 _____ 8/25/25
 SUPERVISOR'S SIGNATURE DATE DIRECTOR OF SCHOOLS' SIGNATURE DATE
Julie B. Thomas 8/22/25

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

<u> Rhonda Franklin </u> Printed Name	<u> Rhonda Franklin </u> Signature	<u> 8/20/2025 </u> Date
<u> Christi Whitson </u> Printed Name	<u> Christi Whitson </u> Signature	<u> 8/20/2025 </u> Date
<u> </u> Printed Name	<u> </u> Signature	<u> </u> Date
<u> </u> Printed Name	<u> </u> Signature	<u> </u> Date
<u> </u> Printed Name	<u> </u> Signature	<u> </u> Date
<u> </u> Printed Name	<u> </u> Signature	<u> </u> Date
<u> </u> Printed Name	<u> </u> Signature	<u> </u> Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R7 Travel Expenses and Reimbursements for additional details.

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Jill Worley Today's Date: 8-18-25
Wendy Ridley
 Activity: AMLE Conference Activity Date(s): Nov 5-8, 2025
 Location: Indianapolis, Indiana

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed 3 each
Bruce 8/18/25
 PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$ 499.99 x 2 = 999.98
non members' \$1
 Make Check/PO Payable To: AMLE
 Full Address: 601 Dempsey Road Westerville, OH 43081
 Phone: 1-800-528-6672 Fax: 614-895-4150

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging 3
 (You must return a copy of the hotel receipt to the Central Office)
 Make Check/PO Payable To: Indianapolis Marriott Downtown
 Full Address: 350 West Maryland St. Indianapolis
 Phone: 1-317-822-3500 Fax: _____
 # of Rooms Needed 1 Arrival Date: 11-5-25 Departure Date: 11-8-28

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES NO

ESTIMATED EXPENSE:

Registration: \$ <u>999.98</u>	Meals: \$ <u>280 x 2 = 560</u>
Lodging: \$ <u>895.05 x 2 = 1,790.10</u>	Other: \$ <u>236.00</u> (Parking, tolls, etc.) <u>\$59 per day</u>
Airline: \$ <u>—</u>	Van Mileage: <u>—</u> miles X \$.30 Cost \$ <u>—</u>
Car Rental: \$ <u>—</u>	Personal Vehicle: <u>718</u> miles X \$.67 Cost \$ <u>481.06</u>
Substitute \$ <u>600</u> (<u>3</u> # of days) X 2	TOTAL REQUESTED: \$ <u>4,667.14</u>

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ 4,667.14
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

_____ Absence _____ Substitute _____ Lodging _____ Car Rental _____ Airline _____ Meals _____ Mileage Personal
 _____ Mileage-County Van _____ Other _____

Beth Smith 8/22/25
 SUPERVISOR'S SIGNATURE DATE
Julie B. Thomas 8/22/25
 10/23/2013 DIRECTOR OF SCHOOLS' SIGNATURE DATE
[Signature] 8/25/25

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Jill Worley
Printed Name

Jill Worley
Signature

8-18-25
Date

Wendy Ridley
Printed Name

Wendy Ridley
Signature

8-18-25
Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R7 Travel Expenses and Reimbursements for additional details.

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Nicole Lowe, Shauna Bourne, Kendra Burkett, Kayla Hatten Today's Date: 8-26-25
Natalie Housch, Jennifer Gaskill, Ally Brashear, Dawn Kirby Activity Date(s): July 5-8, 2026
Activity: Get Your Teach On Location: Orlando Florida

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed 0

PRINCIPAL'S SIGNATURE

DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$1034 each
Make Check/PO Payable To: Hope King Teaching Resources (D.Kirby free)
Full Address: _____
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging —
(You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: _____
Full Address: _____
Phone: _____ Fax: _____
of Rooms Needed _____ Arrival Date: _____ Departure Date: _____

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES NO

ESTIMATED EXPENSE:

Registration: \$ 4,438- Meals: \$ —
Lodging: \$ — Other: \$ — (Parking, tolls, etc.)
Airline: \$ — Van Mileage — miles X \$.30 Cost \$ —
Car Rental: \$ — Personal Vehicle: — miles X \$.67 Cost \$ —
Substitute \$ — (# of days) **TOTAL REQUESTED:** \$ 4,438

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ 4,438 Title II
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
____ Mileage-County Van ____ Other _____

Subi B Thomas 8/26/25
SUPERVISOR'S SIGNATURE DATE

[Signature] 9/2/25
DIRECTOR OF SCHOOLS' SIGNATURE DATE

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

<u>Jennifer Gaskill</u> Printed Name	<u>Jennifer Gaskill</u> Signature	<u>8-26-25</u> Date
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<u>Nicole Lowe</u> Printed Name	<u>Nicole Lowe</u> Signature	<u>8/26/25</u> Date
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<u>Natalie Housch</u> Printed Name	<u>Natalie Housch</u> Signature	<u>8/26/25</u> Date
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<u>Shawna Bourne</u> Printed Name	<u>Shawna Bourne</u> Signature	<u>8/26/25</u> Date
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<u>Ally Brashear</u> Printed Name	<u>Ally Brashear</u> Signature	<u>8/26/25</u> Date
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<u>Dawn Kirby</u> Printed Name	<u>Dawn Kirby</u> Signature	<u>8/26/25</u> Date
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<u>Kendra Burkett</u> Printed Name	<u>Kendra Burkett</u> Signature	<u>8-26-25</u> Date
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<u>Kayla Hatten</u> Printed Name	<u>K. Hatten</u> Signature	<u>08.28.25</u> Date
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Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R11 Travel Expenses and Reimbursements for additional details.

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 1 (5.8Addendum-A)**

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Rachael Boone, Emily Klaren, Nicky Randelph Today's Date: 8-22-25
Activity: Get Your Teach On Activity Date(s): July 5-8, 2026
Location: Orlando, Florida

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed 8-22-25
N. Randelph
PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$634⁰⁰ x 2
Make Check/PO Payable To: Hope King Teaching Resources - N. Randelph free
Full Address: _____
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging _____
(You must return a copy of the hotel receipt to the Central Office)
Make Check/PO Payable To: _____
Full Address: _____
Phone: _____ Fax: _____
of Rooms Needed _____ Arrival Date: _____ Departure Date: _____

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES NO

ESTIMATED EXPENSE:

Registration: \$ <u>1,208-</u>	Meals: \$ _____
Lodging: \$ _____	Other: \$ _____ (Parking, tolls, etc.)
Airline: \$ _____	Van Mileage _____ miles X \$.30 Cost \$ _____
Car Rental: \$ _____	Personal Vehicle: _____ miles X \$.67 Cost \$ _____
Substitute \$ _____ (# of days)	TOTAL REQUESTED: \$ <u>1,208-</u>

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ 1,208⁰⁰ Title II
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
____ Mileage-County Van ____ Other _____

Julie B Thomas 8/27/25 [Signature] 9/12/25
SUPERVISOR'S SIGNATURE DATE DIRECTOR OF SCHOOLS' SIGNATURE DATE
1/12/2024

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

<u>Rachel Boone</u> Printed Name	<u>Rachel Boone</u> Signature	<u>8/22/25</u> Date
<u>Emily Klaren</u> Printed Name	<u>Emily Klaren</u> Signature	<u>8/29/25</u> Date
<u>Nicky Randolph</u> Printed Name	<u>Nicky Randolph</u> Signature	<u>8/29/25</u> Date

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R11 Travel Expenses and Reimbursements for additional details.

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 1 (5.8Addendum-A)**

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: micah Anderson, Sara Perry, Kate Oliver, Today's Date: 8-22-25
visa Stacey, Carrie Utterback Activity Date(s): July 5-8, 2026
Activity: Get Your Teach On Location: Orlando, FLA

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed _____
Carrie Utterback 8.28.25
PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$634 each x 4
Make Check/PO Payable To: Hope King Teaching Resources (C. Utterback free)
Full Address: _____
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging _____
(You must return a copy of the hotel receipt to the Central Office)
Make Check/PO Payable To: _____
Full Address: _____
Phone: _____ Fax: _____
of Rooms Needed _____ Arrival Date: _____ Departure Date: _____

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES _____ NO _____ (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES _____ NO _____

ESTIMATED EXPENSE:

Registration: \$ <u>2,536.00</u>	Meals: \$ _____
Lodging: \$ _____	Other: \$ _____ (Parking, tolls, etc.)
Airline: \$ _____	Van Mileage _____ miles X \$.30 Cost \$ _____
Car Rental: \$ _____	Personal Vehicle: _____ miles X \$.67 Cost \$ _____
Substitute \$ _____ (# of days)	TOTAL REQUESTED: \$ <u>2,536.00</u>

How are expenses to be paid? (Check all that apply and enter amounts)

<input type="checkbox"/> General Purpose \$ _____	<input checked="" type="checkbox"/> Federal Projects \$ <u>2,536.00 Title 11</u>
<input type="checkbox"/> Special Education \$ _____	<input type="checkbox"/> Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense


____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
____ Mileage-County Van ____ Other _____

Julius Thomas 8/27/25 [Signature] 9/12/25
SUPERVISOR'S SIGNATURE DATE DIRECTOR OF SCHOOLS' SIGNATURE DATE
1/17/2024

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**


I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Micah Anderson
Printed Name


Signature

8.28.25
Date

Sara Perry
Printed Name


Signature


8.28.25
Date

Kate Oliver
Printed Name


Signature

8.28.25
Date

Lisa Stacy
Printed Name


Signature

8.28.25
Date

~~[Signature]~~
Printed Name

~~Signature~~

~~Date~~

Carrie Utterback
Printed Name


Signature

8.28.25
Date

Printed Name

Signature

Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R11 Travel Expenses and Reimbursements for additional details.

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 1 (5.8Addendum-A)**

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Christy Pennington Today's Date: 8-22-25
Activity: Get Your Teach On Activity Date(s): July 5-8, 2026
Location: Orlando, FLA

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed _____
Carrie Z Herbach 8.28.25
PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$634.00
Make Check/PO Payable To: Hope King Teaching Resources
Full Address: _____
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging _____
(You must return a copy of the hotel receipt to the Central Office)
Make Check/PO Payable To: _____
Full Address: _____
Phone: _____ Fax: _____
of Rooms Needed _____ Arrival Date: _____ Departure Date: _____

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES _____ NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES _____ NO

ESTIMATED EXPENSE:

Registration: \$ <u>634.00</u>	Meals: \$ _____
Lodging: \$ _____	Other: \$ _____ (Parking, tolls, etc.)
Airline: \$ _____	Van Mileage _____ miles X \$.30 Cost \$ _____
Car Rental: \$ _____	Personal Vehicle: _____ miles X \$.67 Cost \$ _____
Substitute \$ _____ (# of days)	TOTAL REQUESTED: \$ <u>634.00</u>

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ 634.00 Title I WES
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense


____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
____ Mileage-County Van ____ Other _____

Julie Thomas 8/27/25 [Signature] 9/2/25
SUPERVISOR'S SIGNATURE DATE DIRECTOR OF SCHOOLS' SIGNATURE DATE
1/12/2024

**MARSHALL COUNTY SCHOOLS
 CONFERENCE APPROVAL AND TRAVEL REQUEST
 Page 2 (5.8Addendum-A)**

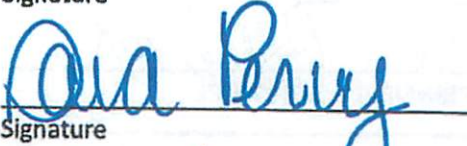
I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Micah Anderson
 Printed Name


 Signature


8.28.25
 Date

Sara Perry
 Printed Name


 Signature

8.28.25
 Date

Kate Oliver
 Printed Name


 Signature

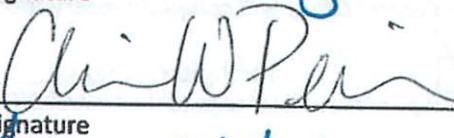
8.28.25
 Date

Lisa Stacy
 Printed Name


 Signature

8.28.25
 Date

Christy Pennington
~~Christy Pennington~~
 Printed Name


 Signature

8.28.25
 Date

Carrie Utterback
 Printed Name


 Signature

8.28.25
 Date

 Printed Name

 Signature

 Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

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**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Stacey Alexander
Activity: Get your Teach on
Activity Dates: July 5-8, 2024
Location: Orlando, Florida

SubSTITUTE REQUIRED: YES NO # of Days Sub Needed

PRINCIPAL'S SIGNATURE Garet Q. Keanover DATE 8.25.25

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$ 1037.00

Make Check/PO Payable To: Hope King Teaching Resources Inc
Full Address: _____
Phone: _____
Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging _____
(You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: _____
Full Address: _____
Phone: _____
Fax: _____
of Rooms Needed _____
Arrival Date: _____
Departure Date: _____

CAR RENTAL REQUIRED: YES _____ NO _____ (A receipt must be returned to the Central Office)

AIRLINE REQUIRED: YES _____ NO _____

ESTIMATED EXPENSE:

Registration: \$ 1037.00
Lodging: \$ _____
Airline: \$ _____
Car Rental: \$ _____
Substitute: \$ _____ # of days _____
How are expenses to be paid? (Check all that apply and enter amounts)
General Purpose \$ _____
Special Education \$ _____
Federal Projects \$ _____
Other \$ _____

Meals: \$ _____
Other: \$ _____ (Parking, tolls, etc.)
Van Mileage _____ miles X \$.30 Cost \$ _____
Personal Vehicle: _____ miles X \$.67 Cost \$ _____
TOTAL REQUESTED: \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense
Absence _____ Substitute _____ Lodging _____ Car Rental _____ Airline _____ Meals _____ Mileage Personal _____ Mileage County Van _____ Other _____

SUPERVISOR'S SIGNATURE Julius Thomas DATE 8/25/25
DIRECTOR OF SCHOOLS' SIGNATURE [Signature] DATE 9/1/25

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Printed Name

Signature

Date

Printed Name

Signature

Date

Stacey Alexander
Printed Name

Stacey Alexander
Signature

8.25.25
Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. *Receipts for meals must be itemized.*

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R11 Travel Expenses and Reimbursements for additional details.

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8.addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.

Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Kaitlan Jones, Lauren Hitchcock Today's Date: 8-22-25

Activity: Get your Teach on Location: Orlando, Florida
Activity Date(s): July 5-8, 2025

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed -

PRINCIPAL'S SIGNATURE Robert O. Leavonover DATE 8.25.25

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$634.00 each

Make Check/PO Payable To: Hope King Teaching Resources Inc
Full Address: _____
Phone: _____
Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging _____
(You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: _____
Full Address: _____
Phone: _____
of Rooms Needed _____
Arrival Date: _____
Departure Date: _____

CAR RENTAL REQUIRED: YES _____ NO _____ (A receipt must be returned to the Central Office)

AIRLINE REQUIRED: YES _____ NO _____

ESTIMATED EXPENSE:

Registration: \$ 1488-
Lodging: \$ _____
Airline: \$ _____
Car Rental: \$ _____
Substitute: \$ _____ # of days) _____
How are expenses to be paid? (Check all that apply and enter amounts)
General Purpose \$ _____
Special Education \$ _____
Federal Projects \$ 1488 Tittel
Other

Meals: \$ _____
Other: \$ _____ (Parking, tolls, etc.)
Van Mileage: _____ miles X \$.30 Cost \$ _____
Personal Vehicle: _____ miles X \$.67 Cost \$ _____
TOTAL REQUESTED: \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

Absence _____ Substitute _____ Lodging _____ Car Rental _____ Airline _____ Meals _____ Mileage Personal _____ Mileage County Van _____ Other _____

SUPERVISOR'S SIGNATURE _____ DATE 8/25/25

DIRECTOR OF SCHOOLS' SIGNATURE _____ DATE 9/2/25

8/12/2024

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Lauren Hitchcock
Printed Name

Lauren Hitchcock
Signature

8/25/25
Date

Kaitlyn Jones
Printed Name

Kaitlyn Jones
Signature

8/25/25
Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. *Receipts for meals must be itemized.*

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**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Marshall County High School Today's Date: 8/28/25
Student Council, Vanessa Sweeney, Activity Date(s): 10/12-16/26
Activity: Jostens Renaissance Global Location: Orlando, Florida
Conference

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed _____

David Sweeney 8/28/25
PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$595 per person

Make Check/PO Payable To: _____ We will handle
Full Address: _____ expenses.
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging 4
(You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: _____ We will handle
Full Address: _____ expenses.
Phone: _____ Fax: _____
of Rooms Needed _____ Arrival Date: _____ Departure Date: _____

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES _____ NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES NO _____

ESTIMATED EXPENSE:

Registration: \$ 595 Meals: \$ _____
Lodging: \$ 295 + tax + \$45 fee per night Other: \$ _____ (Parking, tolls, etc.)
Airline: \$ 400 (estimated) Van Mileage _____ miles X \$.30 Cost \$ _____
Car Rental: \$ _____ Personal Vehicle: _____ miles X \$.47 Cost \$ _____
Substitute \$ _____ (# of days) **TOTAL REQUESTED: \$ _____**

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ _____
 Special Education \$ _____ Other \$ _____

We will handle all expenses.

APPROVAL: (For Central Office Use Only) Initial approved expense

____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
____ Mileage-County Van ____ Other _____

SUPERVISOR'S SIGNATURE _____ DATE _____ DIRECTOR OF SCHOOLS' SIGNATURE _____ DATE _____
10/23/2013

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

<u>Vanessa Sweeney</u> Printed Name	<u>Vanessa Sweeney</u> Signature	<u>8/28/25</u> Date
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<u>Courtney Hitchcock</u> Printed Name	<u>Courtney Hitchcock</u> Signature	<u>08/28/25</u> Date
---	--	-------------------------

<u>David Steely</u> Printed Name	<u>David Steely</u> Signature	<u>8/28/25</u> Date
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_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R7 Travel Expenses and Reimbursements for additional details.



Travel Request

Organization MCHS Student Council Destination Orlando, Florida

Date of Trip 06/12 - 16/25 Purpose of Trip Jostens Renaissance Global

Mode of Transportation: van/plane/car Conference

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No
upon approval

Student Participants (please print):

To be determined upon approval

(Use back if more space is needed)

School System Participants (please print):

Vanessa Sweeney David Steely others TBD upon
Courtney Hitchcock approval

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Vanessa Sweeney Date: 8/28/2025
Teacher/Sponsor

Approved by: Dave Steely Date: 8/28/25
Principal

Approved by: _____ Date: _____
Director of Schools

Jostens Renaissance Global Conference

Organization: Marshall County High School Student Council
Destination: Gaylord Palms, Orlando, Florida
Departing: Friday, June 12, 2026
Returning: Tuesday, June 16, 2026

Participants: MCHS Student Council

Advisors: Vanessa Sweeney, Courtney Hitchcock, David Steely

Registration: \$595.00 (Standard)
Lodging: \$249+tax + \$45 resort fee/per night/per room
Transportation: \$400.00 round-trip per person through Southwest Airlines (Estimated)

We are requesting permission from the Marshall County Board of Education to travel to Orlando, Florida and stay overnight for the 2026 Jostens Renaissance Global Leadership Conference.

We are not requesting funds from the Marshall County Board of Education to pay for registration, meals, lodging, or transportation for teachers or students. Students will be responsible for fundraising/paying the monies to cover expenses of the trip. The estimated cost per person is \$1,500.

Students will be responsible for paying a deposit of \$595.00 by February 1, 2026 to cover the cost of registration. This amount is non-refundable.

We are very grateful to the Board for the policy that makes this opportunity possible. Thank you for considering our request.

Respectfully submitted,



Vanessa Sweeney
Student Council Advisor

David Steely
Principal

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Nicky Randolph Today's Date: 8/19/25
Activity: Ron Clark Admin Conference Activity Date(s): 10/9-10/10/25
Location: Atlanta, Georgia

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed _____

PRINCIPAL'S SIGNATURE

DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$1075

Make Check/PO Payable To: Ron Clark Academy
Full Address: _____
Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging 2
(You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: Atlanta Marriott Marquis
Full Address: 265 Peachtree Avenue Atlanta, GA
Phone: 1-404-521-0000 Fax: _____
of Rooms Needed 1 Arrival Date: 10/8 Departure Date: 10/10

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES _____ NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES _____ NO

ESTIMATED EXPENSE:

Registration: \$ <u>1,075-</u>	Meals: \$ <u>169-</u>
Lodging: \$ <u>896.10</u>	Other: \$ <u>180-</u> (Parking, tolls, etc.)
Airline: \$ <u>-</u>	Van Mileage <u>-</u> miles X \$.30 Cost \$ _____
Car Rental: \$ <u>-</u>	Personal Vehicle: <u>470</u> miles X \$.67 Cost \$ <u>314.90</u>
Substitute \$ <u>-</u> (____ # of days)	TOTAL REQUESTED: \$ <u>2,1635.00</u>

How are expenses to be paid? (Check all that apply and enter amounts)

<input type="checkbox"/> General Purpose \$ _____	<input checked="" type="checkbox"/> Federal Projects \$ <u>2,1635.00</u>
<input type="checkbox"/> Special Education \$ _____	<input type="checkbox"/> Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
____ Mileage-County Van ____ Other _____

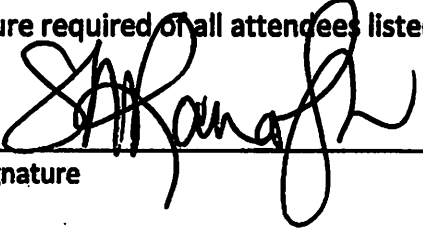
Julie B Thomas 8/20
SUPERVISOR'S SIGNATURE DATE

[Signature] 8/21/25
DIRECTOR OF SCHOOLS' SIGNATURE DATE

MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Nicky Randolph
Printed Name


Signature

8/19/25
Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R11 Travel Expenses and Reimbursements for additional details.

ADMIN CONFERENCE

Join us for an immersive, informative conference for school and district leaders.

We will equip you with the tools you need to take your school to the next level of excellence! Throughout the 2-day experience, you will rotate through classroom observations and interactive workshops.



Concurrent workshop topics:

- Retaining and Motivating Teachers and Staff
- Fostering a Sense of Connection and Belonging, such as with the House System
- Improving Instruction to Cultivate Student Engagement and Academic Excellence
- Creating a Culture of High Expectations and Support
- Building Strong Connections and Rapport Among Staff, Students, and Parents
- Engaging Parents and Families in School Activities
- Improving Communication Among All Stakeholders
- Building School Spirit and Traditions
- Disciplining with Dignity
- Using Data Analytics in Decision Making
- Creating Safe and Supportive Environments for Students
- Improving Trust, Ownership and Accountability
- Reaching and Teaching Boys
- Implementing Effective Classroom Management Strategies
- Fostering Community Donor Outreach

We are practicing administrators— just like you— and we want to share what we have learned to help you in your role!



Sample Agenda

Day One

8:00 - 8:30 AM	Check-in
8:30 - 9:10 AM	Opening keynote with Ron Clark
9:10 - 11:30 AM	Classroom observations and concurrent workshops
11:30 - 12:00 PM	Lunch with RCA students
12:30 - 2:30 PM	Classroom observations and concurrent workshops
2:30 - 3:00 PM	Q&A with Ron Clark and Kim Bearden
3:00 - 3:30 PM	Slide Certification!
7:00-9:00 PM	Adult mixer and casino night with live band, cocktails and heavy hors d'oeuvres

Day Two

8:30 - 9:00 AM	Opening and House Rally
9:10 - 11:30 AM	Classroom observations and concurrent workshops
11:30 - 12:00 PM	Lunch with RCA students
12:30 - 2:30 PM	Classroom observations and concurrent workshops
2:30 - 3:00 PM	Closing Ceremony with Kim Bearden
3:00 - 3:30 PM	House cheers take place in lobby; guests may attend

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.

Attendees: Jason Donahue Today's Date: 8.28.25
Paul Boles
 Activity: Bon Clark Admin Conference Location: 228 Margaret St SE
Atlanta, GA

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed 2
Carrie ZHebach 8.28
 PRINCIPAL'S SIGNATURE DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost \$1,075 each
 Make Check/PO Payable To: Ron Clark Academy
 Full Address: _____
 Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging 2
 (You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: Atlanta Marriott Marquis
 Full Address: 2105 Peachtree Center Ave Atlanta, GA
 Phone: _____ Fax: _____
 # of Rooms Needed 2 Arrival Date: 9.8.25 Departure Date: 9.9.25
10/8/25 10/10/25

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES NO (A receipt must be returned to the Central Office) AIRLINE REQUIRED: YES NO

ESTIMATED EXPENSE:

Registration: \$ <u>1,075.00</u> x 2 = <u>2,150.00</u>	Meals: \$ <u>169-</u> x 2 = <u>338.00</u>
Lodging: \$ <u>896.10</u> x 2 = <u>1,792.20</u>	Other: \$ <u>180-</u> (Parking, tolls, etc.)
Airline: \$ <u>-</u>	Van Mileage _____ miles X \$.30 Cost \$ _____
Car Rental: \$ <u>-</u>	Personal Vehicle: <u>462</u> miles X \$.67 Cost \$ <u>309.54</u>
Substitute \$ <u>-</u> (____ # of days)	TOTAL REQUESTED: \$ <u>4,769.74</u>

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____ Federal Projects \$ Title 1 \$4,769.74
 Special Education \$ _____ Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

____ Absence ____ Substitute ____ Lodging ____ Car Rental ____ Airline ____ Meals ____ Mileage Personal
 ____ Mileage-County Van ____ Other _____

Jules B Thomas 8/27/25 [Signature] 9/2/25
 SUPERVISOR'S SIGNATURE DATE DIRECTOR OF SCHOOLS' SIGNATURE DATE
 10/23/2013

MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST
Page 2 (5.8Addendum-A)

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Jason Donahue
Printed Name

Jason Donahue
Signature

8-28-25
Date

Paul Bales
Printed Name

Paul Bales
Signature

8/28/2025
Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R7 Travel Expenses and Reimbursements for additional details.

Marshall County Board of Education

Monitoring: Review: Annually, in November	Descriptor Term: Family Life Education	Descriptor Code: 4.213	Issued Date: 08/12/24
		Rescinds:	Issued: 06/14/21

1 *General*

2 A family life education program shall be implemented within the school district in compliance with state
3 law.¹

4 A parent/guardian who chooses not to have a student participate in the family life education program
5 shall submit such request in writing to the principal. A student who is excused from the program shall
6 be assigned alternative health activities and shall not be penalized academically.

