

OFFICIAL MINUTES
Marion County Board of Education
Regular Session
Monday, September 19, 2022
CENTRAL OFFICE
6:00 pm

10-2140

Pastor Clinton Rowan, Barrackville Church of Christ gave the invocation, and the Pledge of Allegiance was led by Sherry Hayes, Cook at Pleasant Valley.

The Marion County Board of Education met in a Regular Session on Wednesday, September 19, 2022 at 6:00 pm.

Mrs. Costello called the meeting to order at 6:02 pm.

PRESENT: Mr. Boyles, Mrs. Costello, Mr. Dragich, Mr. Pellegrin, Rev. Saunders
(BY PHONE) and Superintendent Dr. Hage.

The was held in the Central Office Conference Room and was streamed on our Web page: Marionboe.com

10-1000 INFORMATION – RECOGNITIONS – RECOMMENDATIONS – REPORTS

- 1) Purple Star Awards
- 2) WV School Service Personnel Day-Jim Justice Proclamation
- 3) Seth DiStefano, Policy Outreach Director and Kelly Ellen, E.D. of WV Center on Budget & Policy, presentation on Amendments
- 4) Mountaineer Math Enrichment Program – Mary Ellen Sullivan and Kelly Rogers-Snoderly
- 5) Delegations
 - a) DD Meighen - Forms
 - b) Jeff Smell – Country Roads Leasing – Purchase Financing

NEW BUSINESS

Mr. Boyles made a motion, seconded by Mr. Pellegrin to approve the following:

10-2000 MINUTES – AGREEMENTS – CONTRACTS

2120 MINUTES

The approval of the Official Minutes for the meeting for a Regular Meeting on September 6, 2022.

2121 BOOSTERS – MANNINGTON MIDDLE – HUSKY PUP FOOTBALL

The approval of the Booster Group for Mannington Middle School Husky Pup Football for the 2022-2023 SY.

2122 OMNI ASSOCIATES – EAST DALE PROJECT

The approval of the invoice for Omni for basic services including Schematic design, Design Development, Construction Documents, Bidding & Negotiation and Construction Administration, in the amount of \$66,021.40.

FUNDING: County

2123 OMNI ASSOCIATES – EAST DALE PROJECT

The approval of the invoice for Omni for known reimbursables including Survey & Geotechnical Investigation, in the amount of \$28,433.75.

FUNDING: County

2124 VERITAS – PAYMENT #13 – EAST DALE ADDITION PROJECT

The approval of the 13th payment for the East Dale Addition project to Veritas Contracting LLC. This invoice is work performed July 25, 2022 – August 25, 2022, in the amount of \$259,740.87. Funding: County50% and School Building Authority50%

2125 HOUGHTON MIFFLIN HARCOURT – READ 180/SYSTEM 44 LITERACY

The approval of the proposal from Houghton Mifflin Harcourt to renew the student subscription for Read 180/System 44 Literacy, in the amount of \$15,150.00.

FUNDING: ESSRF

2126 CONTRACT – MILESTONES & MUSIC, LLC – MUSIC THERAPY SERVICES

The approval of the contract with Milestones & Music, LLC at the rate of \$650.00 per SEMTAP Assessment, \$150.00 per hour for direct service, consult services, and educational enrichment service, \$250 per hour for direct service provided for 2 students simultaneously, \$300 per hour for direct service provided for 3 students simultaneously, \$100 per hour for meetings and \$100-\$200 per hour for presentations / in-services / professional development.

FUNDING: IDEA

2127 BOOSTERS – NMHS – BAND

The approval of the Booster Group for NMHS Band for the 2022-2023 SY.

2128 ZONES – PURCHASE 1500 DELL 3100 CHROMEBOOKS

The approval of the quote from Zones to purchase 1500 Dell 3100 Chromebooks to continue the One-to-One Initiative, in the amount of \$454,545.00.

FUNDING: WVDE Tools for Schools Allotment - \$250,859.00

TITLE I - \$115,454.43 and

County - \$88,231.57

2129 CHAPERONES – MANNINGTON MIDDLE – CROSS COUNTRY

The approval of the Chaperone List for Mannington Middle School Cross Country for the 2022-2023 SY.

2130 CHAPERONES – MANNINGTON MIDDLE – HUSKY PUPS

The approval of the Chaperone List for Mannington Middle School Husky Pups for the 2022-2023 SY.

2131 MOU – CRITTENTON SERVICES, INC

The approval of the Memorandum of Understanding with Crittenton Services, Inc. to provide therapeutic services through Wellspring Family services for the 2022-2023 SY.

2132 MOU – NCWVCAA-HS

The approval of the Memorandum of Understanding with North Central West Virginia Community Action Association, Inc. – Head Start Program for the 2022-2023 SY.

2133 FSU – FACULTY & STUDENT VOLUNTEER LIST - STEAM

The approval of the Volunteer Faculty and Student Volunteer list, to help with the STEAM Center and STEAM Bus for the 2022-2023 SY.