7 **FAMILY LIFE INSTRUCTION**

8 The curriculum for the family life education program shall, in a manner that is age-appropriate and
9 factually and medically accurate, include the following:²

- 10 1. Teach the skills needed to make healthy decisions in all aspects of marriage and family life;
 - 11 2. Encourage sexual health by helping students understand how the whole person is affected by
12 sexual activity as well as other risk behaviors;
 - 13 3. Provide information about human reproduction, including conception, birth, and prenatal care,
14 as well as the process of adoption and its benefits;
 - 15 4. Provide information on the family unit and the responsibilities and consequences related to sexual
16 activity, including the challenges of single teen parenting;
 - 17 5. Promote only sexual risk avoidance through abstinence and the positive results of avoiding sexual
18 activity;
 - 19 6. Provide instruction on the detection, intervention, prevention, and treatment of child sexual
20 abuse, including such abuse that may occur in the home, and human trafficking in which a victim
21 is the child, and internet crimes against children;
 - 22 7. Provide instruction on the prevention of dating violence;
 - 23 8. Encourage communication between parent(s)/guardian(s) and students; and
 - 24 9. Address the legal aspects of sexual activity with emphasis on the rights of the student; and
-

1 10. Include the presentation of a high-quality, computer-generated animated or high-definition
2 ultrasound of at least three (3) minutes in duration that shows the development of the brain, heart,
3 and other vital organs in early fetal development per state academics standards.³

4 Instruction in topics related to sexual activity are not age-appropriate for students in grades kindergarten
5 through five (K-5) and shall not be taught as part of the family life curriculum. This does not prohibit
6 instruction on detection, intervention, prevention, and treatment of child sexual abuse and human
7 trafficking of children.⁴

8 The family life education program shall be reviewed annually to ensure that the prohibited items of
9 instruction, as provided for in state law,⁵ are not included in the curriculum.

10 **TRAINING ON INSTRUCTION**

11 Personnel providing family life instruction shall receive training prior to presenting such instruction.
12 Personnel shall conduct such instruction with maturity and discretion.

13 **REPORTING²**

14 At the beginning of each school year, the Director of Schools shall provide the contact information to
15 the Department of Children’s Services of each employee or trained professional providing instruction
16 on family life curriculum related to child sex abuse, human trafficking, and internet crimes. The Director
17 shall also report on the curriculum selected by the Board of Education.

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Legal References:

1. TCA 49-6-1302;
2. TCA 49-6-1304; Public Acts of 2024, Chapter No. 571
3. Public Acts of 2024, Chapter No. 795
4. Public Acts of 2024, Chapter No. 970
5. TCA 49-6-1304(b)



COOPERATIVE PROCUREMENT MEMBERSHIP AGREEMENT

This Agreement is entered into this ____ day of _____, 20____, between the 1 Governmental Procurement Alliance (1GPA), on behalf of its lead government agencies, as identified in **Exhibit A** (“Lead Agencies” and individually a “Lead Agency”) and _____ (“Participating Entity”), a _____ located in the State of _____. By executing this Agreement, governmental entities and agencies, eligible school districts, charter schools, colleges, universities, tribes, cities, counties, all other public entities, and nonprofit organizations may participate in any bid or proposal issued by 1GPA on behalf of one or more of the Lead Agencies identified in **Exhibit A**. If Participating Entity is a governmental entity, this Agreement shall constitute an interlocal or intergovernmental agreement between Participating Entity and the Lead Agencies identified in **Exhibit A**. As permitted by law, 1GPA has designated by said Lead Agencies as the administrator of the purchasing cooperative sponsored by the Lead Agencies, and has been delegated authority by the Lead Agencies to execute interlocal or intergovernmental agreements on behalf of the governing bodies of the Lead Agencies.

In consideration of the mutual promises contained in this Agreement and the mutual benefits to result therefrom, the parties agree as follows:

1. The specifications, terms, and conditions for products, materials and services to be purchased under this cooperative shall be determined by 1GPA, or as requested by a Lead Agency.
2. 1GPA shall conduct all procurement in strict accordance with the procurement laws applicable to the Lead Agency sponsoring the particular procurement.
3. The Participating Entity shall:
 - a. Ensure that purchase orders issued against 1GPA contracts are in accordance with terms and prices established in the 1GPA contract.
 - b. The Participating Entity shall provide 1GPA with a copy of any purchase order based on a 1GPA contract at the time the purchase order is issued. Purchase orders may be faxed or emailed (see contact information below).
 - c. Make timely payment and fulfill other obligations with the selected contractor for all products, materials, and services in accordance with the terms and conditions of the Participating entity’s 1GPA contract with the vendor, or other payment arrangements or terms negotiated between the Participating Entity and the 1GPA vendor. Payment, inspection and acceptance of products, materials and services as well as other contractual obligations, including any warranty rights for products, materials or services ordered by the eligible Participating Entity shall be the exclusive obligation between that Participating Entity and its contracted 1GPA vendor.
 - d. Be responsible for the ordering of materials or services under this Agreement. 1GPA shall not be liable in any fashion for any violation by Participating Entity of the terms of this Agreement, and the Participating Entity shall hold 1GPA harmless, to the fullest extent permitted by law, from any liability which may arise from the acts or omissions of the Participating Entity relating to this Agreement or its subject matter.
 - e. Be responsible for compliance with applicable state or federal laws in determining which goods or services Participating Entity may lawfully procure through a government purchasing cooperative, and shall further be responsible for taking all actions required under applicable state or federal law in connection with the use of interlocal cooperation agreements and purchasing cooperatives. This includes sole responsibility for any actual compliance requirements, findings, questioned costs administrative actions, or other resulting consequences related to Participating Entity’s use of 1GPA’s services under this Agreement.
4. The exercise of any rights or remedies by the Participating Entity shall be the exclusive obligation of Participating Entity; however, 1GPA, as the contract administrator, may, but shall not be obligated to unless required by applicable law, choose to join in the resolution of any dispute between Participating Entity and a 1GPA vendor. Failure of the Participating Entity to secure

performance from its chosen IGPA vendor in accordance with the terms and conditions of any issued purchase order or contract does not necessarily require IGPA to exercise its own rights and remedies.

5. IGPA may terminate this Agreement immediately, upon written notice, if the Participating Entity fails to comply with the terms of this Agreement, applicable state or federal law, or any provision of a IGPA contract that is binding on Participating Entity.
6. The Participating Entity may terminate this Agreement immediately, upon written notice, if IGPA fails to comply with the terms of this Agreement.
7. This Agreement shall take effect upon execution by the parties and shall continue until it is terminated in accordance with its terms. This Agreement supersedes any and all previous purchase agreements.
8. Except as provided in paragraphs 5 and 6, either party may terminate this Agreement with at least thirty (30) days written notice to the other party.
9. There shall be no charge to the Participating Entity for membership in IGPA.

IN WITNESS WHEREOF, the parties of this Agreement have caused their names to be affixed hereto.

Name of Entity:	Signature:
Select Type of Entity: <input type="checkbox"/> K12 (School Districts/Charter/Private Schools) <input type="checkbox"/> Higher Education <input type="checkbox"/> City/Town/Municipality/County <input type="checkbox"/> State/Local/Federal Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Native American Community <input type="checkbox"/> Other	
Address:	Printed Name:
City/State/Zip Code:	Title:
Email:	
Date:	Phone Number:

IGPA Approvals

IGPA Signature:
Printed Name:
Title:
Date:

**IGPA –
1910 W. Washington St.
Phoenix, AZ 85009**

**P: 866.306.3893
F: 602.663.9515
E: admin@IGPA.org**





NATIONAL PURCHASING COOPERATIVE

Exhibit A

Lead Agencies

Arizona

Chandler Unified School District

1524 W. Frye Road
Chandler, AZ 85224
480.812.7000

City of Tempe

20 East 6th Street
Tempe, AZ 85281
480.350.8324

Deer Valley Unified School District

20402 N 15th Avenue
Phoenix, AZ 85027
623.445.5100

Northern Arizona University

545 E. Pine Knoll Drive
Flagstaff, AZ 86011
928.523.5285

Paradise Valley Unified School District

15002 N. 32nd Street
Phoenix, AZ 85032
602.449.2071

Pinal County ESA

75 N. Bailey
Florence, AZ 85132
520.450.4477

Yavapai Accommodation School District

2972 Centerpointe E. Dr.
Prescott, AZ 86301
928.759.8126

Texas

Deer Park ISD

2800 Texas Ave.
Deer Park, TX 77536
832.668.7061

***** THE PARTIES AGREE AND ACKNOWLEDGE THAT THIS EXHIBIT A MAY BE SUPPLEMENTED OR AMENDED, FROM TIME TO TIME, AND WITHOUT NEED FOR WRITTEN CONTRACT AMENDMENT, AS NECESSARY TO ADD OR REMOVE THE NAMES OF ELIGIBLE LEAD AGENCIES**



NATIONAL PURCHASING COOPERATIVE

Member Contact Information

Dear 1GPA Member,

We want to take this opportunity to thank you for being a Member of the 1GPA Family! In order to serve you better, we want to be sure that we have the correct points of contacts on file. This will ensure that you are keeping your business and purchasing offices updated on all things 1GPA! We will send out notifications of potential/upcoming contracts, new contracts, cancelled contracts and contracts that have been rebid.

We look forward to serving you!

Business Office Point of Contact for 1GPA:

Name: _____

Title: _____

Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Purchasing/Procurement Office Point of Contact (if different from above):

Name: _____

Title: _____

Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**RE-BID ADDITIONS AND RENOVATIONS TO
SPOT LOWE TECHNOLOGY CENTER - J+B NO. 2312
MARSHALL COUNTY SCHOOLS
BID DATE: WEDNESDAY, AUGUST 20, 2025 - 10:00 A.M.**

BIDDER NAME	BID SUBMITTAL FORMS								BASE BID	ADD ALTERNATE NO. 1	ADD ALTERNATE NO. 2	ADD ALTERNATE NO. 3
	CQS	BF	ADD	CC / TLL	CC / IDA	DA	CBCA	BB w/PA				
Boyce Ballard Construction, LLC 10-B Public Square N. Murfreesboro, TN 37130 (615) 630-2447	✓	✓	✓ 1	✓	✓	✓	✓	✓	\$2,981,000.00	\$79,000.00	\$13,500.00	\$90,000.00
			✓ 2									
			3									
			4									
MTLC Building Group 225 Noah Drive, Suite 300 Franklin, TN 37064 (615) 812-7049	✓	✓	✓ 1	✓	✓	✓	✓	✓	\$3,260,000.00	\$137,330.00	\$22,867.00	\$48,543.00
			✓ 2									
			3									
			4									
Orion Building Corporation 9025 Overlook Blvd. Brentwood, TN 37221 (615) 321-4499	✓	✓	✓ 1	✓	✓	✓	✓	✓	\$3,128,150.00	\$67,899.00	\$12,424.00	\$62,830.00
			✓ 2									
			3									
			4									
Romach, Inc. 237 W. Northfield Blvd., Suite 105 Murfreesboro, TN 37129 (615) 794-8228	✓	✓	✓ 1	✓	✓	✓	✓	✓	\$2,960,238.00	\$145,148.00	\$13,300.00	\$105,900.00
			✓ 2									
			3									
			4									
Eaton Construction Services 3145 Lakemoor View Rd. Knoxville, TN 37920 (865) 236-0054	✓	✓	✓ 1	✓	✓	✓	✓	✓	\$3,048,000.00	\$60,000.00	\$18,500.00	\$63,000.00
			✓ 2									
			3									
			4									
			1									
			2									
			3									
			4									

RECEIVED BY: KSP

WITNESSED BY: CAL



September 3, 2025

Mr. Frank Musgrave
CTE Director
Marshall County Schools
700 Jones Circle
Lewisburg, TN 37091

Re: Additions & Renovations to
Spot Lowe Technology Center
Marshall County Schools
J+B No. 2312

Dear Mr. Musgrave:

A Bid Opening for the referenced project was conducted at 10:00 A.M. on Wednesday, August 20, 2025. For a list of those present, refer to attached Bid Opening - Attendance Record dated 8-20-25. We have also enclosed a Bid Tabulation dated 8-20-25, outlining the bid results.

Six (6) General Contractors obtained bidding documents, and five (5) submitted bids. All five bids were opened and read aloud.

A low base bid price of \$2,960,238.00 was submitted by Romach, Inc.. A low total bid price of \$3,163,500.00 was submitted by Boyce Ballard Construction which included a Base Bid of \$2,981,000.00 and Add Alternates No. 1 through 3 prices totaling \$182,500.00.

It is our understanding that Marshall County Schools would like to accept all three alternates should funding be available. As such, Boyce Ballard Construction submitted the lowest total bid.

The bid documents from Boyce Ballard Construction have been reviewed and found to be in compliance with the bidding specifications. We have completed many successful projects with Boyce Ballard and recommend acceptance of their bid should funding be available.

Original bid documents were retained by the Architect for review and will be returned to the Owner under separate cover.

We will await further instructions before preparing a Contract for Construction. If you have any additions or corrections to the above, please advise.

Sincerely,

JOHNSON + BAILEY ARCHITECTS, P.C.

A handwritten signature in black ink, appearing to read 'Keaton S. Pettit', written over a faint, larger version of the signature.

Keaton S. Pettit, AIA

cc (via email): Savannah Gold, Justin Perry, Dwayne Robinson
Attachments: Bid Opening Attendance Record & Bid Tabulation Form, dated 8-20-25

Ameritas Vision Renewal



		Current / Renewal	
Carrier Name		Ameritas	
Plan Name		Vision	
		In Network	Out of Network
Standard Frames		Up to \$130 allowance	Up to \$70 allowance
Eye Exam		Covered in full after \$10 deductible	Up to \$45 allowance
Single Vision Lenses		Covered in full after \$10 deductible	Up to \$30 allowance
Bifocal Lenses		Covered in full after \$10 deductible	Up to \$50 allowance
Trifocal Lenses		Covered in full after \$10 deductible	Up to \$65 allowance
Lenticular Lenses		Covered in full after \$10 deductible	Up to \$100 allowance
Progressive: Standard		Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to lined bifocal allowance
Progressive: Custom / Premium		N/A	N/A
Standard Polycarbonate (Adult)		\$33	N/A
Standard Polycarbonate (Youth, under age 19)		Covered in full	N/A
Contact Lenses			
Contact Lens Evaluation and Fitting- Standard		\$55 member cost	N/A
Contact Lens Evaluation and Fitting- Premium		N/A	N/A
Medically Necessary Contacts		Covered in full	Up to \$210 allowance
Elective Contacts - conventional		Up to \$130 allowance	Up to \$105 allowance
Elective Contacts - disposable		Up to \$130 allowance	Up to \$105 allowance
Frequency of Services (Exam / Lenses / Frames / Contacts)		12 / 12/ 24 / 12	
Network		VSP	VSP
COST ANALYSIS			
Enrollment Estimate		Vision	
	Vision	Current	Renewal
EE Only	184	\$10.18	\$11.80
EE + 1	143	\$18.82	\$21.80
Family	203	\$28.60	\$33.16
Total Enrollment (includes retiree)	530		
Estimated Monthly Premium		\$10,281.52	\$12,020.08
Estimated Annual Premium		\$123,378.24	\$144,240.96
Dollar Difference from Current		\$20,862.72	
Percent Change from Current		16.91%	
PLAN PROVISIONS			
Rate Guarantee		1 Year rate guarantee	

Ameritas Dental Renewal



Carrier Name Plan Name	Current / Renewal		Current / Renewal			
	Ameritas		Ameritas			
	Dental Low PPO Plan		Dental High PPO Plan			
	In Network	Out of Network	In Network	Out of Network		
Annual Deductible (Individual / Family) Calendar Year Max per Person	\$50 / \$150		\$50 / \$150			
Rollover	Yes; \$250 per yr. max. Dental Rewards amount is added to the following year's maximum. \$1000 Max possible accumulation for Dental Rewards and PPO Bonus combined.					
Coinsurance Preventive Services- Class 1	100%	100%	100%	100%		
Exams	100%	100%	100%	100%		
Cleanings	100%	100%	100%	100%		
Fluoride Treatment	100%	100%	100%	100%		
Basic- Class 2						
Fillings	80%	80%	80%	80%		
Simple Extractions	80%	80%	80%	80%		
Oral Surgery (simple)	80%	80%	80%	80%		
Major Services- Class 3						
Periodontics	n/a	n/a	50%	50%		
Endodontics	n/a	n/a	50%	50%		
Crowns, Inlays, Outlays	n/a	n/a	50%	50%		
Major Waiting period	n/a		None			
Orthodontics						
Maximum Age	n/a		19			
Lifetime Max			\$1,250			
Ortho Waiting			None			
OON Reimbursement Level	MAC		MAC			
Notes	Late entrants will only be eligible for exams, cleanings, and fluoride applications the first 12 months they are covered.		Late entrants will only be eligible for exams, cleanings, and fluoride applications the first 12 months they are covered.			
COST ANALYSIS						
Enrollment Estimate		Ameritas Dental Low		Ameritas Dental High		
	Low Plan	High Plan	Current	Renewal	Current	Renewal
EE Only	44	156	\$21.58	\$25.04	\$29.88	\$34.68
EE + Spouse	16	128	\$41.70	\$48.40	\$50.72	\$58.88
EE + Child(ren)	10	66	\$50.68	\$58.80	\$72.04	\$83.56
Family	24	175	\$81.62	\$94.68	\$112.80	\$130.84
Total Enrollment (includes retiree)	619					
Estimated Monthly Premium			\$4,082.40	\$4,736.48	\$35,648.08	\$41,358.68
Estimated Annual Premium			\$48,988.80	\$56,837.76	\$427,776.96	\$496,304.16
Dollar Difference from Current			\$7,848.96		\$68,527	
Percent Change from Current			16.02%		16.02%	
PLAN PROVISIONS						
Rate Guarantee			1 Year rate guarantee		1 Year rate guarantee	

Delta Dental Proposal



Carrier Name Plan Name	Current / Renewal		Delta Dental		Delta Dental		
	Ameritas Vision		Delta Dental Vision		Delta Dental Vision		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Standard Frames	Up to \$130 allowance	Up to \$70 allowance	Up to \$130 allowance	Up to \$70 allowance	Up to \$150 allowance	Up to \$70 allowance	
Eye Exam	Covered in full after \$10 deductible	Up to \$45 allowance	Covered in full after \$10 deductible	Up to \$45 allowance	Covered in full after \$10 deductible	Up to \$45 allowance	
Single Vision Lenses	Covered in full after \$10 deductible	Up to \$30 allowance	Covered in full after \$25 deductible	Up to \$30 allowance	Covered in full after \$10 deductible	Up to \$30 allowance	
Bifocal Lenses	Covered in full after \$10 deductible	Up to \$50 allowance	Covered in full after \$25 deductible	Up to \$50 allowance	Covered in full after \$10 deductible	Up to \$50 allowance	
Trifocal Lenses	Covered in full after \$10 deductible	Up to \$65 allowance	Covered in full after \$25 deductible	Up to \$65 allowance	Covered in full after \$10 deductible	Up to \$65 allowance	
Lenticular Lenses	Covered in full after \$10 deductible	Up to \$100 allowance	Covered in full after \$25 deductible	Up to \$100 allowance	Covered in full after \$10 deductible	Up to \$100 allowance	
Progressive: Standard	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to lined bifocal allowance	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to lined bifocal allowance	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to lined bifocal allowance	
Progressive: Custom / Premium	N/A	N/A	N/A	N/A	N/A	N/A	
Standard Polycarbonate (Adult)	\$33	N/A	\$33	N/A	\$33	N/A	
Standard Polycarbonate (Youth, under age 19)	Covered in full	N/A	Covered in full	N/A	Covered in full	N/A	
Contact Lenses							
Contact Lens Evaluation and Fitting- Standard	\$55 member cost	N/A	Up to \$60 copay	N/A	Up to a \$60 copay	N/A	
Contact Lens Evaluation and Fitting- Premium	N/A	N/A	N/A	N/A	N/A	N/A	
Medically Necessary Contacts	Covered in full	Up to \$210 allowance	Covered in full	Up to \$210 allowance	Covered in full	Up to \$210 allowance	
Elective Contacts - conventional	Up to \$130 allowance	Up to \$105 allowance	Up to \$130 allowance	Up to \$105 allowance	Up to \$130 allowance	Up to \$105 allowance	
Elective Contacts - disposable	Up to \$130 allowance	Up to \$105 allowance	Up to \$130 allowance	Up to \$105 allowance	Up to \$130 allowance	Up to \$105 allowance	
Frequency of Services (Exam / Lenses / Frames / Contacts)	12 / 12 / 24 / 12		12 / 12 / 24 / 12		12 / 12 / 24 / 12		
Network	VSP		VSP		VSP		
COST ANALYSIS							
Enrollment Estimate		Vision		Vision		Vision	
	Vision	Current	Renewal	Current	Renewal	Current	Renewal
EE Only	184	\$10.18		\$7.88		\$9.12	
EE + 1	143	\$18.82		\$14.56		\$16.85	
Family	203	\$28.60		\$22.13		\$25.61	
Total Enrollment (includes retiree)	530						
Estimated Monthly Premium		\$10,370.18		\$8,024.39		\$9,286.46	
Estimated Annual Premium		\$124,442.16		\$96,292.68		\$111,437.52	
Dollar Difference from Current				(\$28,149.48)		(\$13,004.64)	
Percent Change from Current				-22.62%		-10.45%	
PLAN PROVISIONS							
Rate Guarantee	1 Year rate guarantee		2 Year rate guarantee		2 Year rate guarantee		

Delta Dental Proposal



Carrier Name Plan Name	Current / Renewal		Current / Renewal		Delta Dental		Delta Dental		
	Ameritas		Ameritas		Delta Dental		Delta Dental		
	Dental Low PPO Plan		Dental High PPO Plan		Dental Low Plan		Dental High Plan		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Annual Deductible (Individual / Family)	\$50 / \$150		\$50 / \$150		\$50 / \$150		\$50 / \$150		
Calendar Year Max per Person	\$1,000		\$1,500		\$1,000		\$1,500		
Rollover	Yes; \$250 per yr. max. Dental Rewards amount is added to the following year's maximum. \$1000 Max possible accumulation for Dental Rewards and PPO Bonus combined.				If a member receives at least one preventive procedure during a benefit year, the annual maximum for the following year will increase by \$100 up to a maximum of \$1500 for low and \$2000. Should a member fail to receive one preventive procedure during a benefit year, the annual maximum for that member will reset to the original annual maximum amount.				
Coinsurance									
Preventive Services- Class 1									
Exams	100%	100%	100%	100%	100%	100%	100%	100%	
Cleanings	100%	100%	100%	100%	100%	100%	100%	100%	
Fluoride Treatment	100%	100%	100%	100%	100%	100%	100%	100%	
Basic- Class 2									
Fillings	80%	80%	80%	80%	80%	80%	80%	80%	
Simple Extractions	80%	80%	80%	80%	80%	80%	80%	80%	
Oral Surgery (simple)	80%	80%	80%	80%	80%	80%	80%	80%	
Major Services- Class 3									
Periodontics	n/a	n/a	50%	50%	n/a	n/a	50%	50%	
Endodontics	n/a	n/a	50%	50%	n/a	n/a	50%	50%	
Crowns, Inlays, Outlays	n/a	n/a	50%	50%	n/a	n/a	50%	50%	
Major Waiting period	n/a		None		n/a		None		
Orthodontics									
Maximum Age	n/a		19		n/a		19		
Lifetime Max			\$1,250				\$1,250		
Ortho Waiting			None				None		
OON Reimbursement Level	MAC		MAC		Fee Schedule		Fee Schedule		
Notes	Late entrants will only be eligible for exams, cleanings, and fluoride applications the first 12 months they are covered.				Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination.				
COST ANALYSIS									
Enrollment Estimate			Ameritas Dental Low		Ameritas Dental High		Delta Dental Low		Delta Dental High
	Low Plan	High Plan	Current		Current				
EE Only	44	156	\$21.58		\$29.88		\$21.86		\$30.27
EE + Spouse	16	128	\$41.70		\$50.72		\$42.24		\$51.38
EE + Child(ren)	10	66	\$50.68		\$72.04		\$51.34		\$72.98
Family	24	175	\$81.62		\$112.80		\$82.68		\$114.27
Total Enrollment (includes retiree)	619								
Estimated Monthly Premium			\$4,082.40		\$35,648.08		\$4,135.40		\$36,112.69
Estimated Annual Premium			\$48,988.80		\$427,776.96		\$49,624.80		\$433,352.28
Total all plans			\$476,765.76			\$482,977.08			
Dollar difference from current						\$6,211.32			
% difference from current						1.30%			
PLAN PROVISIONS									
Rate Guarantee	1 Year rate guarantee				2 Year rate guarantee				

**RESOLUTION NO. 25-09
BUDGET AMENDMENT
EDUCATION CAPITAL PROJECTS FUND 177**

WHEREAS, funds received from the General Debt Service fund (151) needs to be budgeted, and

WHEREAS, \$375,914.69 of the funds will be used to renovate Spot-Lowe Technology Center, and

THEREFORE, BE IT RESOLVED, that the Education Capital Projects Budget be amended in the following manner:

ACCT #	DESCRIPTION	DEBIT	CREDIT
49800	Transfer In		\$ 375,914.69
91300-706	Education Capital Projects - Building Construction	\$ 375,914.69	
		<u>\$ 375,914.69</u>	<u>\$ 375,914.69</u>

APPROVED THIS 22th DAY OF September, 2025

COUNTY MAYOR

MARSHALL COUNTY CLERK

Account Number/Line Item Number	Regular Instruction Education	Title I-A	Increase	Decrease	Total
71100	Line item Description	Current			
71100/116	Teachers				\$0.00
71100/117	Career Ladder				\$0.00
71100/127	Career Ladder Extended contracts				\$0.00
71100/128	Homebound Teachers				\$0.00
71100/162	Clerical Personnel				\$0.00
71100/163	Educational Assistants (8)	\$156,387.00		\$397.00	\$155,990.00
71100/188	Bonus payments				\$0.00
71100/189	Other Salaries & Wages (9)	\$565,771.35	\$44,762.65		\$610,534.00
71100/195	Certified Sub teachers				\$0.00
71100/198	non Certified teachers		\$500.00		\$500.00
71100/201	Social Security	\$47,500.00		\$1,780.00	\$45,720.00
71100/204	Pensions	\$66,100.00		\$1,970.00	\$64,130.00
71100/206	Life insurance				\$0.00
71100/207	Medical Insurance	\$197,025.00		\$35,414.00	\$161,611.00
71100/208	Dental Insurance	\$770.00		\$55.00	\$715.00
71100/210	Unemployment Comp.	\$1,530.00			\$1,530.00
71100/212	Employer Medicare	\$12,000.00		\$1,230.00	\$10,770.00
71100/299	Other Fringe Benefits				\$0.00
71100/311	contracts with other school systems				\$0.00
71100/330	operating lease payments				\$0.00
71100/336	maintenance & repair equipment				\$0.00
71100/356	tuition				\$0.00
71100/369	contracts w/certified sub.				\$0.00
71100/370	contracts w/ non certified sub				\$0.00
71100/399	other contracted services				\$0.00
71100/429	instructional materials & supplies	\$5,000.00	\$98,773.51		\$103,773.51
71100/449	textbooks				\$0.00
71100/499	other materials & supplies	\$1,000.00	\$28,622.00		\$29,622.00
71100/535	fee waivers				\$0.00
71100/599	other charges				\$0.00
71100/722	regular instruction equipment	\$1,000.00	\$12,194.95		\$13,194.95
71100	Subtotal REGULAR INSTRUCTIONAL Ed.	\$1,054,083.35	\$184,853.11	\$40,846.00	\$1,198,090.46

Account Number/Line Item Number	Support Services/Other Student Support	Title I-A Current	Increase	Decrease	Total
72130	Line item Description	Current			
72130/117	Career Ladder				\$0.00
72130/123	Guidance Personnel				\$0.00
72130/124	Psychological Personnel				\$0.00
72130/127	Career Ladder Extended Contracts				\$0.00
72130/130	Social Workers				\$0.00
72130/135	Assessment Personnel				\$0.00
72130/161	Secretary				\$0.00
72130/162	Clerical Personnel				\$0.00
72130/164	Attendants				\$0.00
72130/170	School Resource officer				\$0.00
72130/188	Bonus Payments				\$0.00
72130/189	Other Salaries & Wages				\$0.00
72130/201	Social security				\$0.00
72130/204	Pensions				\$0.00
72130/206	life insurance				\$0.00
72130/207	Medical Insurance				\$0.00
72130/208	Dental Insurance				\$0.00
72130/210	Unemployment Comp.				\$0.00
72130/212	Employer Medicare				\$0.00
72130/299	Other Fringe Benefits				\$0.00
72130/307	Communication				\$0.00
72130/309	Contracts w/ government agencies				\$0.00
72130/311	contracts w/ other school systems				\$0.00
72130/322	Evaluation & testing				\$0.00
72130/330	operating lease payments				\$0.00
72130/336	maintenance & repair services				\$0.00
72130/348	postal charges				\$0.00
72130/355	travel				\$0.00
72130/399	other contracted services				\$0.00
72130/499	other supplies & materials				\$0.00
72130/524	in service / staff development				\$0.00
72130/599	other charges (P.I.)	\$13,677.61	\$407.72		\$14,085.33
72130/790	other equipment				\$0.00
72130	Subtotal OTHER STUDENT SUPPORT	\$13,677.61	\$407.72	\$0.00	\$14,085.33

Account Number/Line Item Number	Support Services/Regular Instruction Education	Title I-A Current	Increase	Decrease	Total
72210	Line item Description				
72210/105	Supervisor/ Director				\$0.00
72210/117	Career Ladder Program				\$0.00
72210/138	Instructional Computer Personnel				\$0.00
72210/161	Secretary(s)				\$0.00
72210/162	Clerical Personnel				\$0.00
72210/163	Educational Assistants				\$0.00
72210/188	Bonus Payments				\$0.00
72210/189	Other Salaries & Wages				\$0.00
72210/195	Certified Sub teachers				\$0.00
72210/196	In Service Training				\$0.00
72210/198	non certified subs				\$0.00
72210/201	Social Security				\$0.00
72210/204	Pensions				\$0.00
72210/206	Life Insurance				\$0.00
72210/207	Medical Insurance				\$0.00
72210/208	Dental Insurance				\$0.00
72210/210	Unemployment Comp.				\$0.00
72210/212	Employer Medicare				\$0.00
72210/299	Other fringe benefits				\$0.00
72210/307	communication				\$0.00
72210/308	consultants				\$0.00
72210/330	operating lease payments				\$0.00
72210/336	maintenance & repair services				\$0.00
72210/348	postal charges				\$0.00
72210/355	travel				\$0.00
72210/369	contracts for certified sub teachers				\$0.00
72210/370	contracts for non certified sub teachers				\$0.00
72210/399	other contracted services				\$0.00
72210/432	library books / media				\$0.00
72210/437	periodicals				\$0.00
72210/499	other supplies & materials				\$0.00
72210/524	in service/ staff development		\$11,159.00		\$11,159.00
72210/599	other charges				\$0.00
72210/790	other equipment				\$0.00
72210	Subtotal Support Services/ REG. INSTRUCTIONAL PROG	\$0.00	\$11,159.00	\$0.00	\$11,159.00

Account Number/Line Item Number	Other uses/ Transfers out & Indirect Cost	Title I-A	Increase	Decrease	Total
99100	Line item Description	Current			
99100/504	Indirect Cost				\$0.00
	Total Appropriations	\$1,067,760.96	\$196,419.83	\$40,846.00	\$1,223,334.79

Title I Revision #1

Justifications

Increase

71100 189 Other Salaries and Wages- adding funds to salary equalization set-aside and payroll changes.

71100 198 Non-Certified Substitute Teachers- adding funds to pay for subs while teachers attend in-service/professional development.

71100 429 Instructional Materials & Supplies- adding funds to purchase materials and supplies as requested by the Title I schools.

71100 499 Other Materials & Supplies- adding funds to purchase other materials and supplies as requested by the Title I schools.

71100 722 Regular Instruction Equipment- adding funds to purchase equipment as requested by the Title I schools.

72130 599 Other Charges- adding funds to parent involvement line according to final allocations.

72210 524 In-Service/Staff Development- adding funds to pay for staff to attend in-service/professional development as requested in Title I schools' small budgets.

Decrease

71100 163 Educational Assistants- moving funds to appropriate lines for payroll changes.

71100 201 Social Security- moving funds to appropriate lines.

71100 204 Retirement- moving funds to appropriate lines.

71100 207 Medical Insurance- moving funds to appropriate lines.

71100 208 Dental Insurance- moving funds to appropriate lines.

71100 212 Employer Medicare- moving funds to appropriate lines.

Account Number/Line Item Number	Regular Instruction Education	Title II	Increase	Decrease	Total
71100	Line item Description	Current			
71100/116	Teachers (2)	\$121,715.10	\$9,284.90		\$131,000.00
71100/117	Career Ladder				\$0.00
71100/127	Career Ladder Extended contracts				\$0.00
71100/128	Homebound Teachers				\$0.00
71100/162	Clerical Personnel				\$0.00
71100/163	Educational Assistants				\$0.00
71100/188	Bonus payments				\$0.00
71100/189	Other Salaries & Wages				\$0.00
71100/195	Certified Sub teachers	\$4,000.00	\$4,000.00		\$8,000.00
71100/198	non Certified teachers	\$6,000.00	\$10,000.00		\$16,000.00
71100/201	Social Security	\$8,500.00			\$8,500.00
71100/204	Pensions	\$11,800.00			\$11,800.00
71100/206	Life insurance				\$0.00
71100/207	Medical Insurance	\$23,000.00			\$23,000.00
71100/208	Dental Insurance	\$100.00			\$100.00
71100/210	Unemployment Comp.	\$180.00			\$180.00
71100/212	Employer Medicare	\$2,400.00			\$2,400.00
71100/299	Other Fringe Benefits				\$0.00
71100/311	contracts with other school systems				\$0.00
71100/330	operating lease payments				\$0.00
71100/336	maintenance & repair equipment				\$0.00
71100/356	tuition				\$0.00
71100/369	contracts w/certified sub.				\$0.00
71100/370	contracts w/ non certified sub				\$0.00
71100/399	other contracted services				\$0.00
71100/429	instructional materials & supplies				\$0.00
71100/449	textbooks				\$0.00
71100/499	other materials & supplies				\$0.00
71100/535	fee waivers				\$0.00
71100/599	other charges				\$0.00
71100/722	regular instruction equipment				\$0.00
71100	Subtotal REGULAR INSTRUCTIONAL Ed.	\$177,695.10	\$23,284.90	\$0.00	\$200,980.00

Account Number/Line Item Number	Support Services/Regular Instruction Education	Title II Current	Increase	Decrease	Total
72210	Line item Description	Current			
72210/105	Supervisor/ Director				\$0.00
72210/117	Career Ladder Program				\$0.00
72210/127	Career Ladder Extended Contracts				\$0.00
72210/129	Librarian(s)				\$0.00
72210/132	Material Supervisor(s)				\$0.00
72210/136	Audiovisual Personnel				\$0.00
72210/137	Education Media Personnel				\$0.00
72210/138	Instructional Computer Personnel				\$0.00
72210/161	Secretary(s)				\$0.00
72210/162	Clerical Personnel				\$0.00
72210/163	Educational Assistants				\$0.00
72210/188	Bonus Payments				\$0.00
72210/189	Other Salaries & Wages				\$0.00
72210/195	Certified Sub teachers				\$0.00
72210/196	In Service Training				\$0.00
72210/198	non certified subs				\$0.00
72210/201	Social Security				\$0.00
72210/204	Pensions				\$0.00
72210/206	Life Insurance				\$0.00
72210/207	Medical Insurance				\$0.00
72210/208	Dental Insurance				\$0.00
72210/210	Unemployment Comp.				\$0.00
72210/212	Employer Medicare				\$0.00
72210/299	Other fringe benefits				\$0.00
72210/307	communication				\$0.00
72210/336	maintenance & repair services				\$0.00
72210/348	postal charges				\$0.00
72210/355	travel				\$0.00
72210/369	contracts for certified sub teachers				\$0.00
72210/370	contracts for non certified sub teachers				\$0.00
72210/399	other contracted services				\$0.00
72210/432	library books / media				\$0.00
72210/437	periodicals				\$0.00
72210/499	other supplies & materials				\$0.00
72210/524	in service/ staff development	\$20,000.00	\$92,489.47		\$112,489.47
72210/599	other charges				\$0.00
72210/790	other equipment				\$0.00
72210	Subtotal REG. Support Services	\$20,000.00	\$92,489.47	\$0.00	\$112,489.47

Account Number/Line Item Number	Other uses/ Transfers out & Indirect Cost	Title II	Increase	Decrease	Total
99100	Line item Description	Current			
99100/504	Indirect Cost				
	Total Appropriations	\$197,695.10	\$115,774.37	\$0.00	\$313,469.47

Title II Revision #1

Justifications

Increase

71100 116 Teachers- adding funds to continue to pay for 2 class-size reduction teachers.

71100 195 Certified subs- adding funds to pay for substitutes related to professional development.

71100 198 Non-Certified Subs- adding funds to pay for substitutes related to professional development.

72210 524 In-Service/Staff Development- adding funds to pay for countywide staff to attend in-service/professional development.

Account Number/Line Item Number	Regular Instruction Education	Title III	Increase	Decrease	Total
71100	Line item Description	Current			
71100/116	Teachers				\$0.00
71100/117	Career Ladder				\$0.00
71100/127	Career Ladder Extended contracts				\$0.00
71100/128	Homebound Teachers				\$0.00
71100/162	Clerical Personnel				\$0.00
71100/163	Educational Assistants (1)	\$14,000.00			\$14,000.00
71100/186	Longevity				\$0.00
71100/189	Other Salaries & Wages	\$2,000.00			\$2,000.00
71100/195	Certified Sub teachers				\$0.00
71100/198	non Certified teachers				\$0.00
71100/201	Social Security	\$1,100.00			\$1,100.00
71100/204	Pensions	\$1,435.00			\$1,435.00
71100/206	Life insurance				\$0.00
71100/207	Medical Insurance	\$4,000.00			\$4,000.00
71100/208	Dental Insurance	\$30.00			\$30.00
71100/210	Unemployment Comp.	\$65.00			\$65.00
71100/212	Employer Medicare	\$300.00			\$300.00
71100/299	Other Fringe Benefits				\$0.00
71100/311	contracts w/ other school systems				\$0.00
71100/330	operating lease payments				\$0.00
71100/336	maintenance & repair equipment				\$0.00
71100/356	tuition				\$0.00
71100/369	contracts w/certified sub.				\$0.00
71100/370	contracts w/ non certified sub				\$0.00
71100/399	other contracted services				\$0.00
71100/429	instructional materials & supplies	\$2,000.62	\$11,221.90		\$13,222.52
71100/449	textbooks				\$0.00
71100/499	other materials & supplies				\$0.00
71100/535	fee waivers				\$0.00
71100/599	other charges				\$0.00
71100/722	regular instruction equipment				\$0.00
71100	Subtotal REGULAR INSTRUCTIONAL Ed.	\$24,930.62	\$11,221.90	\$0.00	\$36,152.52

Account Number/Line Item Number	Support Services/Other Student Support	Title III	Increase	Decrease	Total
72130	Line item Description	Current			
72130/117	Career Ladder				\$0.00
72130/123	Guidance Personnel				\$0.00
72130/124	Psychological Personnel				\$0.00
72130/127	Career Ladder Extended Contracts				\$0.00
72130/130	Social Workers				\$0.00
72130/135	Assessment Personnel				\$0.00
72130/161	Secretary				\$0.00
72130/162	Clerical Personnel				\$0.00
72130/164	Attendants				\$0.00
72130/170	School Resource officer				\$0.00
72130/188	Bonus Payments				\$0.00
72130/189	Other Salaries & Wages				\$0.00
72130/201	Social security				\$0.00
72130/204	Pensions				\$0.00
72130/206	life insurance				\$0.00
72130/207	Medical Insurance				\$0.00
72130/208	Dental Insurance				\$0.00
72130/210	Unemployment Comp.				\$0.00
72130/212	Employer Medicare				\$0.00
72130/299	Other Fringe Benefits				\$0.00
72130/307	Communication				\$0.00
72130/311	contracts w/ other school systems				\$0.00
72130/322	Evaluation & testing				\$0.00
72130/330	operating lease payments				\$0.00
72130/336	maintenance & repair services				\$0.00
72130/348	postal charges				\$0.00
72130/355	travel				\$0.00
72130/399	other contracted services				\$0.00
72130/499	other supplies & materials				\$0.00
72130/524	in service / staff development				\$0.00
72130/599	other charges (parent involvement)	\$800.00			\$800.00
72130/790	other equipment				\$0.00
72130	Subtotal OTHER STUDENT SUPPORT	\$800.00			\$800.00

Account Number/Line Item Number	Support Services	Title III Current	Increase	Decrease	Total
72210	Line item Description				
72210/105	Supervisor/ Director				\$0.00
72210/117	Career Ladder Program				\$0.00
72210/127	Career Ladder Extended Contracts				\$0.00
72210/129	Librarian(s)				\$0.00
72210/132	Material Supervisor(s)				\$0.00
72210/136	Audiovisual Personnel				\$0.00
72210/137	Education Media Personnel				\$0.00
72210/138	Instructional Computer Personnel				\$0.00
72210/161	Secretary(s)				\$0.00
72210/162	Clerical Personnel				\$0.00
72210/163	Educational Assistants				\$0.00
72210/188	Bonus Payments				\$0.00
72210/189	Other Salaries & Wages				\$0.00
72210/195	Certified Sub teachers				\$0.00
72210/196	In Service Training				\$0.00
72210/198	non certified subs				\$0.00
72210/201	Social Security				\$0.00
72210/204	Pensions				\$0.00
72210/206	Life Insurance				\$0.00
72210/207	Medical Insurance				\$0.00
72210/208	Dental Insurance				\$0.00
72210/210	Unemployment Comp.				\$0.00
72210/212	Employer Medicare				\$0.00
72210/299	Other fringe benefits				\$0.00
72210/307	communication				\$0.00
72210/308	consultants				\$0.00
72210/330	operating lease payments				\$0.00
72210/336	maintenance & repair services				\$0.00
72210/355	travel				\$0.00
72210/369	contracts for certified sub teachers				\$0.00
72210/370	contracts for non certified sub teachers				\$0.00
72210/399	other contracted services				\$0.00
72210/432	library books / media				\$0.00
72210/437	periodicals				\$0.00
72210/499	other supplies & materials				\$0.00
72210/524	in service/ staff development				\$0.00
72210/599	other charges				\$0.00
72210/790	other equipment				\$0.00
72210	Subtotal Support Services	\$0.00			\$0.00

Account Number/Line Item Number	Other uses/ Transfers out & Indirect Cost	Title III	Increase	Decrease	Total
99100	Line item Description	Current			
99100/504	Indirect Cost				
	Total Appropriations	\$25,730.62			\$36,952.52

Title III Revision #1

Justifications

Increase

71100 429 Instructional Materials & Supplies- increasing line to pay for supplemental instructional materials and supplies for the EL program.

Account Number/Line Item Number	Regular Instruction Education	Title IV	Increase	Decrease	Total
72210	Line item Description	Current			
72210/105	Supervisor/ Director				\$0.00
72210/117	Career Ladder Program				\$0.00
72210/127	Career Ladder Extended Contracts				\$0.00
72210/129	Librarian(s)				\$0.00
72210/132	Material Supervisor(s)				\$0.00
72210/136	Audiovisual Personnel				\$0.00
72210/137	Education Media Personnel				\$0.00
72210/138	Instructional Computer Personnel				\$0.00
72210/161	Secretary(s)				\$0.00
72210/162	Clerical Personnel				\$0.00
72210/163	Educational Assistants				\$0.00
72210/188	Bonus Payments				\$0.00
72210/189	Other Salaries & Wages				\$0.00
72210/195	Certified Sub teachers				\$0.00
72210/196	In Service Training				\$0.00
72210/198	non certified subs				\$0.00
72210/201	Social Security				\$0.00
72210/204	Pensions				\$0.00
72210/206	Life Insurance				\$0.00
72210/207	Medical Insurance				\$0.00
72210/208	Dental Insurance				\$0.00
72210/210	Unemployment Comp.				\$0.00
72210/212	Employer Medicare				\$0.00
72210/299	Other fringe benefits				\$0.00
72210/307	communication				\$0.00
72210/308	consultants				\$0.00
72210/330	operating lease payments				\$0.00
72210/336	maintenance & repair services				\$0.00
72210/348	postal charges				\$0.00
72210/355	travel				\$0.00
72210/369	contracts for certified sub teachers				\$0.00
72210/370	contracts for non certified sub teachers				\$0.00
72210/399	other contracted services				\$0.00
72210/432	library books / media				\$0.00
72210/499	other supplies & materials	\$37,500.00	\$35,000.00		\$72,500.00
72210/524	in service/ staff development	\$39,113.49	\$26,669.40		\$65,782.89
72210/599	other charges				\$0.00
72210/790	other equipment				\$0.00
72210	Subtotal REG. INSTRUCTIONAL PROG	\$76,613.49	\$61,669.40	\$0.00	\$138,282.89

Account Number/Line Item Number	Other uses/ Transfers out & Indirect Cost	Title IV	Increase	Decrease	Total
99100	Line item Description	Current			
99100/504	Indirect Cost				
	Total Appropriations	\$76,613.49	\$61,669.40	\$0.00	\$138,282.89

Title IV Revision #1

Justifications

Increase

72210 499 Other Materials & Supplies- increasing line to pay for materials and supplies that support well-rounded and safe and healthy initiative in Title IV.

72210 524 In-Service/Staff Development- adding funds to pay for in-service/staff development that pertains to Title IV.

Account Number/Line Item Number	Special Education Program	IDEA-B	Increase	Decrease	Total
71200	Line item Description	Current			
71200/116	Teachers (3)	\$174,984.00		\$1,700.00	\$173,284.00
71200/117	Career Ladder				\$0.00
71200/127	Career Ladder Extended contracts				\$0.00
71200/128	Homebound Teachers				\$0.00
71200/162	Clerical Personnel				\$0.00
71200/163	Educational Assistants (25)	\$461,446.00	\$24,148.00		\$485,594.00
71200/171	Speech Pathologist (1)	\$62,472.96	\$1,102.04		\$63,575.00
71200/189	Other Salaries & Wages (ESY)	\$5,000.00	\$54,825.00		\$59,825.00
71200/195	Certified Sub Teachers				\$0.00
71200/198	Non Certified Teachers				\$0.00
71200/201	Social Security	\$49,703.66			\$49,703.66
71200/204	Pensions	\$64,240.53			\$64,240.53
71200/207	Medical Insurance	\$175,669.23	\$113,690.77		\$289,360.00
71200/208	Dental Insurance	\$880.00	\$55.00		\$935.00
71200/210	Unemployment Comp.	\$2,793.74			\$2,793.74
71200/212	Employer Medicare	\$11,624.35			\$11,624.35
71200/299	Other Fringe Benefits				\$0.00
71200/310	Contracts w/other public agencies	\$5,000.00	\$20,000.00		\$25,000.00
71200/330	Operating Lease Payments				\$0.00
71200/336	Maintenance & Repair Equipment				\$0.00
71200/356	Tuition				\$0.00
71200/369	Contracts w/Certified Sub.				\$0.00
71200/370	Contracts w/ non Certified Sub				\$0.00
71200/399	Other Contracted Services				\$0.00
71200/429	Instructional Materials & Supplies	\$30,000.00	\$58,148.65		\$88,148.65
71200/449	Textbooks				\$0.00
71200/499	Other Materials & Supplies	\$5,000.00	\$15,000.00		\$20,000.00
71100/535	Fee Waivers				\$0.00
71200/725	Special Education Equipment	\$5,000.00	\$25,000.00		\$30,000.00
71200	Subtotal Special Education Program	\$1,053,814.47	\$311,969.46	\$1,700.00	\$1,364,083.93

Account Number/Line Item Number	Support Services/Special Education Program	IDEA-B			
72220	Line item Description	Current	Increase	Decrease	Total
72220/105	Supervisor/ Director				\$0.00
72220/117	Career Ladder Program				\$0.00
	Instructional Computer Personnel				\$0.00
72220/161	Secretary(s) (1)	\$40,524.00			\$40,524.00
72220/162	Clerical Personnel				\$0.00
72220/163	Educational Assistants				\$0.00
72220/188	Bonus Payments				\$0.00
72220/189	Other Salaries & Wages				\$0.00
72220/195	Certified Sub teachers				\$0.00
	In Service Training				\$0.00
72220/198	Non Certified Subs				\$0.00
72220/201	Social Security	\$2,512.49			\$2,512.49
72220/204	Pensions	\$3,039.30			\$3,039.30
72220/206	Life Insurance				\$0.00
72220/207	Medical Insurance	\$20,802.00			\$20,802.00
72220/208	Dental Insurance	\$55.00			\$55.00
72220/210	Unemployment Comp.	\$90.00			\$90.00
72220/212	Employer Medicare	\$287.60	\$300.00		\$587.60
72220/299	Other Fringe Benefits				\$0.00
72220/310	Contracts w/Other Public Agencies	\$5,000.00	\$15,000.00		\$20,000.00
72220/322	Evaluation & Testing	\$8,000.00	\$12,000.00		\$20,000.00
72220/330	Operating Lease Payments				\$0.00
72220/336	Maintenance & Repair Services				\$0.00
72220/355	Travel	\$2,000.00	\$4,000.00		\$6,000.00
72220/399	Other Contracted Services		\$15,000.00		\$15,000.00
72220/370	Contracts for Non Certified Sub Teachers				\$0.00
72220/499	Other Supplies & Materials	\$1,000.00	\$5,000.00		\$6,000.00
	Library Books / Media				\$0.00
	Periodicals				\$0.00
72220/524	In Service/ Staff Development	\$15,000.00	\$12,000.00		\$27,000.00
72220/790	Other Equipment	\$2,500.00	\$2,500.00		\$5,000.00
72220	Subtotal Support Services/Special Education Program	\$100,810.39	\$65,800.00	\$0.00	\$166,610.39

Account Number/Line Item Number	Other uses/ Transfers out & Indirect Cost	IDEA-B			
99100	Line item Description	Current	Increase	Decrease	
99100/504	Indirect Cost				
99100/590	Transfers Out				
	Total Appropriations	\$1,377,728.00	\$377,842.46	\$1,700.00	\$1,753,870.46

IDEA-B Revision #1

Justifications

Increase

71200 163 Educational Assistants- adding funds to continue to pay for 25 FTE Special Education assistants.

71200 171 Speech Pathologist- adding funds to continue to pay for SLP.

71200 189 Other Salaries & Wages- to pay for extended school year and teacher mentor stipends.

71200 207 Medical Insurance- to pay for fringe benefits on personnel.

71200 208 Dental Insurance- to pay for fringe benefits on personnel.

71200 310 Contracts w/other public agencies- to pay other agencies such as Vanderbilt for direct audiology services with students.

71200 429 Instructional Materials & Supplies- to continue to support the SPED classroom in purchasing supplemental instructional materials & supplies.

71200 499 Other Materials & Supplies- to purchase other materials & supplies for Special Education classrooms.

71200 725 Special Education Equipment- to purchase special education equipment

72220 212 Employer Medicare- to pay for fixed charges on personnel.

72220 310 Contracts w/public agencies- to continue to pay for the copier contract in the SPED office and OT services for ESY.

72220 322 Evaluation & Testing- to continue to update our testing kits to meet the state standards.

72220 355 Travel- to pay for travel expenses incurred while conducting SPED business.

72220 399 Other Contracted Services- adding funds to assist in paying a contracted school psychologist.

72220 499 Other Materials & Supplies- to pay for toner and paper in the SPED office.

72220 524 In-service/Staff Development- to pay for staff to attend in-service/staff development pertaining to special education.

72220 790 Other Equipment- to pay for equipment for SPED office staff such as, color printers and scanners.

72710 208 Dental Insurance- to pay fringe benefits for personnel in this line.

Decrease

71200 116 Teachers- moving funds to medical insurance line.

Account Number/Line Item Number	Special Education Program	Preschool	Increase	Decrease	Total
71200	Line item Description	912			
71200/116	Teachers				\$0.00
71200/117	Career Ladder				\$0.00
71200/127	Career Ladder Extended contracts				\$0.00
71200/128	Homebound Teachers				\$0.00
71200/162	Clerical Personnel				\$0.00
71200/163	Educational Assistants (1)	\$20,840.00			\$20,840.00
71200/171	Speech Pathologist				\$0.00
71200/189	Other Salaries & Wages				\$0.00
71200/195	Certified Sub teachers				\$0.00
71200/198	Non Certified teachers				\$0.00
71200/201	Social Security	\$1,292.08			\$1,292.08
71200/204	Pensions	\$1,563.00			\$1,563.00
71200/206	Life insurance				\$0.00
71200/207	Medical Insurance	\$10,801.74	\$8,198.26		\$19,000.00
71200/208	Dental Insurance	\$55.00			\$55.00
71200/210	Unemployment Comp.	\$90.00			\$90.00
71200/212	Employer Medicare	\$302.18			\$302.18
71200/299	Other Fringe Benefits				\$0.00
71200/310	Contracts with Other School Systems				\$0.00
71200/330	Operating lease payments				\$0.00
71200/336	Maintenance & Repair Equipment				\$0.00
71200/356	Tuition				\$0.00
71200/369	Contracts w/certified sub.				\$0.00
71200/370	contracts w/ non certified sub				\$0.00
71200/399	Other contracted services				\$0.00
71200/429	Instructional Materials & Supplies	\$2,000.00	\$4,892.20		\$6,892.20
71200/449	Textbooks				\$0.00
71200/499	Other Materials & Supplies	\$1,000.00	\$1,000.00		\$2,000.00
71200/353	Fee waivers				\$0.00
71200/599	Other Charges				\$0.00
71200/725	Special Education Equipment	\$1,500.00	\$3,500.00		\$5,000.00
71200	Subtotal Special Education Program	\$39,444.00			\$57,034.46

Account Number/Line Item Number	Support Services/ Special Education Program	Preschool	Increase	Decrease	Total
72220	Line item Description	912			
72220/105	Supervisor/ Director				\$0.00
72220/117	Career Ladder Program				\$0.00
	Material Supervisor(s)				\$0.00
	Instructional Computer Personnel				\$0.00
72220/161	Secretary(s)				\$0.00
72220/162	Clerical Personnel				\$0.00
72220/163	Educational Assistants				\$0.00
72220/188	Bonus Payments				\$0.00
72220/189	Other Salaries & Wages				\$0.00
72220/195	Certified Sub teachers				\$0.00
	In Service Training				\$0.00
72220/198	Non Certified Subs				\$0.00
72220/201	Social Security				\$0.00
72220/204	Retirement				\$0.00
72220/206	Life Insurance				\$0.00
72220/207	Medical Insurance				\$0.00
72220/208	Dental Insurance				\$0.00
72220/210	Unemployment Comp.				\$0.00
72220/212	Employer Medicare				\$0.00
72220/299	Other Fringe Benefits				\$0.00
	Communication				\$0.00
	Consultants				\$0.00
72220/312	Contracts with Private Agencies				\$0.00
72220/322	Evaluation & Testing	\$2,000.00			\$2,000.00
72220/336	Maintenance & Repair Services				\$0.00
	Postal Charges				\$0.00
72220/355	Travel				\$0.00
72220/399	Other Contracted Services				\$0.00
72220/370	Contracts for Non Certified Sub Teachers				\$0.00
72220/399	Other Contracted Services				\$0.00
	Library Books / Media				\$0.00
	Periodicals				\$0.00
72220/499	Other Supplies & Materials	\$500.00			\$500.00
72220/524	In Service/ Staff Development				\$0.00
72220/790	Other Equipment				\$0.00
	Subtotal Support Services/Special Education Program				
72220		\$2,500.00			\$2,500.00

IDEA Preschool Revision #1

Justifications

Increase

71200 207 Medical Insurance- to pay fringe benefits on personnel in this line.