2134 HOUGHTON MIFFLIN HARCOURT – SERVICE AGREEMENT

The approval of the Service Agreement with Houghton Mifflin Harcourt to provide Instructional Coaching with Terri Klem for Watson Elementary, in the amount of \$29,430.00.

FUNDING: CSI

2135 HEINEMANN COMPANY - FOUNTAS AND PINNELL MATERIALS – FAIRVIEW ELEMENTARY

The approval of the Quotes from the Heinemann Company to purchase Fountas and Pinnell Materials Fairview Elementary Teachers, in the total amount of \$75,070.70.

FUNDING: Title I Carryover from FY22

2136 HEINEMANN COMPANY - FOUNTAS AND PINNELL MATERIALS – RIVESVILLE ELEMENTARY

The approval of the Quotes from the Heinemann Company to purchase Fountas and Pinnell Materials Rivesville Elementary Teachers, in the total amount of \$88,532.70.

FUNDING: Title I Carryover from FY22

2137 LAKESHORE – SPRING KINDERGARTEN TRANSITION - BACKPACKS

The approval of the Quotes from Lakeshore to purchase backpacks for the Spring Kindergarten Transition program, in the amount of \$26,105.40.

FUNDING: Title I Carryover from FY22

2138 MOU – MARION COUNTY RESCUE SQUAD (MCRS)

The approval of the Memorandum of Understanding with the Marion County Rescue Squad to provide service during Football Games, practices and scrimmages during the 2022 season, in the amount of \$100.00 per football event and to be paid at the end of the season.

FUNDING: County

2139 VOLUNTEER STAFF– EFHS – FOOTBALL

The approval of Dr. BJ Balcik, Bailey Long, Abbie Eakle and Tom Gutshall as Volunteer Staff for EFHS Football for the 2022 – 2023 SY.

YEAS: Boyles, Costello, Dragich, Pellegrin, & Saunders **NAYS: 0**

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the following:

10-3000 FINANCIAL

3008 Vendor List dated August 31, 2022 are viewable in the attachments on the Marionboe.com website.

3009 Budget Supplements and Transfers September 14, 2022 are viewable in the attachments on the Marionboe.com website.

YEAS: Boyles, Costello, Dragich, Pellegrin, & Saunders **NAYS: 0**

Mr. Pellegrin made a motion, seconded by Mr. Dragich to approve the following: **EXCEPT FOR ITEM 4150, which was voted on separately and ITEM 4138 which was pulled.**

10-4000 PERSONNEL

4127 EMPLOYMENT – PAID COACHES

The approval of the following coaching positions effective for the 2022-23 season pending WV certification and CIB verification if needed:

Fairview Middle School

C22 09 07 01

Earl Layton

Boys' Basketball 7/8

SSAC

4128 RESIGNATION – COACHES

The approval of the following coaching resignations:

East Fairmont Middle School

Jon Curtis

Boys' Cross Country

Effective: September 5, 2022

4129 EMPLOYMENT – ATHLETIC TRAINERS

The approval of the following effective for the 2022-23 School Year.

North Marion High School

C22 09 06 01

ATHLETIC TRAINER

Angela Maset

C22 09 06 02

SUBSTITUTE ATHLETIC TRAINER

Christopher Moore

4130 EMPLOYMENT – TICKET TAKERS, ANNOUNCERS, AND SCORE KEEPERS FOR SCHOOL ACTIVITIES

The approval of the following effective for the 2022-23 School Year.

Barrackville

C22 08 19 11

SPORT SCORE KEEPER

Jacob Hixenbaugh

East Fairmont High School

C22 07 27 01

TICKET TAKERS

Kathy Ramsey

East Fairmont Middle

C22 08 29 04

TICKET TAKERS

Jodi Henderson

Kenneth McDonald

C22 08 29 06

SPORT SCORE KEEPERS

Victor Seccuro

John Thomas

Fairview Middle

C22 08 29 01

TICKET TAKERS

Pam Markley

Steve Rodriguez

Fairmont Senior High School

C22 07 27 02

TICKET TAKERS

Misty Owens

Monongah Middle
C22 08 29 09
SPORT SCORE KEEPER
Chad Davidson

Rivesville Elem/Middle School
C22 08 30 01
TICKET TAKERS
Kishia Samargo
Toni Shelton

West Fairmont Middle
C22 08 19 21
SPORT SCORE KEEPERS
Victor Seccuro

4131 RESIGNATIONS – PROFESSIONAL PERSONNEL

The approval of the professional resignations as follows:

Sarah Mauller English/Language Arts
West Fairmont Middle
200 Days
Effective: September 16, 2022

Michelle Scipione Multi Cat W/Autism
East Fairmont High School
200 Days
Effective: September 7, 2022

4132 RESIGNATIONS – PROFESSIONAL PERSONNEL-21st CENTURY PROGRAM

The approval of the professional resignations as follows:

Gabrielle Lory Enrichment Instructor-Watson Elementary
Effective: September 10, 2022