71200 429 Instructional Materials & Supplies- to purchase instructional materials & supplies as requested/needed for the Preschool classrooms.

71200 499 Other Materials & Supplies- to pay for other materials and supplies as needed for the Preschool classrooms.

71200 725 Equipment- to pay for equipment as needed/requested for the Preschool classrooms.

72710 146 Bus Drivers- adding funds to pay a bus driver to transport two Pre-K students' home after school.

72710 201 Social Security- adding funds to pay fixed charges on above salary.

72710 204 Pensions- adding funds to pay fixed charges on above salary.

72710 210 Unemployment- adding funds to pay fixed charges on above salary.

72710 212 Employer Medicare- adding funds to pay fixed charges on above salary.

Account Number/Line Item Number	Special Education Program	Preschool	Increase	Decrease	Total
71200	Line item Description				
71200/116	Teachers				\$0.00
71200/117	Career Ladder				\$0.00
71200/127	Career Ladder Extended contracts				\$0.00
71200/128	Homebound Teachers				\$0.00
71200/162	Clerical Personnel				\$0.00
71200/163	Educational Assistants				\$0.00
71200/171	Speech Pathologist				\$0.00
71200/189	Other Salaries & Wages				\$0.00
71200/195	Certified Sub teachers				\$0.00
71200/198	Non Certified teachers				\$0.00
71200/201	Social Security				\$0.00
71200/204	State Retirement				\$0.00
71200/206	Life insurance				\$0.00
71200/207	Medical Insurance				\$0.00
71200/208	Dental Insurance				\$0.00
71200/210	Unemployment Comp.				\$0.00
71200/212	Employer Medicare				\$0.00
71200/299	Other Fringe Benefits				\$0.00
71200/310	Contracts with Other School Systems				\$0.00
71200/330	Operating lease payments				\$0.00
71200/336	Maintenance & Repair Equipment				\$0.00
71200/356	Tuition				\$0.00
71200/369	Contracts w/certified sub.				\$0.00
71200/370	contracts w/ non certified sub				\$0.00
71200/399	Other contracted services				\$0.00
71200/429	Instructional Materials & Supplies	\$10,734.65			\$10,734.65
71200/449	Textbooks				\$0.00
71200/499	Other Materials & Supplies				\$0.00
71200/353	Fee waivers				\$0.00
71200/599	Other Charges				\$0.00
71200/725	Special Education Equipment				\$0.00
71200	Subtotal Special Education Program	\$10,734.65			\$10,734.65

Account Number/Line Item Number	Support Services/ Special Education Program	Preschool	Increase	Decrease	Total
72220	Line item Description				
72220/105	Supervisor/ Director				\$0.00
72220/117	Career Ladder Program				\$0.00
	Material Supervisor(s)				\$0.00
	Instructional Computer Personnel				\$0.00
72220/161	Secretary(s)				\$0.00
72220/162	Clerical Personnel				\$0.00
72220/163	Educational Assistants				\$0.00
72220/188	Bonus Payments				\$0.00
72220/189	Other Salaries & Wages	\$7,900.00			\$7,900.00
72220/195	Certified Sub teachers				\$0.00
	In Service Training				\$0.00
72220/198	Non Certified Subs				\$0.00
72220/201	Social Security	\$489.80			\$489.80
72220/204	Retirement	\$711.00			\$711.00
72220/206	Life Insurance				\$0.00
72220/207	Medical Insurance				\$0.00
72220/208	Dental Insurance				\$0.00
72220/210	Unemployment Comp.	\$50.00			\$50.00
72220/212	Employer Medicare	\$114.55			\$114.55
72220/299	Other Fringe Benefits				\$0.00
	Communication				\$0.00
	Consultants				\$0.00
72220/312	Contracts with Private Agencies				\$0.00
72220/322	Evaluation & Testing				\$0.00
72220/336	Maintenance & Repair Services				\$0.00
	Postal Charges				\$0.00
72220/355	Travel				\$0.00
72220/399	Other Contracted Services				\$0.00
72220/370	Contracts for Non Certified Sub Teachers				\$0.00
72220/399	Other Contracted Services				\$0.00
	Library Books / Media				\$0.00
	Periodicals				\$0.00
72220/499	Other Supplies & Materials				\$0.00
72220/524	In Service/ Staff Development				\$0.00
72220/790	Other Equipment				\$0.00
72220	Subtotal Support Services/Special Education Program	\$9,265.35			\$9,265.35
	Total Appropriations	\$20,000.00			\$20,000.00

AALN Preschool Grant
Original Budget Justifications
2025-2026

71200 429 Instructional Materials & Supplies- to purchase materials and supplies for Pre-K classrooms such as, literacy, math, art, music, and dance materials, social and emotional learning materials, storage bins, shelving, rugs, flexible seating and soft furniture.

72220 189 Other Salaries & Wages- stipends for 5 preschool teachers for collaborative planning after contract hours and attendance at the summer teacher training.

72220 201 Social Security- fixed charges on above stipends.

72220 204 Retirement- fixed charges on above stipends.

72220 210 Unemployment- fixed charges on above stipends.

72220 212 Employer Medicare- fixed charges on above stipends.

Account Number/Line Item Number	Regular Instruction Program	HQIM Implementation	Increase	Decrease	Total
71100	Line item Description	Current			
71100/429	Instructional Materials & Supplies	\$1,100.00			\$1,100.00
71100	Subtotal REGULAR INSTRUCTIONAL Program	\$1,100.00	\$0.00	\$0.00	\$1,100.00

Account Number/Line Item Number	Support Services/Regular Instruction Program	HQIM Implementation	Increase	Decrease	Total
72210	Line item Description	Current			
72210/399	other contracted services	\$73,000.00			\$73,000.00
72210/524	in-service/staff development	\$400.00			\$400.00
72210	Subtotal REG. INSTRUCTIONAL PROG	\$73,400.00	\$0.00	\$0.00	\$73,400.00

Total Appropriations for HQIM Literacy Implementation		\$74,500.00	\$0.00	\$0.00	\$74,500.00
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HQIM Literacy Implementation Networks Grant

2025-2026 Justifications

71100 429 Instructional Supplies & Materials- to pay for instructional materials and supplies to support literacy.

72210 399 Other Contracted Services- to pay for contracted services with HQIM implementation vendor.

72210 524 In-service/Staff Development- to pay travel expenses for network events.

Account Number/Line Item Number	Community Services	Cohort 2023	Increase	Decrease	Total
73300	Line item Description	Current			
73300/105	Supervisor/Director	\$16,400.00			\$16,400.00
73300/116	Teachers	\$33,421.00			\$33,421.00
73300/117	Career Ladder				\$0.00
73300/127	Career Ladder Extended contracts				\$0.00
73300/128	Homebound Teachers				\$0.00
73300/162	Clerical Personnel				\$0.00
73300/163	Educational Assistants	\$375.00			\$375.00
73300/188	Bonus payments				\$0.00
73300/189	Other Salaries & Wages				\$0.00
73300/195	Certified Sub teachers				\$0.00
73300/198	non Certified teachers				\$0.00
73300/201	Social Security	\$3,088.90			\$3,088.90
73300/204	State Retirement	\$3,736.58			\$3,736.58
73300/206	Life insurance				\$0.00
73300/207	Medical Insurance				\$0.00
73300/208	Dental Insurance				\$0.00
73300/210	Unemployment Comp.				\$0.00
73300/212	Employer Medicare	\$722.40			\$722.40
73300/299	Other Fringe Benefits				\$0.00
73300/311	contracts with other school systems				\$0.00
73300/330	operating lease payments				\$0.00
73300/336	maintenance & repair equipment				\$0.00
73300/356	tuition				\$0.00
73300/369	contracts w/certified sub.				\$0.00
73300/370	contracts w/ non certified sub				\$0.00
73300/399	other contracted services				\$0.00
73300/429	instructional materials & supplies	\$1,256.12			\$1,256.12
73300/449	textbooks				\$0.00
73300/499	other materials & supplies				\$0.00
73300/535	fee waivers				\$0.00
73300/599	other charges	\$1,000.00			\$1,000.00
73300/722	regular instruction equipment				\$0.00
73300	Subtotal Community Services	\$60,000.00	\$0.00	\$0.00	\$60,000.00
	Total Appropriations	\$60,000.00	\$0.00	\$0.00	\$60,000.00

21st CCLC Cohort 2023
Original Budget Justifications

73300 105 Supervisor/Director- these funds will be used to pay 1 site coordinator at Oak Grove Elementary and grant administrator for after school program.

73300 116 Teachers- to pay 3 teachers for after school program at Oak Grove Elementary School.

73300 163 Education Assistants- to pay educational assistants for data entry into E-Lap.

73300 201 Social Security- to pay fixed charges on salaries.

73300 204 State Retirement- to pay fixed charges on salaries.

73300 212 Employer Medicare- to pay fixed charges on salaries.

73300 429 Instructional Materials & Supplies- purchasing materials and supplies to support the goals of this program such as decodable readers, reading and math games, robots for coding, and other educational items.

73300 599 Other Charges- to purchase educational field trips that are tied to standards or units that have already been studied.

Account Number/Line Item Number	Community Services	Cohort 2024	Increase	Decrease	Total
73300	Line item Description	Current			
73300/105	Supervisor/Director	\$30,800.00			\$30,800.00
73300/116	Teachers	\$85,472.00			\$85,472.00
73300/117	Career Ladder				\$0.00
73300/127	Career Ladder Extended contracts				\$0.00
73300/128	Homebound Teachers				\$0.00
73300/162	Clerical Personnel				\$0.00
73300/163	Educational Assistants				\$0.00
73300/188	Bonus payments				\$0.00
73300/189	Other Salaries & Wages				\$0.00
73300/195	Certified Sub teachers				\$0.00
73300/198	non Certified teachers				\$0.00
73300/201	Social Security	\$7,208.90			\$7,208.90
73300/204	State Retirement	\$8,720.40			\$8,720.40
73300/206	Life insurance				\$0.00
73300/207	Medical Insurance				\$0.00
73300/208	Dental Insurance				\$0.00
73300/210	Unemployment Comp.				\$0.00
73300/212	Employer Medicare	\$1,685.94			\$1,685.94
73300/299	Other Fringe Benefits				\$0.00
73300/311	contracts with other school systems				\$0.00
73300/330	operating lease payments				\$0.00
73300/336	maintenance & repair equipment				\$0.00
73300/356	tuition				\$0.00
73300/369	contracts w/certified sub.				\$0.00
73300/370	contracts w/ non certified sub				\$0.00
73300/399	other contracted services				\$0.00
73300/429	instructional materials & supplies	\$7,107.76			\$7,107.76
73300/449	textbooks				\$0.00
73300/499	other materials & supplies				\$0.00
73300/535	fee waivers				\$0.00
73300/599	other charges	\$1,500.00			\$1,500.00
73300/722	regular instruction equipment				\$0.00
73300	Subtotal Community Services	\$142,495.00	\$0.00	\$0.00	\$142,495.00
	Total Appropriations	\$142,495.00	\$0.00	\$0.00	\$142,495.00

21st CCLC Cohort 2024
Original Budget Justifications

73300 105 Supervisor/Director- these funds will be used to pay 1 site coordinator at Marshall Elementary and Westhills Elementary for the after school program and a grant administrator for the program.

73300 116 Teachers- to pay 3 teachers for after school program at MES and WES.

73300 201 Social Security- to pay fixed charges on salaries.

73300 204 State Retirement- to pay fixed charges on salaries.

73300 212 Employer Medicare- to pay fixed charges on salaries.

73300 429 Instructional Materials & Supplies- purchasing materials and supplies to support the goals of this program such as decodable readers, reading and math games, robots for coding, and other educational items.

73300 599 Other Charges- to purchase educational field trips that are tied to standards or units that have already been studied.



Fundraiser Authorization

Proposed Fundraising Activity: spirit wear

Purpose of Fundraiser: to raise money for teachers and students

Fund/Account Name: Youth First

Current balance of fund account \$ 4,852.65 Date 7/31/25

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Expected Student Involvement (schoolwide or specific school organization): purchase spirit wear to raise money for students and teachers

Margin of profit (if applicable): anything over cost

Method by which school will receive profit: needs for classrooms and student activities

How and when will these funds be spent to benefit students/instruction: needs for students and teachers

Requested by: Stephanie Giles, Youth First President Date: 7/31/25
Teacher/Club

Approved by: Robert J. Reasony Date: 7.31.25
Principal

Approved by: Justin Perry Date: 8/1/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: JV games concessions

Purpose of Fundraiser: raise money + provide snacks

Fund/Account Name: Cheer

Current balance of fund account \$ 8,603 Date 8/25/25

Anticipated date(s) of fundraiser: Beginning August Ending September

Expected Student Involvement (schoolwide or specific school organization): those at the JV games

Margin of profit (if applicable): ≈ \$150.00

Method by which school will receive profit: cash at games

How and when will these funds be spent to benefit students/instruction: uniforms + other expenses

Requested by: Carolyn Mills-Cheer Date: 8/25/25
Teacher/Club

Approved by: David Stealy Date: 8/25/25
Principal

Approved by: [Signature] Date: 8/26/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Sell of baked goods, Cotton candy, Cups

Purpose of Fundraiser: raise money for band uniforms
buses and supplies

Fund/Account Name: Rocket band of blue

Current balance of fund account \$ 23,355⁰⁰ Date 8/1/25

Anticipated date(s) of fundraiser. Beginning home games Ending home games

Expected Student Involvement (schoolwide or specific school organization):
Band members

Margin of profit (if applicable): 100%

Method by which school will receive profit: cash

How and when will these funds be spent to benefit students/instruction: after sales end

Requested by: Bridget Hughes Band Booster Date: 8/25/25
Teacher/Club

Approved by: [Signature] Date: 8/26/25
Principal

Approved by: [Signature] Date: 8/27/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections	\$ _____
Less: Total Expenses	\$ _____
Total Fundraiser Profit	\$ _____
Total Purchases with Fundraiser Profit	\$ _____
*Difference	\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: concession stand- soccer

Purpose of Fundraiser: raise money for banquet and equipment

Fund/Account Name: Forrest Soccer Booster Club

Current balance of fund account \$ 14,961.52 Date 08/12/2025

Anticipated date(s) of fundraiser: Beginning Aug 2025 Ending Dec 2025

Expected Student Involvement (schoolwide or specific school organization): Soccer

Margin of profit (if applicable): _____

Method by which school will receive profit: _____

How and when will these funds be spent to benefit students/instruction: building soccer department

Requested by: Heather Sims / Treasurer Date: 08/12/2025
Teacher/Club Forrest Soccer Booster Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Forrest Car Flag Sale

Purpose of Fundraiser: to raise money for uniforms

Fund/Account Name: CHTA Cheer Account

Current balance of fund account \$ 4,321.82 Date 8-8-25

Anticipated date(s) of fundraiser: Beginning Aug. 8, 2025 Ending When all flags are

Expected Student Involvement (school wide or specific school organization): girls ^{sold} will sell flags

Margin of profit (if applicable): _____

Method by which school will receive profit: # of flags sold

How and when will these funds be spent to benefit students/Instruction: money will help pay for new black uniforms

Requested by: Kendra Burkett / FHS cheer Coach Date: 8-8-25

Approved by: [Signature] Principal Date: 8/11/25

Approved by: [Signature] Director of Schools Date: 8/14/25

**** Request must be made 60 days prior to the proposed fundraiser.**

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Rocket Pennant Shirt Sale

Purpose of Fundraiser: to raise money for run through banner

Fund/Account Name: CHTA Cheer Account

Current balance of fund account \$ 4,321.82 Date 8-8-25

Anticipated date(s) of fundraiser: Beginning Aug. 8, 2025 Ending Aug. 22, 2025

Expected Student Involvement (school wide or specific school organization): girls will sell t-shirts

Margin of profit (if applicable): _____

Method by which school will receive profit: # of shirts sold

How and when will these funds be spent to benefit students/instruction: funds will pay for run through banner

Requested by: Kendra Burkett / FHS cheer coach Date: 8-8-25
Teacher/Club

Approved by: [Signature] Date: 8/11/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

**** Request must be made 60 days prior to the proposed fundraiser.**

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Rockets Youth Skills Cheer Camp
 Purpose of Fundraiser: to raise money for run through banner
 Fund/Account Name: CHTA Cheer Account
 Current balance of fund account \$ 4,321.82 Date 8-8-25
 Anticipated date(s) of fundraiser: Beginning Aug. 9th, 25 Ending Aug. 9th, 25
 Expected Student Involvement (school wide or specific school organization): Cheerleaders will teach cheers and dances to youth
 Margin of profit (if applicable): _____
 Method by which school will receive profit: # of tickets sold
 How and when will these funds be spent to benefit students/instruction: funds will pay for run through banner

Requested by: Kendra Burkett / cheer coach / FHS Date: 8-8-25
Teacher/Club
 Approved by: [Signature] Date: 8/11/25
Principal
 Approved by: [Signature] Date: 8/14/25
Director of Schools

* Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections	\$ <u>3,818.00</u>	
Less: Total Expenses	\$ <u>1,669.11</u>	
Total Fundraiser Profit		\$ <u>2,148.89</u>
Total Purchases with Fundraiser Profit		\$ _____
*Difference		\$ _____

← All into Booster acct. per Kendra

*If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)

Principal's Signature [Signature]



Fundraiser Authorization

Proposed Fundraising Activity: fill the rocket

Purpose of Fundraiser: to raise money for new playground equipment

Fund/Account Name: Youth First

Current balance of fund account \$ 5,783.65 Date 8/11/25

Anticipated date(s) of fundraiser: Beginning 8/12/25 Ending 8/29/25

Expected Student Involvement (schoolwide or specific school organization): raise money by filing the rocket to win prizes

Margin of profit (if applicable): anything over cost

Method by which school will receive profit: purchase of new playground equipment

How and when will these funds be spent to benefit students/instruction: purchase and install new playground equipment

Requested by: Stephanie Giles, Youth First President Date: _____
Teacher/Club

Approved by: *Robert J Reasonover* Date: 8.11.25
Principal

Approved by: *Justin Pen* Date: 8/11/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Snack sale

Purpose of Fundraiser: To raise money for Beta activities

Fund/Account Name: HS Beta

Current balance of fund account \$ 3,634.89 Date 7/1/25

Anticipated date(s) of fundraiser: Beginning 8/12/25 Ending 5/26

Expected Student Involvement (schoolwide or specific school organization): They will sell the snacks during rocket time on Fridays.

Margin of profit (if applicable): Money raised minus cost of snacks

Method by which school will receive profit: from selling snacks

How and when will these funds be spent to benefit students/instruction: they will be used towards beta convention + other club activities

Requested by: Libby Spidlefeld Date: 7/31/25
Teacher/Club

Approved by: [Signature] Date: 8/4/25
Principal

Approved by: [Signature] Date: 8/20/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Linking Learning to Life

Proposed Fundraising Activity: Kona Ice

Purpose of Fundraiser: ACT snacks, rewards, shirts, pep rally prizes

Fund/Account Name: ACT

Current balance of fund account \$ 4035.79 Date 8-1-25

Anticipated date(s) of fundraiser: Beginning Aug 15, 2025 Ending Aug 15, 2025

Expected Student Involvement (school-wide or specific school organization): School-wide

Margin of profit (if applicable): _____

Method by which school will receive profit: Kona Ice sends check

How and when will these funds be spent to benefit students/instruction: ACT instruction

& pep rally

Requested by: Jill Worley ACT Date: 8/12/25
Teacher/Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: MCHS FFA Mums Fundraiser

Purpose of Fundraiser: To raise funds for FFA activities such as club meetings contests, field trips, and conferences.

Fund/Account Name: Marshall County High School FFA

Current balance of fund account \$ 401.00 Date _____

Anticipated date(s) of fundraiser: Beginning 8/15/2025 Ending 9/2/2025

Expected Student Involvement (schoolwide or specific school organization): Members of FFA will reach out to those in the community about purchasing mums to support our club.

Margin of profit (if applicable): \$15/ mum

Method by which school will receive profit: Cash & Check

How and when will these funds be spent to benefit students/instruction: These funds will be used to aid with expenses for materials with contests and cost for educational and leadership trips.

Requested by: Julie Miles / FFA Date: 8/7/2025
Teacher/Club

Approved by: David Speck Date: 8/7/25
Principal

Approved by: [Signature] Date: 8/7/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: wall mural

Purpose of Fundraiser: to raise money for teachers and students

Fund/Account Name: Youth First

Current balance of fund account \$ 5,783.65 Date 8/11/25

Anticipated date(s) of fundraiser: Beginning 8/15/25 Ending 11/10/25

Expected Student Involvement (schoolwide or specific school organization): have student's names painted on the wall mural in balloons

Margin of profit (if applicable): anything over cost

Method by which school will receive profit: payment for names to be placed on wall mural

How and when will these funds be spent to benefit students/instruction: needs for students and teachers

Requested by: Stephanie Giles, Youth First President Date: _____
Teacher/Club

Approved by: *Robert G. Reasoner* Date: 8.11.25
Principal

Approved by: *Justin Perry* Date: 8/11/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Car Wash

Purpose of Fundraiser: raise money for new uniforms + the seasons

Fund/Account Name: Cheer

Current balance of fund account \$ 7,671.⁸⁹ Date 8.18.25

Anticipated date(s) of fundraiser: Beginning August 23 Ending August 23

Expected Student Involvement (schoolwide or specific school organization): Community based + cheer girls

Margin of profit (if applicable): ≈ 400

Method by which school will receive profit: Cash or check then

How and when will these funds be spent to benefit students/instruction: cheerleaders' new uniforms

Requested by: Carolyn Mills - cheer Date: 8/18/25
Teacher/Club

Approved by: David Stealy Date: 8/18/25
Principal

Approved by: [Signature] Date: 8/18/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature

Marshall County School System

Fundraiser Authorization

Linking Learning to Life

Proposed Fundraising Activity: Bed Sheet Fundraiser

Purpose of Fundraiser: To purchase new uniforms & equipment needed for the season

Fund/Account Name: Cornersville Middle Baseball

Current balance of fund account \$ 3,209.43 Date 8-19-25

Anticipated date(s) of fundraiser: Beginning August 25th Ending September 12th

Expected Student Involvement (school-wide or specific school organization): Middle School Baseball

Margin of profit (if applicable): \$20 per set of sheets sold

Method by which school will receive profit: check from company

How and when will these funds be spent to benefit students/instruction: Funds will be spent ASAP to purchase uniforms & equipment

Requested by: Beau Hardison Cornersville Date: 8-19-25

Teacher/Club Middle Baseball

Approved by: [Signature] Date: 8/19/25

Principal

Approved by: [Signature] Date: 8/19/25

Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Paint-a-Senior-Parking Spot

Purpose of Fundraiser: Fundraise money for Student Council Expenses

Fund/Account Name: Student Council

Current balance of fund account \$ 1,852.57 Date 07-31-2025

Anticipated date(s) of fundraiser: Beginning 08-25-2025 Ending 09-04-25

Expected Student Involvement (schoolwide or specific school organization): Seniors + STUCO

Margin of profit (if applicable): \$3,000

Method by which school will receive profit: \$Cash

How and when will these funds be spent to benefit students/instruction: Student Council activities like pep-rally, end-of-year activities (inflatables), Haunted Halls, etc

Requested by: Jenice Lewandowski Date: 08-18-2025
Teacher/Club

Approved by: [Signature] Date: 8/19/25 Principal

Approved by: [Signature] Date: 8/20/25 Director
of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Boys Basketball Fundraiser (Sheet)

Purpose of Fundraiser: To help with cost of shoes, backpacks, and sweatsuits.

Fund/Account Name: Boys Basketball

Current balance of fund account \$ 5300 5131.45 Date 8/20/25

Anticipated date(s) of fundraiser: Beginning 8/25/25 Ending 9/5/25

Expected Student Involvement (schoolwide or specific school organization): Boys Basketball

Margin of profit (if applicable): 4K (100%)

Method by which school will receive profit: Cash

How and when will these funds be spent to benefit students/instruction: ASAP with BSN

Requested by: Chris Mason Date: 8/20/25
Teacher/Club

Approved by: [Signature] Date: 8/21/25
Principal

Approved by: [Signature] Date: 8/21/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Mums Sale

Purpose of Fundraiser: to earn money for each team for uniforms & gear

Fund/Account Name: Forrest Hoops Boosters

Current balance of fund account \$ 13,854 Date 8-6-25

Anticipated date(s) of fundraiser: Beginning 8-25-25 Ending 9-19-25

Expected Student Involvement (school wide or specific school organization): Forrest High School & middle school basketball

Margin of profit (if applicable): _____

Method by which school will receive profit: check from boosters

How and when will these funds be spent to benefit students/instruction: Teams will buy uniforms, equipment & gear how they see fit

Requested by: Catherino Borba / Booster Date: 8-6-25
Teacher/Club

Approved by: [Signature] Date: 8/11/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: ~~Bake Sale/Concessions~~ Homecoming Shirts

Purpose of Fundraiser: ~~To raise funds~~ To raise funds for materials and supplies.

Fund/Account Name: FHS Library

Current balance of fund account \$ 3656.71 Date 8.8.25

Anticipated date(s) of fundraiser: Beginning 8.25 Ending 9.25

Expected Student Involvement (schoolwide or specific school organization): They might help sort and deliver shirts on campus.

Margin of profit (if applicable): \$1500

Method by which school will receive profit: check

How and when will these funds be spent to benefit students/instruction: As needed

The money is raised to help with educating students.

Requested by: Ashley Bartlett Date: 8.8.25
Teacher/Club

Approved by: [Signature] Date: 8/11/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections	\$ _____	
Less: Total Expenses	\$ _____	
Total Fundraiser Profit		\$ _____
Total Purchases with Fundraiser Profit		\$ _____
*Difference		\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Beta Club Leadership Summit - Selling Sonic Cards
 Purpose of Fundraiser: Registration Fee - Leadership Conference

Fund/Account Name: Beta Club

Current balance of fund account \$ 1300.⁰⁰ ish Date 8-26-25

Anticipated date(s) of fundraiser: Beginning 8-26-25 Ending 9-18-25

Expected Student Involvement (schoolwide or specific school organization): Beta Club Officers

Margin of profit (if applicable): 100%

Method by which school will receive profit: Cash/Check

How and when will these funds be spent to benefit students/instruction: Leadership Conf. in September

Requested by: Amy Harwell / Beta Date: 8-26-25
Teacher/Club

Approved by: [Signature] Date: 8-29-25
Principal

Approved by: [Signature] Date: 8/29/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: School Store Fundraiser

Purpose of Fundraiser: To raise money to support students and teachers

Fund/Account Name: OBES Parent Club

Current balance of fund account \$ 10,500.00 Date 08-21-25

Anticipated date(s) of fundraiser: Beginning Aug 25 Ending December 19

Expected Student Involvement (schoolwide or specific school organization): School wide

Margin of profit (if applicable): _____

Method by which school will receive profit: Check

How and when will these funds be spent to benefit students/instruction: School needs for teachers and students

Requested by: Megan Whitehead Teacher/Club Date: 8-21-25

Approved by: Stacy Fertuch Principal Date: 8.21.25

Approved by: [Signature] Director of Schools Date: 8/22/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____

Handwritten notes in the left margin, including the word "Squid" and other illegible text.

Main body of handwritten text on the right page, starting with "Squid" and continuing with several lines of illegible script.

A distinct section of handwritten text, possibly a signature or a specific heading, located in the middle of the right page.

Lower section of handwritten text on the right page, including what appears to be a date and other illegible notes.



Fundraiser Authorization

Proposed Fundraising Activity: Treat Trolley

Purpose of Fundraiser: students can purchase snacks and items

Fund/Account Name: Youth First

Current balance of fund account \$ 5,783.65 Date 8/11/25

Anticipated date(s) of fundraiser: Beginning 8/29/25 Ending 5/21/25

Expected Student Involvement (schoolwide or specific school organization): to purchase snacks and items for a special treats every other Friday and special occasions

Margin of profit (if applicable): anything over cost

Method by which school will receive profit: as needed

How and when will these funds be spent to benefit students/instruction: student and teacher needs

Requested by: Stephanie Giles, Youth First President Date: 8/11/25
Teacher/Club

Approved by: Robert J. Reasonover Date: 8.11.25
Principal

Approved by: [Signature] Date: 8/11/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Sheets

Purpose of Fundraiser: Money for Season expenses

Fund/Account Name: Girls Basketball

Current balance of fund account \$ 2133.48 Date 8/18/25

Anticipated date(s) of fundraiser: Beginning 9/1/25 Ending 9/30/25

Expected Student Involvement (schoolwide or specific school organization): Girls basketball team

Margin of profit (if applicable): \$3000

Method by which school will receive profit: Cash or check

How and when will these funds be spent to benefit students/instruction: Season expenses

Requested by: Nicholas Eli Barnwell Date: 8/18/25
Teacher/Club

Approved by: David Stealy Date: 8/18/25
Principal

Approved by: Justin [Signature] Date: 8/18/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: homecoming kits / items

Purpose of Fundraiser: to raise money for student and teacher needs

Fund/Account Name: Youth First

Current balance of fund account \$ 5,783.65 Date 8/11/25

Anticipated date(s) of fundraiser: Beginning 9/1/25 Ending 10/3/25

Expected Student Involvement (schoolwide or specific school organization): to purchase spirit items for homecoming

Margin of profit (If applicable): anything over cost

Method by which school will receive profit: students and teacher needs

How and when will these funds be spent to benefit students/instruction: as needed

Requested by: Stephanie Giles, Youth First President Date: 8/11/25
Teacher/Club

Approved by: Robert J. Reasonover Date: 8-11-25
Principal

Approved by: [Signature] Date: 8/11/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Linking Learning to Life

Proposed Fundraising Activity: School Spirit Items

Purpose of Fundraiser: raise FCCUA funds

Fund/Account Name: 8010

Current balance of fund account \$ 476.99 Date 8/29/25

Anticipated date(s) of fundraiser: Beginning 9/5/25 Ending 10/31/25

Expected Student Involvement (school-wide or specific school organization): _____

Selling student to student

Margin of profit (if applicable): 50%

Method by which school will receive profit: cash

How and when will these funds be spent to benefit students/instruction: replenishing FCCUA account.

Requested by: [Signature] Date: 8/29/25
Teacher/Club

Approved by: [Signature] Date: 8/29/25
Principal

Approved by: [Signature] Date: 8/29/25
Director of Schools

** Requests must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Linking Learning to Life

Fundraiser Authorization

Proposed Fundraising Activity: Coffee House

Purpose of Fundraiser: raise FCCUA funds

Fund/Account Name: 8010

Current balance of fund account \$ 476.99 Date 8/29/25

Anticipated date(s) of fundraiser: Beginning 9/5/25 Ending 9/26/25

Expected Student Involvement (school-wide or specific school organization): _____

Selling in school

Margin of profit (if applicable): _____

Method by which school will receive profit: cash

How and when will these funds be spent to benefit students/instruction: _____

replenishing FCCUA account.

Requested by: [Signature] Date: 8/29/25
Teacher/Club

Approved by: [Signature] Date: 8/29/25
Principal

Approved by: [Signature] Date: 8/29/25
Director of Schools

** Requests must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Donut Sale

Purpose of Fundraiser: to raise money for new black uniforms & run through banner

Fund/Account Name: CHTA Cheer Account

Current balance of fund account \$ 4,321.82 Date 8-8-25

Anticipated date(s) of fundraiser: Beginning Sept. 6, 2025 Ending Sept. 6th, 2025

Expected Student Involvement (school wide or specific school organization): girls will sell donuts

Margin of profit (if applicable): _____

Method by which school will receive profit: # of donuts sold

How and when will these funds be spent to benefit students/instruction: money raised will help pay for new black uniforms & run through banner

Requested by: Kendra Burkett / FHS Cheer Coach Date: 8-8-25

Approved by: [Signature] Date: 8/11/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: CMS Homecoming Dance

Purpose of Fundraiser: Raise money for cheer items transportation, etc.

Fund/Account Name: CMS Cheer

Current balance of fund account \$ 7,214.23 Date 8-13-25

Anticipated date(s) of fundraiser: Beginning Sept. 6 Ending Sept. 6

Expected Student Involvement (schoolwide or specific school organization): middle school students @ CMS

Margin of profit (if applicable): _____

Method by which school will receive profit: Cash

How and when will these funds be spent to benefit students/instruction: money will be spent on cheer items/transportation

Requested by: Trina Blalock / CMS Cheer Date: 8-15-23
Teacher/Club

Approved by: [Signature] Date: 8/15/23
Principal

Approved by: [Signature] Date: 8/18/25
Director of Schools

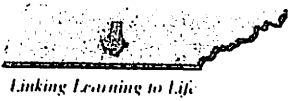
** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections	\$ _____
Less: Total Expenses	\$ _____
Total Fundraiser Profit	\$ _____
Total Purchases with Fundraiser Profit	\$ _____
*Difference	\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Pink Out-T-Shirts
Purpose of Fundraiser: Student rewards & student activities

Fund/Account Name: LMS PTO

Current balance of fund account \$ 6337.74 Date Sept 2nd

Anticipated date(s) of fundraiser: Beginning Sept 8th Ending Sept 26th

Expected Student Involvement (schoolwide or specific school organization): PTO online store sells

Margin of profit (if applicable): depends on how many shirts are sold

Method by which school will receive profit: shirts will be sold for \$20 so depending on the sale we will receive a percentage of the sale of the t-shirts.

How and when will these funds be spent to benefit students/instruction: 2025-2026 school year activities

Requested by: Trennda Johnson Date: Sept 2nd 2025
Teacher/Club

Approved by: Heather M. Eddings Date: 9-2-25
Principal

Approved by: [Signature] Date: 9/2/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections	\$ _____
Less: Total Expenses	\$ _____
Total Fundraiser Profit	\$ _____
Total Purchases with Fundraiser Profit	\$ _____
*Difference	\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: MCHS Homecoming Canned Food Drive/Volleyball Game

Purpose of Fundraiser: To collect food items for HopeTown

Fund/Account Name: MCHS Student Council

Current balance of fund account \$ 3735.97 Date _____

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Expected Student Involvement (schoolwide or specific school organization):
Schoolwide

Margin of profit (if applicable): _____

Method by which school will receive profit: Collect food items/donations to buy additional items

How and when will these funds be spent to benefit students/instruction: All items will be donated to HopeTown's food pantry

Requested by: *Vanessa Sweeney*
Teacher/Club

Date: 9/5/2025

Approved by: *David Stealy*
Principal

Date: 9/5/25

Approved by: *Justin Penn*
Director of Schools

Date: 9/8/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: MCHS Homecoming Student Trailer Sponsors

Purpose of Fundraiser: To raise money to help cover the expenses associated with decorating a student trailer

Fund/Account Name: MCHS Student Council

Current balance of fund account \$ 3735.97 Date _____

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Expected Student Involvement (schoolwide or specific school organization): Schoolwide

Margin of profit (if applicable): ~\$100 per trailer

Method by which school will receive profit: Donations

How and when will these funds be spent to benefit students/instruction: Funds will be used to help buy supplies for student trailers and build school spirit

Requested by: *Vanessa Sweeney*
Teacher/Club

Date: 9/5/2025

Approved by: *David Stealy*
Principal

Date: 9/5/25

Approved by: *Justin Orr*
Director of Schools

Date: 9/8/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: MCHS Homecoming Movie Night

Purpose of Fundraiser: To provide an activity for students during Homecoming Week

Fund/Account Name: MCHS Student Council

Current balance of fund account \$ 3735.97 Date _____

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Expected Student Involvement (schoolwide or specific school organization): Schoolwide

Margin of profit (if applicable): Price TBD (Depends on hosting at the Drive-In or at MCHS)

Method by which school will receive profit: Students will purchase a ticket

How and when will these funds be spent to benefit students/instruction: Activities and events to promote a positive school culture and climate

Requested by: Vanessa Sweeney
Teacher/Club

Date: 9/5/2025

Approved by: David Stealy
Principal

Date: 9/5/25

Approved by: Justin Perry
Director of Schools

Date: 9/8/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: MCHS Homecoming Powderpuff Games and Concessions

Purpose of Fundraiser: To provide a school activity for students on Tuesday and Thursday of Homecoming Week

Fund/Account Name: MCHS Student Council

Current balance of fund account \$ 3735.97 Date _____

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Expected Student Involvement (schoolwide or specific school organization): Schoolwide and community (Students can play or watch)

Margin of profit (if applicable): _____

Method by which school will receive profit: Gate and Concession Sales

How and when will these funds be spent to benefit students/instruction: Activities and events to help promote a positive school culture and climate.

Requested by: *Vanessa H. Greeney*
Teacher/Club

Date: 9/5/2025

Approved by: *David Stealy*
Principal

Date: 9/5/25

Approved by: *Justin Perry*
Director of Schools

Date: 9/8/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: MCHS Homecoming Dance

Purpose of Fundraiser: To provide a school activity for students on the Saturday after Homecoming (October 4) and to raise funds to cover expenses associated with the event

Fund/Account Name: MCHS Student Council

Current balance of fund account \$ 3735.97 Date _____

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Expected Student Involvement (schoolwide or specific school organization): Schoolwide

Margin of profit (if applicable): Depends on total expenses -- DJ, food, decorations

Method by which school will receive profit: Ticket Sales

How and when will these funds be spent to benefit students/instruction: Activities and events to help promote a positive school culture and climate.

Requested by: *Vanessa Sweeney*
Teacher/Club

Date: 9/5/2025

Approved by: *David Steady*
Principal

Date: 9/5/25

Approved by: *[Signature]*
Director of Schools

Date: 9/8/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Rocket Walk

Purpose of Fundraiser: Field trip expenses, Student Rewards,

Fund/Account Name: class of 30 and class of 31

Current balance of fund account \$ 30 (1731.93) 30' 0 Date 8/27

Anticipated date(s) of fundraiser: Beginning 9/9 Ending 9/26

Expected Student Involvement (schoolwide or specific school organization): _____

7th + 8th grade

Margin of profit (if applicable): 100% - (lunch cost and gift cards)

Method by which school will receive profit: donations

How and when will these funds be spent to benefit students/instruction: field trip expenses, rewards for students,

Requested by: Mary Hickerson Date: 8/27/2025
Teacher/Club

Approved by: [Signature] Date: 8/28/25 Principal

Approved by: [Signature] Date: 8/28/25 Director
of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Senior calendar fundraiser

Purpose of Fundraiser: to raise funds for senior year expenses - graduation, senior trip, etc.

Fund/Account Name: Class of 2026

Current balance of fund account \$ 1275.00 Date _____

Anticipated date(s) of fundraiser: Beginning 9/10/2025 Ending 9/26/2025

Expected Student Involvement (schoolwide or specific school organization): class of 2026

Margin of profit (if applicable): 100% of calendar donations after reward expenses

Method by which school will receive profit: direct payment

How and when will these funds be spent to benefit students/instruction: graduation trip and graduation

Requested by: Lacy Hooten *Randy Hooten* Date: 9/3/2025
Teacher/Club

Approved by: *David Stucky* Date: 9/3/25
Principal

Approved by: *Justin Pen* Date: 9/8/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Linking Learning to Life

Fundraiser Authorization

Proposed Fundraising Activity: Kona Ice

Purpose of Fundraiser: ACT snacks, rewards, shirts, pep rally prizes

Fund/Account Name: ACT

Current balance of fund account \$ 4035.79 Date 8-1-25

Anticipated date(s) of fundraiser: Beginning 9-12-25 Ending 9-12-25

Expected Student Involvement (school-wide or specific school organization): School-wide

Margin of profit (if applicable): _____

Method by which school will receive profit: Kona Ice sends check

How and when will these funds be spent to benefit students/instruction: ACT instruction & pep rally

Requested by: Jill Worley ACT Date: 8/12/25
Teacher/Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Sell chocolate bars through WF Chocolate

Purpose of Fundraiser: to raise money to go toward Beta convention and/or other Beta activities

Fund/Account Name: Jr. Beta Club

Current balance of fund account \$ 2590.96 Date 8/28/25

Anticipated date(s) of fundraiser: Beginning 9/15/25 Ending 10/3/25

Expected Student Involvement (schoolwide or specific school organization): Jr. Beta Club

Margin of profit (if applicable): ~\$.62 / \$1^{bar} sold

Method by which school will receive profit: selling chocolate bars

How and when will these funds be spent to benefit students/instruction: Convention for Beta activities

Requested by: Curry / Jr. Beta Date: 8/26/25
Teacher/Club

Approved by: [Signature] Date: 8/29/25
Principal

Approved by: [Signature] Date: 8/29/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: CHES Fall Book Fair (2025)

Purpose of Fundraiser: to help increase library funds to build classroom/ school libraries, to involve families by demonstrating that reading is important, & to provide easy access to a wide asst. of books

Fund/Account Name: Library Fund

Current balance of fund account \$ 12,509.65 Date 6/30/25

Anticipated date(s) of fundraiser: Beginning Sept. 17, 2025 Ending Sept. 25, 2025

Expected Student Involvement (schoolwide or specific school organization): _____

Grades K-3 & the Chapel Hill Community

Margin of profit (if applicable): Fall 2024 = \$3957.22 total profit = \$3694.55

Method by which school will receive profit: Total sales over \$4,000 = 30% cash

How and when will these funds be spent to benefit students/instruction: throughout the school year * See attached

Requested by: Jennifer Lynch / Librarian Date: 8/11/25
Teacher/Club

Approved by: Dawn Kinley Date: 8/11/25
Principal

Approved by: Justin Pen Date: 8/11/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Boo Bags

Purpose of Fundraiser: Raise money for special education students - Field Trips Events - Cooking Transition

Fund/Account Name: Special Education

Current balance of fund account \$ 1519.00 Date _____

Anticipated date(s) of fundraiser: Beginning 9/22/2025 Ending 10/10/2025 or 10/24/25

Expected Student Involvement (schoolwide or specific school organization): Learning Lab

students will participate with setting Boo Bags before school starts, between classes.

Margin of profit (if applicable): _____

Method by which school will receive profit: Cash - Boo Bags \$1.00 per bag.

How and when will these funds be spent to benefit students/instruction: To purchase

cooking items for Transition to Adulthood and Post Secondary classes or field trip

Requested by: Terry Kilgallon Date: 9/4/2025
Teacher/Club

Approved by: Dawn Stuey Date: 9/4/25
Principal

Approved by: John Perry Date: 9/8/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Mums Sale

Purpose of Fundraiser: Fund XC/Golf expense

Fund/Account Name: XC/Golf

Current balance of fund account \$ \$1000 Date 8/12/25

Anticipated date(s) of fundraiser: Sept 23

Expected Student Involvement (schoolwide or specific school organization): team members

Margin of profit (if applicable): 50-70%

Method by which school will receive profit. Pre-orders

How and when will these funds be spent to benefit students/instruction: Will fund spring sports expenses that come out of team accounts (balls, equipment, uniforms, travel, field maintenance/improvements)

Requested by: Ben Putman
Teacher/Club

Date: 8/14/25

Approved by: [Signature]
Principal

Date: 8/14/25

Approved by: [Signature]
Director of Schools

Date: 8/18/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Temporary Tattoo

Purpose of Fundraiser: The purpose of the fundraiser is to raise money for the MCHS concert choir for bussing, music and other necessities.

Fund/Account Name: MCHS Choir Booster

Current balance of fund account \$ 3382.63 Date 8/13/2025

Anticipated date(s) of fundraiser: Beginning 9/29/25 Ending 10/10/25

Expected Student Involvement (schoolwide or specific school organization): Students will be selling temporary tattoos during lunch time to other students and staff members.

Margin of profit (if applicable): N/A This fundraiser has never been done yet.

Method by which school will receive profit: Cash

How and when will these funds be spent to benefit students/instruction: Money will go to bussing, Music, tech and other necessities for the concert choir.

Requested by: Kaitlynn Wiley Date: 8/13/25
Teacher/Club

Approved by: [Signature] Date: 8/13/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections	\$ _____
Less: Total Expenses	\$ _____
Total Fundraiser Profit	\$ _____
Total Purchases with Fundraiser Profit	\$ _____
*Difference	\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Lions Club - Colorguard Fundraiser

Purpose of Fundraiser: To raise money to offset the cost of colorguard flags, shoes, and costumes.

Fund/Account Name: MCHS Band Boosters

Current balance of fund account \$ \$5,441.96 Date 09/02/2025

Anticipated date(s) of fundraiser: Beginning Oct. 4, 2025 Ending Oct. 4, 2025

Expected Student Involvement (schoolwide or specific school organization): MCHS Colorguard students will sell baked goods and ornaments at the booth.

Margin of profit (if applicable): \$35 booth purchase then 100% profit

Method by which school will receive profit: Cash and card via MCHS Band Square

How and when will these funds be spent to benefit students/instruction: The funds will be used to offset the money we have already spent on colorguard this year.

Requested by: Dalton Parkerson - MCHS Band
Teacher/Club

Date: 09/02/2025

Approved by: [Signature]
Principal

Date: 9/2/25

Approved by: [Signature]
Director of Schools

Date: 9/2/25

**** Request must be made 60 days prior to the proposed fundraiser.**

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____

Fundraiser Authorization

Proposed Fundraising Activity: Tom Wat / Meadow Farms

Purpose of Fundraiser: To raise funds for the WES Chorus

Annual trip to the Holiday World Music Festival

Fund/Account Name: WES Chorus

Current balance of fund account \$ 2797.13 Date 8/22/25

Anticipated date(s) of fundraiser: Beginning 10/6/25 Ending 10/30/26

Expected Student Involvement (schoolwide or specific school organization): _____

WES Chorus Members

Margin of profit (if applicable): 40%

Method by which school will receive profit: Catalogue Sales

How and when will these funds be spent to benefit students/instruction: they will be

spent in April to pay for transportation and entry fee for H.W.M.F.

Requested by: Nora Tom
Teacher/Club

Date: 9/2/25

Approved by: Corie Uherbeck
Principal

Date: 9.2.25

Approved by: [Signature]
Director of Schools

Date: 9/2/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in intended purpose must be approved by the director of schools.)*

Principal's Signature _____



Linking Learning to Life

Fundraiser Authorization

Proposed Fundraising Activity: Travelin' Tom Coffee

Purpose of Fundraiser: ACT snacks, rewards, shirts,
pep rally prizes

Fund/Account Name: ACT

Current balance of fund account \$ 4035.79 Date 8-1-25

Anticipated date(s) of fundraiser: Beginning 10/9/25 Ending 10/9/25

Expected Student Involvement (school-wide or specific school organization): Schoolwide

Margin of profit (if applicable): _____

Method by which school will receive profit: TTC sends check

How and when will these funds be spent to benefit students/instruction: ACT instruction
+ pep rally

Requested by: Jill Worley ACT Date: 8/12/25
Teacher/Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature

Fundraiser Authorization

Proposed Fundraising Activity: Holiday Concert

Purpose of Fundraiser: To raise funds for the WES Chorus

Annual trip to the Holiday World Music Festival

Fund/Account Name: WES Chorus

Current balance of fund account \$ 2797.13 Date 8/22/25

Anticipated date(s) of fundraiser: Beginning Dec. 11, 2025 Ending Dec. 11, 2025

Expected Student Involvement (schoolwide or specific school organization): _____

WES Chorus Members

Margin of profit (if applicable): 90%

Method by which school will receive profit: ticket sales

How and when will these funds be spent to benefit students/instruction: they will be

spent in April to pay for transportation and entry fee for H.W.M.F.

Requested by: Nora Tom
Teacher/Club

Date: 9/2/25

Approved by: Cecile Wheeler
Principal

Date: 9.2.25

Approved by: [Signature]
Director of Schools

Date: 9/2/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature



Fundraiser Authorization

Proposed Fundraising Activity: Hot chocolate / Coffee Sales

Purpose of Fundraiser: STEM Club activities and equipment

Fund/Account Name: STEM Club

Current balance of fund account \$ 0 Date 8/13/25

Anticipated date(s) of fundraiser: Beginning OCTOBER 20, 2025 Ending MARCH 20, 2026

Expected Student Involvement (schoolwide or specific school organization): STEM Club

Members running coffee sales

Margin of profit (if applicable): 300-400

Method by which school will receive profit: CASH

How and when will these funds be spent to benefit students/instruction: Spent by 6/1/26

Requested by: D Cook / STEM CLUB Date: 8/13/25
Teacher/Club

Approved by: Dawn Stealy Date: 8/13/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Fruit Fundraiser - Pee Jay's Fresh Fruit

Purpose of Fundraiser: To raise money for the band.

Fund/Account Name: MCHS Band Boosters

Current balance of fund account \$ 5,202.62 Date 08/14/2025

Anticipated date(s) of fundraiser: Beginning 10/21/2025 Ending 11/15/2025

Expected Student Involvement (schoolwide or specific school organization): The MCHS members will sell fruit.

Margin of profit (if applicable): 40%

Method by which school will receive profit: We pay the cost of the fruit, and we keep the profit.

How and when will these funds be spent to benefit students/instruction: The funds will be used to purchase new equipment and supplies neccessary for the running of a good band program.

Requested by: Dalton Parkerson - MCHS Band

Date: 08/14/2025

Teacher/Club

Approved by: David Stealy

Principal

Date: 8/14/25

Approved by: [Signature]

Director of Schools

Date: 8/18/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: Fruit Fundraiser - Pee Jay's Fresh Fruit

Purpose of Fundraiser: To raise money for the LMS band.

Fund/Account Name: Lewisburg Middle School Band

Current balance of fund account \$ 3,070.46 Date 08/14/2025

Anticipated date(s) of fundraiser: Beginning 10/21/2025 Ending 11/15/2025

Expected Student Involvement (schoolwide or specific school organization): The LMS Band students will sell fruit.

Margin of profit (if applicable): 40%

Method by which school will receive profit: We pay for the cost of the fruit, and keep the profit.

How and when will these funds be spent to benefit students/instruction: The funds will be used to purchase essential equipment for band (sticks, reeds, etc.)

Requested by: Dalton Parkerson - LMS Band

Date: 08/12/2025

Approved by:
Teacher/Club

Date: 8/27/25

Approved by:
Principal

Date: 8/27/25

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____

Fundraiser Authorization

Proposed Fundraising Activity: Kona Ice

ACI snacks, rewards, shirts
pep rally prizes

Fund/Account Name: ACI

Current balance of fund account \$ 4035.74 Date 8-1-25

Anticipated date(s) of fundraiser: Beginning 10/24/25 Ending 10/24/25

Expected Student involvement (school-wide or specific school organization): school-wide
(Homecoming Day)

Margin of profit (if applicable): _____

Method by which school will receive profit: Kona Ice sends check

How and when will these funds be spent to benefit students/instruction: ACI instruction
& pep rally

Requested by: Jill Worley ACI Date 5/12/25
Teacher/Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____



Fundraiser Authorization

Proposed Fundraising Activity: TRAVELER 10m LOTTERY

Purpose of Fundraiser: TTC SNACKS, REWARDS, SNIRB, pep rally prices

Fund/Account Name: ACT

Current balance of fund account \$ TWO. 11 Date 8-1-25

Anticipated date(s) of fundraiser: beginn. 11-21-25 ending 11-21-25

Expected Student Involvement (school-wide or specific school organization): Schoolwide

Method by which school will receive profit: TTC sends check

How and when will these funds be spent to benefit students/instruction: ACT instruction + pep rally

Requested by: Juli Wiley ACT Date: 5/12/25
Teacher/Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections	\$ _____
Less: Total Expenses	\$ _____
Total Fundraiser Profit	\$ _____
Total Purchases with Fundraiser Profit	\$ _____
*Difference	\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____

Fundraiser Authorization

Learning Learning to Life

Proposed Fundraising Activity: Travis' Team ACT

Purpose of Fundraise: ACT snacks, rewards, prizes, non-calle mixer

Fund/Account Name: ACT

Current balance of fund account \$ 4035.79 8-1-25

Anticipated date of fundraiser: 12-18-25 12-18-25

Expected Student Involvement (school-wide or specific school organization): Schoolwide

Margin of profit (if applicable): _____

Method by which school will receive profit: TTC sends check

How and when will these funds be spent to benefit students/instruction: ACT instruction

Requested by: Jill Worley ACT Date: 8/12/25
Teacher/Club

Approved by: [Signature] Date: 8/12/25
Principal

Approved by: [Signature] Date: 8/14/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature _____

Fundraiser Authorization

Proposed Fundraising Activity: Little Caesars Pizza Kits

Purpose of Fundraiser: To raise funds for the WES Chorus

Annual trip to the Holiday World Music Festival

Fund/Account Name: WES Chorus

Current balance of fund account \$ 2797.13 Date 8/22/25

Anticipated date(s) of fundraiser: Beginning 2/9/26 Ending 2/27/26

Expected Student Involvement (schoolwide or specific school organization): _____

WES Chorus Members

Margin of profit (if applicable): \$6.00 per pizza kit sold.

Method by which school will receive profit: sales

How and when will these funds be spent to benefit students/instruction: they will be

spent in April to pay for transportation and entry fee for H.W.M.F.

Requested by: Noaa Tom Date: 9/2/25
Teacher/Club

Approved by: Caree Hubach Date: 9.2.25
Principal

Approved by: [Signature] Date: 9/2/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections	\$ _____
Less: Total Expenses	\$ _____
Total Fundraiser Profit	\$ _____
Total Purchases with Fundraiser Profit	\$ _____
*Difference	\$ _____

**If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)*

Principal's Signature

Fundraiser Authorization

Proposed Fundraising Activity: Valentine Dance

Purpose of Fundraiser: To raise funds for the WES Chorus

Annual trip to the Holiday World Music Festival

Fund/Account Name: WES Chorus

Current balance of fund account \$ 2797.13 Date 8/22/25

Anticipated date(s) of fundraiser: Beginning 2/10/26 Ending 2/10/26

Expected Student Involvement (schoolwide or specific school organization): _____

WES Chorus Members

Margin of profit (if applicable): 85%

Method by which school will receive profit: entry fee and concessions

How and when will these funds be spent to benefit students/instruction: they will be

spent in April to pay for transportation and entry fee for H.W.M.F.

Requested by: Aaron Tom Date: 9/2/25
Teacher/Club

Approved by: Cecilia Herbach Date: 9.2.25
Principal

Approved by: [Signature] Date: 9/2/25
Director of Schools

** Request must be made 60 days prior to the proposed fundraiser.

To be completed following fundraiser:

Total Collections \$ _____

Less: Total Expenses \$ _____

Total Fundraiser Profit \$ _____

Total Purchases with Fundraiser Profit \$ _____

*Difference \$ _____

If the amount spent is less than the profit, please provide explanation and intended disposition of balance. (The disposition of excess proceeds or a change in authorized purpose must be approved by the director of schools.)

Principal's Signature

Fnd T Acct Obj Prj Loc Prg	Account Level Description	2025-26	2025-26	2025-26	Unexpended	July 2025-26
		Original Budget	Revised Budget	FYTD Activity	Balance	Monthly Activity
141 R 40110 000 000 00000 000	CURRENT PROPERTY TAX	9,225,853.00	9,225,853.00		9,225,853.00	
141 R 40120 000 000 00000 000	TRUSTEE'S COLLECTIONS	149,934.00	149,934.00	18,557.98	131,376.02	18,557.98
141 R 40125 000 000 00000 000	TRUSTEE'S COLLECTIONS	5,000.00	5,000.00	11.20	4,988.80	11.20
141 R 40130 000 000 00000 000	CIR CLK/CLK & MASTER	51,676.00	51,676.00	1,503.33	50,172.67	1,503.33
141 R 40140 000 000 00000 000	INTEREST AND PENALTY	30,513.00	30,513.00	858.52	29,654.48	858.52
141 R 40210 000 000 00000 000	LOCAL OPTION SALES TA	4,900,000.00	4,900,000.00	407,336.46	4,492,663.54	407,336.46
141 R 40275 000 000 00000 000	MIXED DRINK TAX	20,000.00	20,000.00	2,385.26	17,614.74	2,385.26
141 R 41110 000 000 00000 000	MARRIAGE LICENSES	2,000.00	2,000.00	180.50	1,819.50	180.50
141 R 43517 000 000 00000 000	TUITION-OTHER	125,000.00	125,000.00		125,000.00	
141 R 43570 000 000 00000 000	RECEIPTS FROM INDIVID	75,000.00	75,000.00	2,580.58	72,419.42	2,580.58
141 R 43570 000 000 40200 000				565.67	-565.67	565.67
141 R 43583 000 000 00000 000	TBI CRIMINAL BACKGROU	500.00	500.00		500.00	
141 R 43990 000 000 00000 000	OTHER CHARGES FOR SER	40,000.00	40,000.00	25.00	39,975.00	25.00
141 R 44130 000 000 00000 000	SALE OF MATERIALS AND	3,000.00	3,000.00	348.00	2,652.00	348.00
141 R 44170 000 000 00000 000	MISCELLANEOUS REFUNDS	80,000.00	80,000.00	15,310.44	64,689.56	15,310.44
141 R 44170 000 000 30008 000	MISC REFUNDS-STELLER			62.57	-62.57	62.57
141 R 44530 000 000 00000 000	SALE OF EQUIPMENT	3,000.00	3,000.00		3,000.00	
141 R 44560 000 000 00000 000	DAMAGES RECOVERED FRO	1,000.00	1,000.00	200.00	800.00	200.00
141 R 46510 000 000 00000 000	TISA	40,619,000.00	40,619,000.00	992,278.87	39,626,721.13	992,278.87
141 R 46515 000 000 00000 000	EARLY CHILDHOOD EDUCA	193,519.00	193,519.00		193,519.00	
141 R 46550 000 000 00000 000	DRIVER EDUCATION	15,662.00	15,662.00		15,662.00	
141 R 46590 000 000 30014 000				894,294.00	-894,294.00	894,294.00
141 R 46610 000 000 00000 000	CAREER LADDER PROGRAM	53,512.00	53,512.00		53,512.00	
141 R 46790 000 000 00000 000	OTHER VOCATIONAL	134,060.00	134,060.00		134,060.00	
141 R 46851 000 000 00000 000	STATE REVENUE SHARING	190,000.00	190,000.00		190,000.00	
141 R 49700 000 000 00000 000	INSURANCE RECOVERY	2,000.00	2,000.00	2,369.00	-369.00	2,369.00
141 R -----		55,920,229.00	55,920,229.00	2,338,867.38	53,581,361.62	2,338,867.38
141 - -----		55,920,229.00	55,920,229.00	2,338,867.38	53,581,361.62	2,338,867.38
Grand Revenue Totals		55,920,229.00	55,920,229.00	2,338,867.38	53,581,361.62	2,338,867.38

Number of Accounts: 26

***** End of report *****

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
71100	REGULAR INSTRUCTION PROGRAM								
116	TEACHERS	18,946,169.00	18,946,169.00	309,942.99	0.00	18,636,226.01	1.64	309,942.99	0.00
117	CAREER LADDER PROGRAM	30,800.00	30,800.00	0.00	0.00	30,800.00	0.00	0.00	0.00
128	HOMEBOUND TEACHERS	10,000.00	10,000.00	0.00	0.00	10,000.00	0.00	0.00	0.00
163	EDUCATIONAL ASSISTANTS	735,976.00	735,976.00	33,386.14	0.00	702,589.86	4.54	33,386.14	0.00
186	LONGEVITY PAY	200,425.00	200,425.00	0.00	0.00	200,425.00	0.00	0.00	0.00
189	OTHER SALARIES & WAGES	772,348.00	772,348.00	1,887.64	0.00	770,460.36	0.24	1,887.64	0.00
195	CERTIFIED SUBSTITUTE TEACHERS	30,000.00	30,000.00	0.00	0.00	30,000.00	0.00	0.00	0.00
198	NON-CERTIFIED SUBSTITUTE TEACH	280,000.00	280,000.00	2,671.48	0.00	277,328.52	0.95	2,671.48	0.00
201	SOCIAL SECURITY	1,302,355.00	1,302,355.00	21,425.31	0.00	1,280,929.69	1.65	21,425.31	0.00
204	PENSIONS	1,210,516.00	1,210,516.00	23,465.17	0.00	1,187,050.83	1.94	23,465.17	0.00
207	MEDICAL INSURANCE	4,248,364.00	4,248,364.00	1,032.52	0.00	4,247,331.48	0.02	1,032.52	0.00
208	DENTAL INSURANCE	14,728.00	14,728.00	4.56	0.00	14,723.44	0.03	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	9,846.00	9,846.00	8.39	0.00	9,837.61	0.09	8.39	0.00
212	EMPLOYER MEDICARE	304,583.00	304,583.00	5,010.82	0.00	299,572.18	1.65	5,010.82	0.00
217	RETIREMENT-HYBRID STABILIZATIO	83,208.00	83,208.00	1,396.37	0.00	81,811.63	1.68	1,396.37	0.00
336	MAINTENANCE AND REPAIR SERVICE	135,675.00	135,675.00	4,422.44	8,133.18	123,119.38	9.25	4,422.44	4,817.98
356	TUITION	15,000.00	15,000.00	0.00	0.00	15,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	363,110.00	363,110.00	1,956.00	58,601.16	302,552.84	16.68	1,956.00	0.00
429	INSTRUCTIONAL SUPPLIES AND MAT	301,949.00	301,949.00	34,066.40	109,675.20	158,207.40	47.60	34,066.40	6,708.50
449	TEXTBOOKS	200,000.00	200,000.00	198,875.12	335,763.35	-334,638.47	267.32	198,875.12	550,886.47
722	REGULAR INSTRUCTION EQUIPMENT	103,000.00	103,000.00	8,907.38	27,295.50	66,797.12	35.15	8,907.38	2,152.80
---	REGULAR INSTRUCTION PROGRAM	29,298,052.00	29,298,052.00	648,458.73	539,468.39	28,110,124.88	4.05	648,458.73	564,565.75

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
71150	ALTERNATIVE INSTRUCTION PROGRA								
116	TEACHERS	139,544.00	139,544.00	0.00	0.00	139,544.00	0.00	0.00	0.00
186	LONGEVITY PAY	1,650.00	1,650.00	0.00	0.00	1,650.00	0.00	0.00	0.00
198	NON-CERTIFIED SUBSTITUTE TEACH	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
201	SOCIAL SECURITY	8,816.00	8,816.00	0.00	0.00	8,816.00	0.00	0.00	0.00
204	PENSIONS	8,147.00	8,147.00	0.00	0.00	8,147.00	0.00	0.00	0.00
207	MEDICAL INSURANCE	38,935.00	38,935.00	0.00	0.00	38,935.00	0.00	0.00	0.00
208	DENTAL INSURANCE	109.00	109.00	0.00	0.00	109.00	0.00	0.00	0.00
210	UNEMPLOYMENT COMPENSATION	63.00	63.00	0.00	0.00	63.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	2,062.00	2,062.00	0.00	0.00	2,062.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	3,000.00	3,000.00	53.90	0.00	2,946.10	1.80	53.90	0.00
429	INSTRUCTIONAL SUPPLIES AND MAT	800.00	800.00	0.00	0.00	800.00	0.00	0.00	0.00
722	REGULAR INSTRUCTION EQUIPMENT	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00	0.00	0.00
---	ALTERNATIVE INSTRUCTION PROGRA	207,126.00	207,126.00	53.90	0.00	207,072.10	0.03	53.90	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
71200	SPECIAL EDUCATION PROGRAM								
116	TEACHERS	1,517,504.00	1,517,504.00	0.00	0.00	1,517,504.00	0.00	0.00	0.00
117	CAREER LADDER PROGRAM	3,180.00	3,180.00	0.00	0.00	3,180.00	0.00	0.00	0.00
128	HOMEBOUND TEACHERS	6,000.00	6,000.00	0.00	0.00	6,000.00	0.00	0.00	0.00
163	EDUCATIONAL ASSISTANTS	663,638.00	663,638.00	0.00	0.00	663,638.00	0.00	0.00	0.00
171	SPEECH PATHOLOGIST	340,124.00	340,124.00	0.00	0.00	340,124.00	0.00	0.00	0.00
186	LONGEVITY PAY	27,025.00	27,025.00	0.00	0.00	27,025.00	0.00	0.00	0.00
195	CERTIFIED SUBSTITUTE TEACHERS	3,500.00	3,500.00	0.00	0.00	3,500.00	0.00	0.00	0.00
198	NON-CERTIFIED SUBSTITUTE TEACH	24,000.00	24,000.00	0.00	0.00	24,000.00	0.00	0.00	0.00
201	SOCIAL SECURITY	160,268.00	160,268.00	0.00	0.00	160,268.00	0.00	0.00	0.00
204	PENSIONS	159,047.00	159,047.00	0.00	0.00	159,047.00	0.00	0.00	0.00
207	MEDICAL INSURANCE	795,354.00	795,354.00	0.00	0.00	795,354.00	0.00	0.00	0.00
208	DENTAL INSURANCE	2,780.00	2,780.00	0.00	0.00	2,780.00	0.00	0.00	0.00
210	UNEMPLOYMENT COMPENSATION	1,742.00	1,742.00	0.00	0.00	1,742.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	37,482.00	37,482.00	0.00	0.00	37,482.00	0.00	0.00	0.00
217	RETIREMENT-HYBRID STABILIZATIO	6,732.00	6,732.00	0.00	0.00	6,732.00	0.00	0.00	0.00
429	INSTRUCTIONAL SUPPLIES AND MAT	7,000.00	7,000.00	0.00	0.00	7,000.00	0.00	0.00	0.00
790	OTHER EQUIPMENT	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
---	SPECIAL EDUCATION PROGRAM	3,756,376.00	3,756,376.00	0.00	0.00	3,756,376.00	0.00	0.00	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
71300	CAREER AND TECHNICAL EDUCATION								
116	TEACHERS	1,291,424.00	1,291,424.00	0.00	0.00	1,291,424.00	0.00	0.00	0.00
117	CAREER LADDER PROGRAM	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
186	LONGEVITY PAY	9,450.00	9,450.00	0.00	0.00	9,450.00	0.00	0.00	0.00
189	OTHER SALARIES & WAGES	76,759.00	76,759.00	6,425.66	0.00	70,333.34	8.37	6,425.66	0.00
195	CERTIFIED SUBSTITUTE TEACHERS	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
198	NON-CERTIFIED SUBSTITUTE TEACH	8,000.00	8,000.00	0.00	0.00	8,000.00	0.00	0.00	0.00
201	SOCIAL SECURITY	86,033.00	86,033.00	385.13	0.00	85,647.87	0.45	385.13	0.00
204	PENSIONS	80,875.00	80,875.00	481.92	0.00	80,393.08	0.60	481.92	0.00
207	MEDICAL INSURANCE	303,936.00	303,936.00	626.65	0.00	303,309.35	0.21	626.65	0.00
208	DENTAL INSURANCE	996.00	996.00	4.56	0.00	991.44	0.46	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	531.00	531.00	0.00	0.00	531.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	20,121.00	20,121.00	90.07	0.00	20,030.93	0.45	90.07	0.00
217	RETIREMENT-HYBRID STABILIZATIO	6,487.00	6,487.00	0.00	0.00	6,487.00	0.00	0.00	0.00
336	MAINTENANCE AND REPAIR SERVICE	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00	0.00	0.00
429	INSTRUCTIONAL SUPPLIES AND MAT	34,800.00	34,800.00	0.00	0.00	34,800.00	0.00	0.00	0.00
449	TEXTBOOKS	2,000.00	2,000.00	0.00	7,912.99	-5,912.99	395.65	0.00	0.00
599	OTHER CHARGES	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
730	VOCATIONAL INSTRUCTION EQUIPME	30,000.00	30,000.00	0.00	0.00	30,000.00	0.00	0.00	0.00
---	CAREER AND TECHNICAL EDUCATION	1,956,412.00	1,956,412.00	8,013.99	7,912.99	1,940,485.02	0.81	8,013.99	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72110	ATTENDANCE								
105	SUPERVISOR/DIRECTOR	89,351.00	89,351.00	41,704.40	0.00	47,646.60	46.67	41,704.40	0.00
117	CAREER LADDER PROGRAM	1,600.00	1,600.00	0.00	0.00	1,600.00	0.00	0.00	0.00
130	SOCIAL WORKERS	218,893.00	218,893.00	0.00	0.00	218,893.00	0.00	0.00	0.00
162	CLERICAL PERSONNEL	67,582.00	67,582.00	5,630.84	0.00	61,951.16	8.33	5,630.84	0.00
186	LONGEVITY PAY	8,550.00	8,550.00	0.00	0.00	8,550.00	0.00	0.00	0.00
201	SOCIAL SECURITY	23,931.00	23,931.00	2,889.77	0.00	21,041.23	12.08	2,889.77	0.00
204	PENSIONS	28,903.00	28,903.00	2,828.67	0.00	26,074.33	9.79	2,828.67	0.00
207	MEDICAL INSURANCE	41,415.00	41,415.00	2,177.09	0.00	39,237.91	5.26	2,177.09	0.00
208	DENTAL INSURANCE	274.00	274.00	4.56	0.00	269.44	1.66	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	189.00	189.00	0.00	0.00	189.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	5,597.00	5,597.00	675.84	0.00	4,921.16	12.08	675.84	0.00
355	TRAVEL	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	39,340.00	39,340.00	14,975.61	0.00	24,364.39	38.07	14,975.61	0.00
499	OTHER SUPPLIES AND MATERIALS	3,000.00	3,000.00	254.78	948.72	1,796.50	40.12	254.78	254.78
524	STAFF DEVELOPMENT	4,000.00	4,000.00	74.24	300.00	3,625.76	9.36	74.24	0.00
704	ATTENDANCE EQUIPMENT	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00	0.00	0.00
---	ATTENDANCE	539,125.00	539,125.00	71,215.80	1,248.72	466,660.48	13.44	71,215.80	254.78

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72120	HEALTH SERVICES								
105	SUPERVISOR/DIRECTOR	88,351.00	88,351.00	7,395.90	0.00	80,955.10	8.37	7,395.90	0.00
131	MEDICAL PERSONNEL	349,830.00	349,830.00	5,616.50	0.00	344,213.50	1.61	5,616.50	0.00
186	LONGEVITY PAY	4,400.00	4,400.00	0.00	0.00	4,400.00	0.00	0.00	0.00
201	SOCIAL SECURITY	27,440.00	27,440.00	771.15	0.00	26,668.85	2.81	771.15	0.00
204	PENSIONS	33,194.00	33,194.00	1,039.71	0.00	32,154.29	3.13	1,039.71	0.00
207	MEDICAL INSURANCE	70,119.00	70,119.00	1,627.63	0.00	68,491.37	2.32	1,627.63	0.00
208	DENTAL INSURANCE	328.00	328.00	4.56	0.00	323.44	1.39	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	273.00	273.00	0.00	0.00	273.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	6,417.00	6,417.00	180.35	0.00	6,236.65	2.81	180.35	0.00
217	RETIREMENT-HYBRID STABILIZATIO	3,305.00	3,305.00	131.43	0.00	3,173.57	3.98	131.43	0.00
355	TRAVEL	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	40,000.00	40,000.00	0.00	0.00	40,000.00	0.00	0.00	0.00
499	OTHER SUPPLIES AND MATERIALS	16,000.00	16,000.00	0.00	3,107.93	12,892.07	19.42	0.00	2,952.00
524	STAFF DEVELOPMENT	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
599	OTHER CHARGES	5,000.00	5,000.00	0.00	195.00	4,805.00	3.90	0.00	0.00
735	HEALTH EQUIPMENT	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
---	HEALTH SERVICES	649,657.00	649,657.00	16,767.23	3,302.93	629,586.84	3.09	16,767.23	2,952.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72130	OTHER STUDENT SUPPORT								
117	CAREER LADDER PROGRAM	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
123	GUIDANCE PERSONNEL	813,800.00	813,800.00	0.00	0.00	813,800.00	0.00	0.00	0.00
163	EDUCATIONAL ASSISTANTS	68,509.00	68,509.00	0.00	0.00	68,509.00	0.00	0.00	0.00
186	LONGEVITY PAY	11,200.00	11,200.00	0.00	0.00	11,200.00	0.00	0.00	0.00
189	OTHER SALARIES & WAGES	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
201	SOCIAL SECURITY	55,584.00	55,584.00	0.00	0.00	55,584.00	0.00	0.00	0.00
204	PENSIONS	52,849.00	52,849.00	0.00	0.00	52,849.00	0.00	0.00	0.00
207	MEDICAL INSURANCE	214,146.00	214,146.00	0.00	0.00	214,146.00	0.00	0.00	0.00
208	DENTAL INSURANCE	612.00	612.00	0.00	0.00	612.00	0.00	0.00	0.00
210	UNEMPLOYMENT COMPENSATION	363.00	363.00	0.00	0.00	363.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	12,999.00	12,999.00	0.00	0.00	12,999.00	0.00	0.00	0.00
217	RETIREMENT-HYBRID STABILIZATIO	2,876.00	2,876.00	0.00	0.00	2,876.00	0.00	0.00	0.00
322	EVALUATION AND TESTING	15,000.00	15,000.00	0.00	0.00	15,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	20,000.00	20,000.00	27,000.00	0.00	-7,000.00	135.00	27,000.00	0.00
499	OTHER SUPPLIES AND MATERIALS	4,125.00	4,125.00	0.00	0.00	4,125.00	0.00	0.00	0.00
524	STAFF DEVELOPMENT	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
599	OTHER CHARGES	16,000.00	16,000.00	3,863.75	0.00	12,136.25	24.15	3,863.75	0.00
---	OTHER STUDENT SUPPORT	1,293,063.00	1,293,063.00	30,863.75	0.00	1,262,199.25	2.39	30,863.75	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72210	REGULAR INSTRUCTION PROGRAM								
105	SUPERVISOR/DIRECTOR	461,786.00	461,786.00	38,065.43	0.00	423,720.57	8.24	38,065.43	0.00
117	CAREER LADDER PROGRAM	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00	0.00	0.00
129	LIBRARIANS	648,440.00	648,440.00	0.00	0.00	648,440.00	0.00	0.00	0.00
161	SECRETARY(S)	85,591.00	85,591.00	4,038.04	0.00	81,552.96	4.72	4,038.04	0.00
186	LONGEVITY PAY	17,000.00	17,000.00	0.00	0.00	17,000.00	0.00	0.00	0.00
189	OTHER SALARIES & WAGES	80,270.00	80,270.00	6,066.23	0.00	74,203.77	7.56	6,066.23	0.00
201	SOCIAL SECURITY	80,419.00	80,419.00	2,812.29	0.00	77,606.71	3.50	2,812.29	0.00
204	PENSIONS	77,186.00	77,186.00	2,954.19	0.00	74,231.81	3.83	2,954.19	0.00
207	MEDICAL INSURANCE	267,736.00	267,736.00	8,172.18	0.00	259,563.82	3.05	8,172.18	0.00
208	DENTAL INSURANCE	768.00	768.00	22.80	0.00	745.20	2.97	22.80	0.00
210	UNEMPLOYMENT COMPENSATION	420.00	420.00	0.00	0.00	420.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	18,808.00	18,808.00	657.71	0.00	18,150.29	3.50	657.71	0.00
217	RETIREMENT-HYBRID STABILIZATIO	2,962.00	2,962.00	0.00	0.00	2,962.00	0.00	0.00	0.00
355	TRAVEL	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	10,200.00	10,200.00	0.00	0.00	10,200.00	0.00	0.00	0.00
432	LIBRARY BOOKS/MEDIA	23,650.00	23,650.00	0.00	0.00	23,650.00	0.00	0.00	0.00
499	OTHER SUPPLIES AND MATERIALS	8,750.00	8,750.00	0.00	0.00	8,750.00	0.00	0.00	0.00
524	STAFF DEVELOPMENT	50,000.00	50,000.00	6,699.96	325.00	42,975.04	14.05	6,699.96	6,820.30
790	OTHER EQUIPMENT	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
---	REGULAR INSTRUCTION PROGRAM	1,844,986.00	1,844,986.00	69,488.83	325.00	1,775,172.17	3.78	69,488.83	6,820.30

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72220	SPECIAL EDUCATION PROGRAM								
105	SUPERVISOR/DIRECTOR	89,351.00	89,351.00	7,301.50	0.00	82,049.50	8.17	7,301.50	0.00
124	PHSYCOLOGICAL PERSONNEL	107,793.00	107,793.00	0.00	0.00	107,793.00	0.00	0.00	0.00
162	CLERICAL PERSONNEL	0.00	0.00	3,216.69	0.00	-3,216.69	0.00	3,216.69	0.00
186	LONGEVITY PAY	1,500.00	1,500.00	0.00	0.00	1,500.00	0.00	0.00	0.00
201	SOCIAL SECURITY	12,316.00	12,316.00	618.93	0.00	11,697.07	5.03	618.93	0.00
204	PENSIONS	11,472.00	11,472.00	662.55	0.00	10,809.45	5.78	662.55	0.00
207	MEDICAL INSURANCE	27,344.00	27,344.00	3,036.97	0.00	24,307.03	11.11	3,036.97	0.00
208	DENTAL INSURANCE	0.00	0.00	4.56	0.00	-4.56	0.00	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	63.00	63.00	0.00	0.00	63.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	2,880.00	2,880.00	144.75	0.00	2,735.25	5.03	144.75	0.00
310	CONTRACTS WITH OTHER PUBLIC AG	80,000.00	80,000.00	13,774.73	0.00	66,225.27	17.22	13,774.73	0.00
355	TRAVEL	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
524	STAFF DEVELOPMENT	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
---	SPECIAL EDUCATION PROGRAM	334,219.00	334,219.00	28,760.68	0.00	305,458.32	8.61	28,760.68	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72230	CAREER AND TECHNICAL EDUCATION								
105	SUPERVISOR/DIRECTOR	104,058.00	104,058.00	9,110.63	0.00	94,947.37	8.76	9,110.63	0.00
161	SECRETARY(S)	33,970.00	33,970.00	0.00	0.00	33,970.00	0.00	0.00	0.00
186	LONGEVITY PAY	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
201	SOCIAL SECURITY	8,620.00	8,620.00	535.71	0.00	8,084.29	6.21	535.71	0.00
204	PENSIONS	8,614.00	8,614.00	525.68	0.00	8,088.32	6.10	525.68	0.00
207	MEDICAL INSURANCE	40,365.00	40,365.00	1,627.63	0.00	38,737.37	4.03	1,627.63	0.00
208	DENTAL INSURANCE	109.00	109.00	4.56	0.00	104.44	4.18	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	42.00	42.00	0.00	0.00	42.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	2,016.00	2,016.00	125.29	0.00	1,890.71	6.21	125.29	0.00
307	COMMUNICATION	3,200.00	3,200.00	50.50	0.00	3,149.50	1.58	50.50	0.00
355	TRAVEL	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00	0.00	0.00
599	OTHER CHARGES	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
---	CAREER AND TECHNICAL EDUCATION	206,994.00	206,994.00	11,980.00	0.00	195,014.00	5.79	11,980.00	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72250	TECHNOLOGY								
105	SUPERVISOR/DIRECTOR	96,383.00	96,383.00	8,031.89	0.00	88,351.11	8.33	8,031.89	0.00
121	DATA PROCESSING PERSONNEL	243,448.00	243,448.00	20,163.79	0.00	223,284.21	8.28	20,163.79	0.00
186	LONGEVITY PAY	2,150.00	2,150.00	0.00	0.00	2,150.00	0.00	0.00	0.00
201	SOCIAL SECURITY	21,203.00	21,203.00	1,652.63	0.00	19,550.37	7.79	1,652.63	0.00
204	PENSIONS	25,649.00	25,649.00	2,154.03	0.00	23,494.97	8.40	2,154.03	0.00
207	MEDICAL INSURANCE	60,970.00	60,970.00	5,699.61	0.00	55,270.39	9.35	5,699.61	0.00
208	DENTAL INSURANCE	274.00	274.00	22.80	0.00	251.20	8.32	22.80	0.00
210	UNEMPLOYMENT COMPENSATION	147.00	147.00	0.00	0.00	147.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	4,959.00	4,959.00	386.49	0.00	4,572.51	7.79	386.49	0.00
217	RETIREMENT-HYBRID STABILIZATIO	1,004.00	1,004.00	81.12	0.00	922.88	8.08	81.12	0.00
307	COMMUNICATION	20.00	20.00	0.00	0.00	20.00	0.00	0.00	0.00
336	MAINTENANCE AND REPAIR SERVICE	110,000.00	110,000.00	64,833.14	36,387.09	8,779.77	92.02	64,833.14	1,290.00
350	INTERNET CONNECTIVITY	125,000.00	125,000.00	0.00	0.00	125,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	11,500.00	11,500.00	0.00	0.00	11,500.00	0.00	0.00	0.00
471	SOFTWARE	30,000.00	30,000.00	5,956.56	0.00	24,043.44	19.86	5,956.56	6,484.43
524	STAFF DEVELOPMENT	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
---	TECHNOLOGY	734,707.00	734,707.00	108,982.06	36,387.09	589,337.85	19.79	108,982.06	7,774.43

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72310	BOARD OF EDUCATION								
191	BOARD AND COMMITTEE MEMBERS FE	40,794.00	40,794.00	3,200.48	0.00	37,593.52	7.85	3,200.48	0.00
201	SOCIAL SECURITY	2,529.00	2,529.00	165.56	0.00	2,363.44	6.55	165.56	0.00
207	MEDICAL INSURANCE	7,770.00	7,770.00	626.65	0.00	7,143.35	8.06	626.65	0.00
208	DENTAL INSURANCE	55.00	55.00	4.56	0.00	50.44	8.29	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	21.00	21.00	0.00	0.00	21.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	589.00	589.00	44.05	0.00	544.95	7.48	44.05	0.00
320	DUES AND MEMBERSHIPS	7,175.00	7,175.00	7,529.00	0.00	-354.00	104.93	7,529.00	0.00
331	LEGAL SERVICES	15,000.00	15,000.00	80.00	0.00	14,920.00	0.53	80.00	0.00
355	TRAVEL	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	16,250.00	16,250.00	0.00	0.00	16,250.00	0.00	0.00	0.00
499	OTHER SUPPLIES AND MATERIALS	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
506	LIABILITY INSURANCE	158,993.00	158,993.00	152,934.00	0.00	6,059.00	96.19	152,934.00	0.00
510	TRUSTEE'S COMMISSION	340,000.00	340,000.00	4,517.96	0.00	335,482.04	1.33	4,517.96	0.00
513	WORKMAN'S COMPENSATION INSURAN	208,325.00	208,325.00	192,092.00	0.00	16,233.00	92.21	192,092.00	0.00
524	STAFF DEVELOPMENT	7,000.00	7,000.00	0.00	2,325.00	4,675.00	33.21	0.00	2,325.00
533	CRIMINAL INVESTIGATION OF APPL	8,000.00	8,000.00	1,653.05	8,946.35	-2,599.40	132.49	1,653.05	5,599.40
599	OTHER CHARGES	8,000.00	8,000.00	903.84	39.02	7,057.14	11.79	903.84	843.86
---	BOARD OF EDUCATION	822,501.00	822,501.00	363,751.15	11,310.37	447,439.48	45.60	363,751.15	8,768.26

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72320	DIRECTOR OF SCHOOLS								
101	COUNTY OFFICIAL/ADMINISTRATIVE	160,000.00	160,000.00	0.00	0.00	160,000.00	0.00	0.00	0.00
161	SECRETARY(S)	54,640.00	54,640.00	4,553.34	0.00	50,086.66	8.33	4,553.34	0.00
186	LONGEVITY PAY	250.00	250.00	0.00	0.00	250.00	0.00	0.00	0.00
201	SOCIAL SECURITY	13,323.00	13,323.00	248.72	0.00	13,074.28	1.87	248.72	0.00
204	PENSIONS	13,349.00	13,349.00	341.50	0.00	13,007.50	2.56	341.50	0.00
207	MEDICAL INSURANCE	40,365.00	40,365.00	1,627.63	0.00	38,737.37	4.03	1,627.63	0.00
208	DENTAL INSURANCE	391.00	391.00	4.56	0.00	386.44	1.17	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	63.00	63.00	0.00	0.00	63.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	3,105.00	3,105.00	58.17	0.00	3,046.83	1.87	58.17	0.00
307	COMMUNICATION	600.00	600.00	0.00	0.00	600.00	0.00	0.00	0.00
320	DUES AND MEMBERSHIPS	4,040.00	4,040.00	8,038.00	0.00	-3,998.00	198.96	8,038.00	0.00
355	TRAVEL	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
435	OFFICE SUPPLIES	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
524	STAFF DEVELOPMENT	4,000.00	4,000.00	0.00	1,000.00	3,000.00	25.00	0.00	500.00
599	OTHER CHARGES	1,500.00	1,500.00	742.78	57.22	700.00	53.33	742.78	0.00
701	ADMINISTRATION EQUIPMENT	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
---	DIRECTOR OF SCHOOLS	298,126.00	298,126.00	15,614.70	1,057.22	281,454.08	5.59	15,614.70	500.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72410	OFFICE OF THE PRINCIPAL								
104	PRINCIPALS	998,427.00	998,427.00	86,224.53	0.00	912,202.47	8.64	86,224.53	0.00
117	CAREER LADDER PROGRAM	6,000.00	6,000.00	0.00	0.00	6,000.00	0.00	0.00	0.00
139	ASSISTANT PRINCIPALS	1,060,211.00	1,060,211.00	89,906.54	0.00	970,304.46	8.48	89,906.54	0.00
162	CLERICAL PERSONNEL	782,720.00	782,720.00	0.00	0.00	782,720.00	0.00	0.00	0.00
186	LONGEVITY PAY	36,300.00	36,300.00	0.00	0.00	36,300.00	0.00	0.00	0.00
201	SOCIAL SECURITY	178,787.00	178,787.00	10,447.03	0.00	168,339.97	5.84	10,447.03	0.00
204	PENSIONS	180,162.00	180,162.00	10,326.22	0.00	169,835.78	5.73	10,326.22	0.00
207	MEDICAL INSURANCE	595,671.00	595,671.00	26,199.48	0.00	569,471.52	4.40	26,199.48	0.00
208	DENTAL INSURANCE	1,872.00	1,872.00	77.52	0.00	1,794.48	4.14	77.52	0.00
210	UNEMPLOYMENT COMPENSATION	1,029.00	1,029.00	0.00	0.00	1,029.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	41,813.00	41,813.00	2,443.25	0.00	39,369.75	5.84	2,443.25	0.00
217	RETIREMENT-HYBRID STABILIZATIO	906.00	906.00	74.36	0.00	831.64	8.21	74.36	0.00
320	DUES AND MEMBERSHIPS	2,300.00	2,300.00	0.00	0.00	2,300.00	0.00	0.00	0.00
355	TRAVEL	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	17,100.00	17,100.00	5,250.00	0.00	11,850.00	30.70	5,250.00	0.00
435	OFFICE SUPPLIES	6,875.00	6,875.00	0.00	26.36	6,848.64	0.38	0.00	0.00
599	OTHER CHARGES	150,000.00	150,000.00	6,274.84	3,669.48	140,055.68	6.63	6,274.84	0.00
701	ADMINISTRATION EQUIPMENT	13,969.00	13,969.00	0.00	0.00	13,969.00	0.00	0.00	0.00
---	OFFICE OF THE PRINCIPAL	4,075,142.00	4,075,142.00	237,223.77	3,695.84	3,834,222.39	5.91	237,223.77	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72510	FISCAL SERVICES								
105	SUPERVISOR/DIRECTOR	96,383.00	96,383.00	8,031.89	0.00	88,351.11	8.33	8,031.89	0.00
119	ACCOUNTANTS/BOOKKEEPERS	234,260.00	234,260.00	14,720.47	0.00	219,539.53	6.28	14,720.47	0.00
186	LONGEVITY PAY	1,450.00	1,450.00	0.00	0.00	1,450.00	0.00	0.00	0.00
201	SOCIAL SECURITY	20,590.00	20,590.00	1,347.14	0.00	19,242.86	6.54	1,347.14	0.00
204	PENSIONS	24,907.00	24,907.00	1,706.43	0.00	23,200.57	6.85	1,706.43	0.00
207	MEDICAL INSURANCE	66,805.00	66,805.00	3,750.77	0.00	63,054.23	5.61	3,750.77	0.00
208	DENTAL INSURANCE	164.00	164.00	9.12	0.00	154.88	5.56	9.12	0.00
210	UNEMPLOYMENT COMPENSATION	147.00	147.00	0.00	0.00	147.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	4,815.00	4,815.00	315.05	0.00	4,499.95	6.54	315.05	0.00
317	DATA PROCESSING SERVICES	61,317.00	61,317.00	53,519.25	0.00	7,797.75	87.28	53,519.25	0.00
355	TRAVEL	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	1,000.00	1,000.00	762.91	0.00	237.09	76.29	762.91	0.00
411	DATA PROCESSING SUPPLIES	4,400.00	4,400.00	5.24	0.00	4,394.76	0.12	5.24	0.00
435	OFFICE SUPPLIES	5,000.00	5,000.00	410.75	12,441.78	-7,852.53	257.05	410.75	0.00
524	STAFF DEVELOPMENT	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00	0.00	0.00
701	ADMINISTRATION EQUIPMENT	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	0.00
---	FISCAL SERVICES	530,738.00	530,738.00	84,579.02	12,441.78	433,717.20	18.28	84,579.02	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72520	HUMAN SERVICES/PERSONNEL								
105	SUPERVISOR/DIRECTOR	96,383.00	96,383.00	8,031.89	0.00	88,351.11	8.33	8,031.89	0.00
162	CLERICAL PERSONNEL	61,460.00	61,460.00	5,121.67	0.00	56,338.33	8.33	5,121.67	0.00
186	LONGEVITY PAY	1,500.00	1,500.00	0.00	0.00	1,500.00	0.00	0.00	0.00
201	SOCIAL SECURITY	9,879.00	9,879.00	767.68	0.00	9,111.32	7.77	767.68	0.00
204	PENSIONS	11,951.00	11,951.00	986.52	0.00	10,964.48	8.25	986.52	0.00
207	MEDICAL INSURANCE	34,952.00	34,952.00	2,818.68	0.00	32,133.32	8.06	2,818.68	0.00
208	DENTAL INSURANCE	109.00	109.00	9.12	0.00	99.88	8.37	9.12	0.00
210	UNEMPLOYMENT COMPENSATION	63.00	63.00	0.00	0.00	63.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	2,310.00	2,310.00	179.54	0.00	2,130.46	7.77	179.54	0.00
355	TRAVEL	750.00	750.00	0.00	0.00	750.00	0.00	0.00	0.00
435	OFFICE SUPPLIES	2,000.00	2,000.00	328.43	248.71	1,422.86	28.86	328.43	500.00
499	OTHER SUPPLIES AND MATERIALS	2,000.00	2,000.00	254.78	78.48	1,666.74	16.66	254.78	338.46
524	STAFF DEVELOPMENT	1,500.00	1,500.00	0.00	0.00	1,500.00	0.00	0.00	0.00
599	OTHER CHARGES	9,800.00	9,800.00	2,429.00	2,232.00	5,139.00	47.56	2,429.00	2,232.00
701	ADMINISTRATION EQUIPMENT	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
---	HUMAN SERVICES/PERSONNEL	236,657.00	236,657.00	20,927.31	2,559.19	213,170.50	9.92	20,927.31	3,070.46

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72610	OPERATION OF PLANT								
105	SUPERVISOR/DIRECTOR	1,296,891.00	1,296,891.00	0.00	0.00	1,296,891.00	0.00	0.00	0.00
166	CUSTODIAL PERSONNEL	0.00	0.00	97,216.81	0.00	-97,216.81	0.00	97,216.81	0.00
186	LONGEVITY PAY	22,050.00	22,050.00	0.00	0.00	22,050.00	0.00	0.00	0.00
201	SOCIAL SECURITY	81,774.00	81,774.00	5,416.16	0.00	76,357.84	6.62	5,416.16	0.00
204	PENSIONS	98,921.00	98,921.00	6,496.92	0.00	92,424.08	6.57	6,496.92	0.00
207	MEDICAL INSURANCE	387,921.00	387,921.00	28,510.50	0.00	359,410.50	7.35	28,510.50	0.00
208	DENTAL INSURANCE	1,044.00	1,044.00	82.08	0.00	961.92	7.86	82.08	0.00
210	UNEMPLOYMENT COMPENSATION	1,260.00	1,260.00	24.63	0.00	1,235.37	1.95	24.63	0.00
212	EMPLOYER MEDICARE	19,125.00	19,125.00	1,299.12	0.00	17,825.88	6.79	1,299.12	0.00
359	DISPOSAL FEES	109,524.00	109,524.00	0.00	0.00	109,524.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	11,000.00	11,000.00	0.00	0.00	11,000.00	0.00	0.00	0.00
410	CUSTODIAL SUPPLIES	170,000.00	170,000.00	5,206.75	44,688.11	120,105.14	29.35	5,206.75	9,349.14
415	ELECTRICITY	1,245,000.00	1,245,000.00	87,257.76	0.00	1,157,742.24	7.01	87,257.76	0.00
434	NATURAL GAS	115,000.00	115,000.00	1,386.12	0.00	113,613.88	1.21	1,386.12	0.00
454	WATER AND SEWER	190,500.00	190,500.00	7,737.75	0.00	182,762.25	4.06	7,737.75	0.00
499	OTHER SUPPLIES AND MATERIALS	2,000.00	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00
501	BOILER INSURANCE	10,719.00	10,719.00	9,693.00	0.00	1,026.00	90.43	9,693.00	0.00
502	BUILDING AND CONTENTS INSURANC	420,794.00	420,794.00	407,701.00	0.00	13,093.00	96.89	407,701.00	0.00
524	STAFF DEVELOPMENT	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
720	PLANT OPERATION EQUIPMENT	5,000.00	5,000.00	944.43	1,250.00	2,805.57	43.89	944.43	2,194.43
---	OPERATION OF PLANT	4,189,523.00	4,189,523.00	658,973.03	45,938.11	3,484,611.86	16.83	658,973.03	11,543.57

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72620	MAINTENANCE OF PLANT								
105	SUPERVISOR/DIRECTOR	96,383.00	96,383.00	19,039.99	0.00	77,343.01	19.75	19,039.99	0.00
162	CLERICAL PERSONNEL	42,140.00	42,140.00	6,888.34	0.00	35,251.66	16.35	6,888.34	0.00
167	MAINTENANCE PERSONNEL	659,672.00	659,672.00	51,370.14	0.00	608,301.86	7.79	51,370.14	0.00
186	LONGEVITY PAY	8,000.00	8,000.00	0.00	0.00	8,000.00	0.00	0.00	0.00
189	OTHER SALARIES & WAGES	41,500.00	41,500.00	0.00	0.00	41,500.00	0.00	0.00	0.00
201	SOCIAL SECURITY	52,557.00	52,557.00	4,605.80	0.00	47,951.20	8.76	4,605.80	0.00
204	PENSIONS	63,577.00	63,577.00	5,415.88	0.00	58,161.12	8.52	5,415.88	0.00
207	MEDICAL INSURANCE	150,958.00	150,958.00	12,173.61	0.00	138,784.39	8.06	12,173.61	0.00
208	DENTAL INSURANCE	492.00	492.00	36.48	0.00	455.52	7.41	36.48	0.00
210	UNEMPLOYMENT COMPENSATION	336.00	336.00	33.68	0.00	302.32	10.02	33.68	0.00
212	EMPLOYER MEDICARE	12,292.00	12,292.00	1,077.16	0.00	11,214.84	8.76	1,077.16	0.00
217	RETIREMENT-HYBRID STABILIZATIO	100.00	100.00	0.00	0.00	100.00	0.00	0.00	0.00
307	COMMUNICATION	3,500.00	3,500.00	410.50	0.00	3,089.50	11.73	410.50	0.00
320	DUES AND MEMBERSHIPS	300.00	300.00	475.00	0.00	-175.00	158.33	475.00	0.00
335	MAINTENANCE AND REPAIR SERVICE	310,000.00	310,000.00	36,095.50	225,851.03	48,053.47	84.50	36,095.50	42,051.90
336	MAINTENANCE AND REPAIR SERVICE	240,000.00	240,000.00	2,725.34	17,792.01	219,482.65	8.55	2,725.34	1,940.30
355	TRAVEL	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	260,243.00	260,243.00	29,077.98	135,237.57	95,927.45	63.14	29,077.98	99,616.05
499	OTHER SUPPLIES AND MATERIALS	1,000.00	1,000.00	187.28	4,100.37	-3,287.65	428.77	187.28	1,308.16
524	STAFF DEVELOPMENT	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	0.00	0.00
599	OTHER CHARGES	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00	0.00	0.00
717	MAINTENANCE EQUIPMENT	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	0.00
---	MAINTENANCE OF PLANT	1,953,550.00	1,953,550.00	169,612.68	382,980.98	1,400,956.34	28.29	169,612.68	144,916.41

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72710	TRANSPORTATION								
105	SUPERVISOR/DIRECTOR	96,383.00	96,383.00	8,031.89	0.00	88,351.11	8.33	8,031.89	0.00
142	MECHANIC(S)	159,538.00	159,538.00	9,489.20	0.00	150,048.80	5.95	9,489.20	0.00
146	BUS DRIVERS	1,031,252.00	1,031,252.00	46,675.00	0.00	984,577.00	4.53	46,675.00	0.00
162	CLERICAL PERSONNEL	42,140.00	42,140.00	0.00	0.00	42,140.00	0.00	0.00	0.00
186	LONGEVITY PAY	25,375.00	25,375.00	0.00	0.00	25,375.00	0.00	0.00	0.00
189	OTHER SALARIES & WAGES	101,356.00	101,356.00	6,812.50	0.00	94,543.50	6.72	6,812.50	0.00
201	SOCIAL SECURITY	90,275.00	90,275.00	4,351.67	0.00	85,923.33	4.82	4,351.67	0.00
204	PENSIONS	108,105.00	108,105.00	4,933.74	0.00	103,171.26	4.56	4,933.74	0.00
207	MEDICAL INSURANCE	545,724.00	545,724.00	2,660.15	0.00	543,063.85	0.49	2,660.15	0.00
208	DENTAL INSURANCE	1,860.00	1,860.00	4.56	0.00	1,855.44	0.25	4.56	0.00
210	UNEMPLOYMENT COMPENSATION	1,386.00	1,386.00	0.00	0.00	1,386.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	21,113.00	21,113.00	1,017.80	0.00	20,095.20	4.82	1,017.80	0.00
307	COMMUNICATION	2,000.00	2,000.00	151.80	0.00	1,848.20	7.59	151.80	0.00
340	MEDICAL AND DENTAL SERVICES	8,000.00	8,000.00	0.00	2,000.00	6,000.00	25.00	0.00	0.00
355	TRAVEL	500.00	500.00	0.00	0.00	500.00	0.00	0.00	0.00
399	OTHER CONTRACTED SERVICES	31,000.00	31,000.00	356.35	29,076.38	1,567.27	94.94	356.35	0.00
412	DIESEL FUEL	250,000.00	250,000.00	22,253.33	12,504.17	215,242.50	13.90	22,253.33	78,791.74
425	GASOLINE	65,000.00	65,000.00	8,624.71	21,375.29	35,000.00	46.15	8,624.71	15,000.00
450	TIRES AND TUBES	30,000.00	30,000.00	12,913.48	1,300.00	15,786.52	47.38	12,913.48	15,072.64
453	VEHICLE PARTS	70,000.00	70,000.00	4,819.23	26,814.10	38,366.67	45.19	4,819.23	15,258.35
511	VEHICLE AND EQUIPMENT INSURANC	96,850.00	96,850.00	93,836.00	0.00	3,014.00	96.89	93,836.00	0.00
524	STAFF DEVELOPMENT	1,000.00	1,000.00	0.00	750.00	250.00	75.00	0.00	1,175.00
599	OTHER CHARGES	27,200.00	27,200.00	1,259.91	8,833.36	17,106.73	37.11	1,259.91	22,747.23
729	TRANSPORTATION EQUIPMENT	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	0.00
---	TRANSPORTATION	2,811,057.00	2,811,057.00	228,191.32	102,653.30	2,480,212.38	11.77	228,191.32	148,044.96

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
72810	CENTRAL AND OTHER								
162	CLERICAL PERSONNEL	43,820.00	43,820.00	3,651.67	0.00	40,168.33	8.33	3,651.67	0.00
186	LONGEVITY PAY	600.00	600.00	0.00	0.00	600.00	0.00	0.00	0.00
201	SOCIAL SECURITY	2,754.00	2,754.00	210.70	0.00	2,543.30	7.65	210.70	0.00
204	PENSIONS	3,332.00	3,332.00	273.88	0.00	3,058.12	8.22	273.88	0.00
206	LIFE INSURANCE	19,000.00	19,000.00	0.00	0.00	19,000.00	0.00	0.00	0.00
207	MEDICAL INSURANCE	146,650.00	146,650.00	626.65	0.00	146,023.35	0.43	626.65	0.00
210	UNEMPLOYMENT COMPENSATION	21.00	21.00	0.00	0.00	21.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	644.00	644.00	49.28	0.00	594.72	7.65	49.28	0.00
299	OTHER FRINGE BENEFITS	70,000.00	70,000.00	0.00	0.00	70,000.00	0.00	0.00	0.00
307	COMMUNICATION	13,000.00	13,000.00	84.71	0.00	12,915.29	0.65	84.71	0.00
348	POSTAL CHARGES	10,000.00	10,000.00	0.00	0.00	10,000.00	0.00	0.00	0.00
435	OFFICE SUPPLIES	5,000.00	5,000.00	0.00	0.00	5,000.00	0.00	0.00	0.00
599	OTHER CHARGES	15,000.00	15,000.00	1,241.71	0.00	13,758.29	8.28	1,241.71	0.00
---	CENTRAL AND OTHER	329,821.00	329,821.00	6,138.60	0.00	323,682.40	1.86	6,138.60	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
73100	FOOD SERVICE								
105	SUPERVISOR/DIRECTOR	0.00	0.00	5,250.00	0.00	-5,250.00	0.00	5,250.00	0.00
165	CAFETERIA PERSONNEL	0.00	0.00	5,973.00	0.00	-5,973.00	0.00	5,973.00	0.00
201	SOCIAL SECURITY	0.00	0.00	695.84	0.00	-695.84	0.00	695.84	0.00
204	PENSIONS	0.00	0.00	841.73	0.00	-841.73	0.00	841.73	0.00
212	EMPLOYER MEDICARE	0.00	0.00	162.74	0.00	-162.74	0.00	162.74	0.00
---	FOOD SERVICE	0.00	0.00	12,923.31	0.00	-12,923.31	0.00	12,923.31	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
73300	COMMUNITY SERVICES								
429	INSTRUCTIONAL SUPPLIES AND MAT	0.00	0.00	0.00	183.92	-183.92	0.00	0.00	183.92
---	COMMUNITY SERVICES	0.00	0.00	0.00	183.92	-183.92	0.00	0.00	183.92

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
73400	EARLY CHILDHOOD EDUCATION								
116	TEACHERS	119,324.00	119,324.00	0.00	0.00	119,324.00	0.00	0.00	0.00
163	EDUCATIONAL ASSISTANTS	37,948.00	37,948.00	0.00	0.00	37,948.00	0.00	0.00	0.00
186	LONGEVITY PAY	350.00	350.00	0.00	0.00	350.00	0.00	0.00	0.00
198	NON-CERTIFIED SUBSTITUTE TEACH	1,500.00	1,500.00	0.00	0.00	1,500.00	0.00	0.00	0.00
201	SOCIAL SECURITY	9,866.00	9,866.00	0.00	0.00	9,866.00	0.00	0.00	0.00
204	PENSIONS	9,757.00	9,757.00	0.00	0.00	9,757.00	0.00	0.00	0.00
207	MEDICAL INSURANCE	33,017.00	33,017.00	0.00	0.00	33,017.00	0.00	0.00	0.00
208	DENTAL INSURANCE	164.00	164.00	0.00	0.00	164.00	0.00	0.00	0.00
210	UNEMPLOYMENT COMPENSATION	105.00	105.00	0.00	0.00	105.00	0.00	0.00	0.00
212	EMPLOYER MEDICARE	2,307.00	2,307.00	0.00	0.00	2,307.00	0.00	0.00	0.00
429	INSTRUCTIONAL SUPPLIES AND MAT	2,800.00	2,800.00	797.44	4,400.00	-2,397.44	185.62	797.44	0.00
524	STAFF DEVELOPMENT	1,500.00	1,500.00	0.00	4,400.00	-2,900.00	293.33	0.00	0.00
---	EARLY CHILDHOOD EDUCATION	218,638.00	218,638.00	797.44	8,800.00	209,040.56	4.39	797.44	0.00

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
76100	REGULAR CAPITAL OUTLAY								
706		0.00	0.00	0.00	35,085.93	-35,085.93	0.00	0.00	35,085.93
799	OTHER CAPITAL OUTLAY	250,000.00	250,000.00	108,774.22	931,202.41	-789,976.63	415.99	108,774.22	1,039,976.63
---	REGULAR CAPITAL OUTLAY	250,000.00	250,000.00	108,774.22	966,288.34	-825,062.56	430.03	108,774.22	1,075,062.56

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
141	GENERAL PURPOSE SCHOOL								
99100									
590	TRANSFERS TO OTHER FUNDS	215,000.00	215,000.00	0.00	0.00	215,000.00	0.00	0.00	0.00
---		215,000.00	215,000.00	0.00	0.00	215,000.00	0.00	0.00	0.00
---	GENERAL PURPOSE SCHOOL	56,751,470.00	56,751,470.00	2,902,091.52	2,126,554.17	51,722,824.31	8.86	2,902,091.52	1,974,457.40

Obj	Obj	2025-26 Original Budget	2025-26 Revised Budget	2025-26 FYTD Activity	Encumbered Amount	2025-26 FYTD Unencumbered Bal	2025-26 FYTD %	July 2025-26 Monthly Activity	2025-26 Enc Carry Forward
	Grand Expense Totals	56,751,470.00	56,751,470.00	2,902,091.52	2,126,554.17	51,722,824.31	8.86	2,902,091.52	1,974,457.40

Number of Accounts: 523

***** End of report *****

School	Homeschool withdrawals 2025-26	Reasons
OGES		
K	0	
1st	0	
MES		
2nd	0	
3rd	0	
WES		
4th	0	
5th	0	
6th	0	
LMS		
7th	2	1. Public school not for him per Parent; 2. Parent stated homeschool was a better fit for student previously homeschooled
8th	0	
MCHS		
9th	0	
10th	0	
11th	4	1. Did not want to attend public school any longer; 2. 18 year old; 3. Did not want to attend public school any longer; 4. moved to Spring Hill
12th	0	
CHES		
K	0	
1st	0	
2nd	1	1. Parent wanted to try homeschooling
3rd	0	
DHIS		
4th	0	
5th	0	
6th	0	
FHS		
7th	3	1. Better fit for family; 2. Better fit for family & younger sibling going; 3. Moved districts and wanted to do Penn Foster
8th	1	1. Mom wanted him out of public school and says he was being mistreated
9th	0	
10th	0	
11th	0	
12th	0	

CES		
K	0	
1st	0	
2nd	0	
3rd	0	
4th	1	1. Mother didn't like curriculum
5th	0	
6th		
CVHS		
7th	0	
8th	0	
9th	0	
10th	0	
11th	0	
12th	1	1. Senior who only needed one class to graduate and didn't want to take additional course - in person OR virtual



Travel Request

Organization FFA Destination TWHBEA, Lewisburg

Date of Trip 9/2/25 Purpose of Trip Lunch w/ the Commissioner of Ag

Mode of Transportation: School van

Is school system transportation/personnel required? ___ Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? ___ Yes ___ No

Student Participants (please print):

Brooks Sneed Brody Gibson

Jacey Metcalf

Chris Anne Richter

London Garrett

(Use back if more space is needed)

School System Participants (please print):

Virginia Stephens

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? ___ Yes ___ No
(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? ___ Yes ___ No

Travel Requested by: Virginia Stephens Date: 8/27/25
Teacher/Sponsor

Approved by: [Signature] Date: 8/27/25
Principal

Approved by: [Signature] Date: 8/27/25
Director of Schools



Linking Learning to Life

Travel Request

Organization FCA Destination Grace Church of Nazarene - Columbia

Date of Trip 9/10/25 Purpose of Trip FCA Leadership Training

Mode of Transportation: Charter bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

<u>Sadre Harber</u>	<u>Peter Wilson</u>	<u>Bryant Ellis</u>
<u>Mikayla Pashby</u>	<u>JD King</u>	<u>Starden Floyd</u>
<u>Ellie Walker</u>	<u>Kenzie Ewing</u>	<u>Tara Nunkey</u>
<u>Hamer Hall</u>	<u>Lilyana Cerezo</u>	<u>Travis Porter</u>

(Use back if more space is needed)

School System Participants (please print):

<u>Chandler Harmon</u>	<u>Sydney Richetto</u>	_____
_____	_____	_____

(Use back if more space is needed)

Volunteer Participants (please print):

_____	_____	_____
_____	_____	_____

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Chandler Harmon Date: 8/26/25
Teacher/Sponsor

Approved by: [Signature] Date: 8/28/25
Principal

Approved by: [Signature] Date: 8/28/25
Director of Schools



Travel Request

Organization CHES 3rd gr. Destination Discovery Center - Murfreesboro

Date of Trip 9-16-25 Purpose of Trip Science Exploration / Animal Study

Mode of Transportation: bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

All 3rd grade students at CHES (137)

(Use back if more space is needed)

School System Participants (please print):

All 3rd grade teachers & Mrs. Kirkland
#2 special ed. assistants

(Use back if more space is needed)

Volunteer Participants (please print):

N/A

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Lori Curtis Date: 9-4-25
Teacher/Sponsor

Approved by: [Signature] Date: 9-4-25
Principal

Approved by: [Signature] Date: 9/5/25
Director of Schools



Travel Request

Organization MCHS Yearbook Destination Jostens Plant ^{451 International Blvd, Clarksville, TN 3704}

Date of Trip 09/18/2025 Purpose of Trip Have staff members see the printing proc

Mode of Transportation: Bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

<u>Annelle Adams</u>	<u>Annalise George</u>	<u>Gabriel Underwood</u>
<u>Tabitha Blackwell</u>	<u>Nataleigh Grisham</u>	<u>Brynlee Walls</u>
<u>Brayden Cozart</u>	<u>Brooke Howell</u>	<u>Madalyn Wilford</u>
<u>Samantha Duminant</u>	<u>Caroline McNitt</u>	<u>Chloe Stafford</u>
		<u>Leah Lewie</u>

(Use back if more space is needed)

School System Participants (please print):

Kasi Hardison

Vanessa Sweeny^P

(Use back if more space is needed)

Volunteer Participants (please print):

Kim Anderson^P Waiting for yes

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No
(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Kasi Hardison Date: 08/29/2025

Teacher/Sponsor

Approved by: David Steeg Date: 8/29/25
Principal

Approved by: [Signature] Date: 8/29/25
Director of Schools

2 weeks on 100s ... H.C. all day



Travel Request

Organization Beta Club Destination Sevierville, TN
 Date of Trip Sept. 18-20, 2025 Purpose of Trip Leadership Summit & Dollywood
 Mode of Transportation: School Van

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? N/A Yes No

Student Participants (please print):

- Kezia Ervin _____
 - Meagah Malone _____
 - Roxanne Jones _____
 - Aaliah Morris _____
- (Use back if more space is needed)

School System Participants (please print):

- Amy Harwell _____
 - Gina Ervin - Parent Vol. _____
- (Use back if more space is needed)

Volunteer Participants (please print):

- _____
 - _____
- (Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No
 (See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Amy Harwell / Beta Club Date: 8-26-25
Teacher/Sponsor

Approved by: [Signature] Date: 8-29-25
Principal

Approved by: [Signature] Date: 9/19/25
Director of Schools



Travel Request

Organization MCHS Destination UNA in Florence, Alabama

Date of Trip 9/20/2025 Purpose of Trip Tour college campus-Preview day

Mode of Transportation: Bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

Will have a list soon

(Use back if more space is needed)

School System Participants (please print):

Jeanne Wiles

Kendell Williams

(Use back if more space is needed)

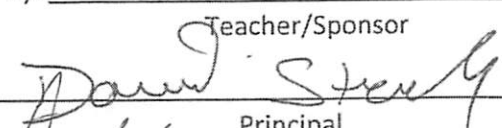
Volunteer Participants (please print):

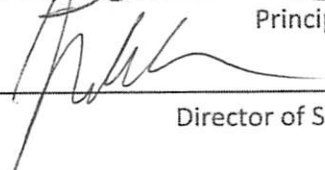
(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No
(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Jeanne Wiles Date: 8/28/2025

Approved by:  Date: 8/28/25
Teacher/Sponsor
Principal

Approved by:  Date: 8/28/25
Director of Schools



Linking Learning to Life

Travel Request

Organization Journalism 1&3/ Yearbook Destination Jostens Clarksville, TN

Date of Trip 09/22/25 Purpose of Trip: For students to see how Yearbook is made and to meet with the artist.

Mode of Transportation: Vans from bus garage (2)

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

Summer Anthony Allison Mowell

Brindley Cardin Kyleigh Neill

Casey Griffis Kelsey Williams

Faith Laflen Aubrey Zuniga

(Use back if more space is needed)

School System Participants (please print):

Bonnie Hargrove

Tori Hale

(Use back if more space is needed)


Volunteer Participants (please print):


(Use back if more space is needed) Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees) Does the

Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by:  Date: 8/21/25
Teacher/Sponsor

Approved by:  Date: 8/25/25
Principal

Approved by:  Date: 8/25/25
Director of Schools

Travel Request

Organization AP Photo Destination Columbia Courthouse

Date of Trip 9/23/2025 Purpose of Trip AP

Mode of Transportation: Bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

See attachment

(Use back if more space is needed)

School System Participants (please print):

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: [Signature] Date: 9/3/2025
Teacher/Sponsor

Approved by: [Signature] Date: 9/4/25
Principal

Approved by: [Signature] Date: 9/4/25
Director of Schools



Travel Request

Organization LMS Yearbook Destination Josten's Plant - Clarksville
 Date of Trip Oct. 10, 25 Purpose of Trip Plant Tour of how Yearbooks are made
 Mode of Transportation: Church bus if available, if not School bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

<u>Kinley Barron</u>	<u>Lindsay Dunnivant</u>	<u>Lillian Stoltz</u>
<u>Ava Berlin</u>	<u>Kezia Ervin</u>	<u>Leah Warf</u>
<u>Destiny Byrd</u>	<u>Kinley Hollingsworth</u>	<u>Arriyanna Wright</u>
<u>Akeelah Douglas</u>	<u>Chloe Simmons</u>	

(Use back if more space is needed)

School System Participants (please print):

Jessica Newton Wes Barron if available
Jatana Vagts
 (Use back if more space is needed)

Volunteer Participants (please print):

 (Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No
 (See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Jatana Vagts & Jessica Newton Date: 9-4-25

Approved by: Date: 9-4-25
 Teacher/Sponsor

Approved by: Date: 9/4/25
 Principal

Approved by: Date: _____
 Director of Schools

Travel Request

Organization AP Photo Destination Nashville Zoo

Date of Trip 10/7/2025 Purpose of Trip AP

Mode of Transportation: Bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

See attachment

(Use back if more space is needed)

School System Participants (please print):

n/a

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: [Signature] Date: 9/3/2025
Teacher/Sponsor

Approved by: [Signature] Date: 9/4/25
Principal

Approved by: [Signature] Date: 9/4/25
Director of Schools

Travel Request

Organization AP Photo Destination Lewisburg city square

Date of Trip 9/9/2025 Purpose of Trip AP

Mode of Transportation: Bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

See attachment

(Use back if more space is needed)

School System Participants (please print):

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: [Signature] Date: 9/3/2025
Teacher/Sponsor

Approved by: [Signature] Date: 9/4/25
Principal

Approved by: [Signature] Date: 9/4/25
Director of Schools



Travel Request

Organization Chapel Hill Elem. Destination Lucky Ladd Farm

Date of Trip 10/8/25 Purpose of Trip Hands-on farm adventure

Mode of Transportation: BUS

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

C.H.E.S. 2nd Grade

(Use back if more space is needed)

School System Participants (please print):

Melissa McClaran Amanda Chilton Sara Harris
Crystal Smith Kendra Burkett Shawna Bourne
Courtney Lowe

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Melissa McClaran Date: 8/28/25
Teacher/Sponsor

Approved by: [Signature] Date: 8/28/25
Principal

Approved by: [Signature] Date: 8/28/25
Director of Schools



Linking Learning to Life

Travel Request

Organization FBLA Destination Top Golf - Huntsville, AL

Date of Trip 10-29-25 Purpose of Trip Learn about the Hospitality industry

Mode of Transportation: School bus or charter bus if available

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

will attach list at later date

FBLA members

(Use back if more space is needed)

School System Participants (please print):

Shanna Swift

(Use back if more space is needed)

Volunteer Participants (please print):

N/A

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Shanna Swift Date: 8-25-25
Teacher/Sponsor

Approved by: [Signature] Date: 8/28/25
Principal

Approved by: [Signature] Date: 8/26/25
Director of Schools



Travel Request

Organization Forrest Middle School Cheer Destination Servierville, TN

Date of Trip 11-5-2025 Purpose of Trip Cheer Competition

Mode of Transportation: Parents

If school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

<u>Allie Rader</u>	<u>Lillie Lowe</u>	<u>Saylor Garner</u>
<u>Serenity Segars</u>	<u>Jazzy Sadler</u>	<u>Madelyn Harris</u>
<u>Linley Baker</u>	<u>Lucy Wiser</u>	<u>Lillian Reid</u>
<u>Hallie Stubblefield</u>	<u>Ella Andrews</u>	

(Use back if more space is needed)

School System Participants (please print):

Heather Roberson

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Heather Roberson Date: 9-4-25

Teacher/Sponsor

Approved by: [Signature] Date: 9/5/25

Principal

Approved by: [Signature] Date: 9/8/25

Director of Schools

T



Travel Request

Organization HS Beta Destination Gaylord Opryland Nashville

Date of Trip Nov 20-22 Purpose of Trip State convention

Mode of Transportation: bus + van

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

To be determined. We usually take around 50 students.

(Use back if more space is needed)

School System Participants (please print):

Libby Suddfield Tracy Hall Andy Burkett

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Libby Suddfield Date: 7/31/25
Teacher/Sponsor

Approved by: [Signature] Date: 8/4/25
Principal

Approved by: [Signature] Date: 8/20/25
Director of Schools



Travel Request

Organization 6th grade SMAK Destination Ronald McDonald House / Vanderbilt Club

Date of Trip 11-21-25 Purpose of Trip Community service

Mode of Transportation: bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

6th SMAK Club

(Use back if more space is needed)

School System Participants (please print):

Chloe Bishop Shannon Krug
Sheila Edde

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Chloe Bishop Date: 8-20-25
Teacher/Sponsor

Approved by: Robert J. Reasoner Date: 8-20-25
Principal

Approved by: [Signature] Date: 8/21/25
Director of Schools



Travel Request

Organization Senior Class Destination Nashville TN

Date of Trip 11-21-25 Purpose of Trip senior trip

Mode of Transportation: bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

Senior class participants

(Use back if more space is needed)

School System Participants (please print):

Lindsey Bledsoe Virginia Stephens

Elizabeth Arrington Eliot Cook

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Lindsey Bledsoe/Senior Sponsor Date: 8-29-25

Teacher/Sponsor

Approved by:  Date: 8/29/25

Principal

Approved by:  Date: 8/29/25

Director of Schools



Travel Request Opry Mills &

Organization Jr. Beta Destination Opryland Hotel Nashville

Date of Trip 11/23/25-11/25/25 Purpose of Trip Jr. Beta State Convention

Mode of Transportation: bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print): list attached at a later date

(Use back if more space is needed)

School System Participants (please print):

Nickie Curry
Melanie Wiles

(Use back if more space is needed)

Volunteer Participants (please print):

(Use back if more space is needed)

Have the Volunteer Participants been fingerprinted? Yes No
(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Curry / Jr. Beta Date: 9/3/25
Teacher/Sponsor

Approved by: [Signature] Date: 9/4/25
Principal

Approved by: [Signature] Date: 9/4/25
Director of Schools



Travel Request

Organization 6th grade smak Destination Cool Springs Walmart

Date of Trip 12-5-25 Purpose of Trip community service

Mode of Transportation: bus

Is school system transportation/personnel required? Yes No

If school system transportation/personnel is required, has the Bus Garage been notified? Yes No

Student Participants (please print):

6th SMAK

Have the Volunteer Participants been fingerprinted? Yes No

(See Administrative Procedure 5.2 Background Check Procedures for Non-Employees)

Does the Central Office have the Volunteer Participants' fingerprints on file? Yes No

Travel Requested by: Chl Bishop Date: 8-20-25
Teacher/Sponsor

Approved by: Robert J Reasoning Date: 8.20.25
Principal

Approved by: [Signature] Date: 8/21/25
Director of Schools



REQUEST FOR USE OF Forrest
(SCHOOL)

Area/Room of the building requested Soccer field

Name/Type of event to be held CHSC Games / practices

Date of the event Aug 1st 2025 - June 30th 2026 Time M-F 5-8 Sat/Sun 7-8

Organization/Person requesting use Chapel Hill Soccer Club - Brandon Pfeifer

Name of insurance company Everest National Ins. Co. Amount of coverage 1,000,000

Contact person for organization using building Brandon Pfeifer *Minimum coverage of \$1,000,000 required

Address 1506 Rebecca Dr. Chapel Hill, TN Phone _____ Cell (260) 251-9748

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use [Signature] Date 7/29/25

Signature of principal [Signature] Date 8/4/25

Signature of Director of Schools for approval [Signature] Date 8/20/25

MARSHALL COUNTY BOARD OF EDUCATION POLICY

When not in use for school purposes, school buildings and grounds or portions thereof may be used for public, governmental, charitable, civic, recreational, cultural, and such other purposes that promote the welfare of the community, as approved by the Director of Schools.

1. Requests for the use of facilities shall be made first at the office of the principal. If approved by the principal, a use of school facility form will be signed by the principal and given to the group requesting use of facilities. The group must secure liability insurance to cover the use of facilities at the minimum of \$1,000,000. Proof of insurance and the use of school facility form must be presented at the central office for final approval by the Director of Schools.
2. Student clubs and activities, parent-teacher associations, and other organizations affiliated with the schools shall be permitted reasonable use of school facilities without charge or insurance coverage.
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10. When school kitchens are used, a member of the cafeteria staff must be present to supervise the use of the equipment. Compensation must be paid to cafeteria members at the rate of time-and-a-half of their hourly rate.
11. Groups are responsible for servicing an AED, should it be used. The AED is to be used at one's own risk.



REQUEST FOR USE OF Comersville High School

Area/Room of the building requested Gym

Name/Type of event to be held Basketball Practice - youth travel team

Date of the event Every Sunday Sept 2025-March 2026; 1 midweek practice, day of week TBD by school admin

Time Sundays 2pm-4pm; Mid week practice time TBD

Organization/Person requesting use Steven & Kirsten Nelms

Name of insurance company Sadler Sports & Recreation Insurance Amount of coverage \$2,000,000
*Minimum coverage of \$1,000,000 required

Contact person for organization using building Kirsten Nelms

Address 8229 Lewisburg Hwy, Comersville, TN 37047 Phone n/a Cell 931-703-3203

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use Kirsten Nelms Date 9/2/25

Signature of principal [Signature] Date 9/5/25

Signature of Director of Schools for approval [Signature] Date 9/8/25

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REQUEST FOR USE OF Deik-Henson Intermediate
(SCHOOL)

Area/Room of the building requested Outside and Gym

Name/Type of event to be held Cheer Practice

Date of the event Monday, Tuesday, Thursday weekly from 9/1/25-11/14/25
Time JV group 5:30-6:45
Sr group 6:45-8:00

Organization/Person requesting use CHUFL Laura Gilliam

Name of insurance company Chappell Amount of coverage \$1,000,000
*Minimum coverage of \$1,000,000 required

Contact person for organization using building Laura Gilliam (931) 703-4313

Address 1428 Alyssa Dr. Phone 931-703-4313
Chapel Hill, TN 37034

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use Laura Gilliam Date 8/25/25

Signature of principal Robert G Reasonover Date 8.25.25

Signature of Director of Schools for approval [Signature] Date 8/26/25

MARSHALL COUNTY BOARD OF EDUCATION POLICY

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10. When school kitchens are used, a member of the cafeteria staff must be present to supervise the use of the equipment. Compensation must be paid to cafeteria members at the rate of time-and-a-half of their hourly rate.
11. Groups are responsible for servicing an AED, should it be used. The AED is to be used at one's own risk.



REQUEST FOR USE OF _____
(SCHOOL)

Area/Room of the building requested Outside / Back of the School Grassy area

Name/Type of event to be held Cheerleading Practice

Date of the event Mon / Tues / Thur until October 23rd Time one group 4:30-5:30
2nd group Mon / Thu 6-7

Organization/Person requesting use CHYFL Chapel Hill Youth Football / Kara Russell

Name of insurance company Chappell Amount of coverage 1,000,000

Contact person for organization using building Kara Russell ^{Group 1} 615 972 6360 ^{*Minimum coverage of \$1,000,000 required Group P} Nicole Whitmire
431-205-7962

Address 5835 Nashville Hwy Phone 615-972-6360 Cell _____
Chapel Hill, TN 37034

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use Kara Russell

Date 8/22/25

Signature of principal Dawn Kinley

Date 8/25/25

Signature of Director of Schools for approval [Signature]

Date 8/25/25

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REQUEST FOR USE OF Elementary Cornersville
(SCHOOL)

Area/Room of the building requested Fields Behind School

Name/Type of event to be held Youth Football + cheer practice

Date of the event My T, Thursday - Sept + Oct Time 4:30pm to 8:00pm

Organization/Person requesting use John Luna, Cornersville Youth Football Association

Name of insurance company _____ Amount of coverage 1,000,000
*Minimum coverage of \$1,000,000 required

Contact person for organization using building John Luna

Address 103 April Lane Phone 931-675-2997 Cell 931-675-2997
Cornersville TN 37047

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use _____ Date 15 Aug 2025

Signature of principal Cheryl Ewing Date 8-15-25

Signature of Director of Schools for approval _____ Date 8/18/25

MARSHALL COUNTY BOARD OF EDUCATION POLICY

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REQUEST FOR USE OF Cornersville High School
(SCHOOL)

Area/Room of the building requested Football Field

Name/Type of event to be held youth Football + Cheer

Date of the event Every Saturday in Sept + Oct Time 10-7

Organization/Person requesting use Cornersville Youth Football Association

Name of insurance company _____ Amount of coverage 1 000 000
*Minimum coverage of \$1,000,000 required

Contact person for organization using building John Luna

Address 103 April Lane Cornersville TN 37047 Phone 931-675-3997 Cell 675-2597

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use _____ Date 15 Aug 25

Signature of principal _____ Date 8/15/25

Signature of Director of Schools for approval _____ Date 8/18/25

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REQUEST FOR USE OF Marshall County High School
(SCHOOL)

Area/Room of the building requested Bathrooms / Front of school
Name/Type of event to be held 5K Run / Walk for the MCHS Alumni Association
Date of the event 10/25/2025 Time 6:00am - 8:30am
Organization/Person requesting use MCHS Alumni Assoc, Jeanne Wiles
Name of insurance company _____ Amount of coverage \$1,000,000
*Minimum coverage of \$1,000,000 required
Contact person for organization using building Jeanne Wiles
Address 1321 White Dr, Lewisburg, TN Phone 931-993-0343 cell →

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use Jeanne Wiles Date 6/20/25
Signature of principal David Spivey Date 6/20/25
Signature of Director of Schools for approval [Signature] Date 8/19/21

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REQUEST FOR USE OF Leiwsburg Middle School
(SCHOOL)

Area/Room of the building requested LMS auditorium and cafeteria or library for changing

Name/Type of event to be held Fundraiser pageant

Date of the event 11/15/25 Time 8-5pm

Organization/Person requesting use Sam Primm

Name of insurance company Eventured Amount of coverage 1,000,000

*Minimum coverage of \$1,000,000 required

Contact person for organization using building Sam Primm

Address 139 Landon Ln Phone _____ Cell 931-675-1936

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use [Signature] Date 7/22/25

Signature of principal [Signature] Date 8/28/25

Signature of Director of Schools for approval [Signature] Date 8/28/25

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5. All activities must be under competent adult supervision and approved by the building principal. In all cases, an assigned school employee will be present. The group using the facility will be responsible for any damage to the building or equipment and payment of supervision and clean up at the rate of time-and-a-half the hourly rate of the personnel used.
6. Groups receiving permission for building use are restricted to the dates and hours approved and to the building area and facilities specified.
7. Groups receiving permission for building use are responsible for the observance of all fire and safety regulations at all times.
8. The use of alcoholic beverages, drugs, profane language and gambling in any form is not permitted in school buildings. Smoking within the building is not permitted.
9. The Board will cooperate with recognized agencies, such as the Red Cross, National Guard and Civil Defense; and will make suitable facilities available without charge during community emergencies.
10. When school kitchens are used, a member of the cafeteria staff must be present to supervise the use of the equipment. Compensation must be paid to cafeteria members at the rate of time-and-a-half of their hourly rate.
11. When a third-party vendor uses a facility and a custodian is used, a fee of \$21 per hour plus the fixed Medicare, Social Security, and retirement rates must be paid to the Central Office.
12. Groups are responsible for servicing an AED, should it be used. The AED is to be used at one's own risk.



REQUEST FOR USE OF MCHS
(SCHOOL)

Area/Room of the building requested Auditorium and a room for them to change
 Name/Type of event to be held Fundraiser pageant
 Date of the event 11/15/25 Time 8am-5pm
 Organization/Person requesting use Samantha Primm
 Name of insurance company Eventsured Amount of coverage 1,000,000
*Minimum coverage of \$1,000,000 required
 Contact person for organization using building Samantha Primm
 Address 139 Landon Ln Phone _____ Cell 931-675-1936

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use [Signature] Date 8/28/25
 Signature of principal [Signature] Date 8/29/25
 Signature of Director of Schools for approval [Signature] Date 8/29/25

MARSHALL COUNTY BOARD OF EDUCATION POLICY

When not in use for school purposes, school buildings and grounds or portions thereof may be used for public, governmental, charitable, civic, recreational, cultural, and such other purposes that promote the welfare of the community, as approved by the Director of Schools.

1. Requests for the use of facilities shall be made first at the office of the principal. If approved by the principal, a use of school facility form will be signed by the principal and given to the group requesting use of facilities. The group must secure liability insurance to cover the use of facilities at the minimum of \$1,000,000. Proof of insurance and the use of school facility form must be presented at the central office for final approval by the Director of Schools.
2. Student clubs and activities, parent-teacher associations, and other organizations affiliated with the schools shall be permitted reasonable use of school facilities without charge or insurance coverage.
3. School facilities may not be used for private profit. Any for-profit group who wishes to use school facilities for one-time performances or other programs must have special Board approval. Teachers may use the building for educational purposes.
4. Unused facilities may be leased for private day-care centers and kindergartens, which provide educational and child care services to the community.
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REQUEST FOR USE OF FHS
(SCHOOL)

Area/Room of the building requested Front Awning / Cafeteria

Name/Type of event to be held Apex Bank Fish Fry - Rocket Band

Date of the event 9/26/25 Time _____

Organization/Person requesting use Boone

Name of insurance company _____ Amount of coverage _____

Contact person for organization using building 931-246-0452 Caleb Boone
*Minimum coverage of \$1,000,000 required

Address 1536 Sandy St. Lewisburg Phone ↓ Cell _____

RESPONSIBILITY OF PERSON REQUESTING USE

I understand I am responsible for opening, preparing, supervising, securing, and cleaning the building and returning the building to its original state before use. A school employee must be present during the use of the building.

Signature of person requesting use Caleb Boone Date 8/6/25

Signature of principal [Signature] Date 8/11/25

Signature of Director of Schools for approval [Signature] Date 8/14/25

MARSHALL COUNTY BOARD OF EDUCATION POLICY

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