4133 EMPLOYMENT – PROFESSIONAL PERSONNEL-TITLE I PROGRAM

The approval of the following:

P22 08 25 02
Collin Petonick Alternative Ed Evening Program Tutor-
Marion County Youth Report Center
The tutor will work 1-2 hours per evening/afternoon
for 3-4 days a week
Effective: September 21, 2022

P22 08 25 04

Michael Richards Counselor/Social Worker
Fairmont Catholic

The maximum number of hours for the year will be 150 hours
Effective: September 21, 2022

4134 EMPLOYMENT – PROFESSIONAL PERSONNEL

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

P22 08 30 03

Melanie Feltz Grade 3
Jayenne Elementary

200 Days
Effective: September 21, 2022

4135 EMPLOYMENT – PROFESSIONAL PERSONNEL-MATH AND READING INTERVENTIONIST-CARES ACT ROUND 3

The approval of the following:

Jayenne Elementary

P22 08 15 30

Kiley Haney Reading Interventionist
Jayenne Elementary

maximum of 150 contact hours during the school day
\$30/hour
Effective: September 21, 2022

Monongah Elementary

P22 08 15 32

Edna Martin Reading Interventionist
Monongah Elementary

maximum of 150 contact hours during the school day
\$30/hour
Effective: September 21, 2022

Watson Elementary

P22 08 15 37

Kathe Jackson Reading Interventionist
Watson Elementary

maximum of 150 contact hours during the school day
\$30/hour
Effective: September 21, 2022

**4136 EMPLOYMENT – PROFESSIONAL PERSONNEL-ELA AND MATH TUTORS
FOR LEARNING RECOVERY AND INNOVATION -CARES ACT ROUND 3**

The approval of the following:

East Dale Elementary School

P22 08 19 03

Moriah Davis

ELA After School Tutor for Learning Recovery and Innovation
East Dale Elementary School
maximum of 150 after school contract hours
\$30/hour

East Fairmont Middle School

P22 08 19 05

Jennifer Sisk

ELA After School Tutor for Learning Recovery and Innovation
East Fairmont Middle School
maximum of 150 after school contract hours
\$30/hour

Fairmont Senior High School

P22 08 31 04

Amanda Johnson

ELA After School Tutor for Learning Recovery and Innovation
Fairmont Senior High School
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

Monongah Elementary School

P22 08 19 31

Kelly Rogers-Snoderly

Math After School Tutor for Learning Recovery and Innovation
Monongah Elementary
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

P22 08 19 12

Kelly Rogers-Snoderly ELA After School Tutor for Learning Recovery and Innovation
Monongah Elementary
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

Pleasant Valley Elementary

P22 08 31 19

Mary DeBalski Math After School Tutor for Learning Recovery and Innovation
Pleasant Valley Elementary
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

P22 08 31 08

Karen DeLancey ELA After School Tutor for Learning Recovery and Innovation
Pleasant Valley Elementary
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

Watson Elementary

P22 08 31 10

Amanda Pase ELA After School Tutor for Learning Recovery and Innovation
Watson Elementary School
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

P22 08 31 20

Danielle Styles Math After School Tutor for Learning Recovery and Innovation
Watson Elementary School
maximum of 150 after school contract hours
\$30/hour
Effective: September 21, 2022

4137 EMPLOYMENT – PROFESSIONAL PERSONNEL-21st CENTURY PROGRAM

The approval of the following:

East Park Elementary School

P22 08 10 05

Stacy Green

Enrichment Instructor-East Park
2022-23 SY
\$10/hour
Monday-Friday
September 2022-May 2023
Effective: September 21, 2022

Watson Elementary School

P22 08 10 06

Alexus Williams

Enrichment Instructor-Watson Elementary
2022-23 SY
\$10/hour
Monday-Friday
September 2022-May 2023
Effective: September 21, 2022

**~~PULLED 4138 CORRECTION ON EMPLOYMENT – PROFESSIONAL PERSONNEL-ELA
AND~~**

~~MATH TUTORS FOR LEARNING RECOVERY AND INNOVATION CARES~~

~~ACT ROUND 3 FROM THE 9/6/22 AGENDA #4111~~

~~The approval of the following:~~

~~***East Park Elementary***~~

~~**P22 08 19 25**~~

~~Susan Brennan Brooks~~

~~**Yvette Casdorff**~~

~~Math After School Tutor for Learning Recovery and
Innovation
East Park Elementary
maximum of 150 after school contract hours
\$30/hour
Effective: September 8, 2022~~

4139 EMPLOYMENT – SUBSTITUTE TEACHERS

The approval of the following pending WV certification and CIB verification:

Elizabeth Chaney Sub Permit

Joseph Dart Professional

Tony Drown Professional

<u>Joshua Lucas</u>	Sub Permit
<u>Stephen Railey</u>	Residency Permit
<u>Alexis Taylor</u>	Residency Permit

4140 RESIGNATION – SUBSTITUTE TEACHERS

The approval of the following substitute teacher resignation:

Dannette DeVaul

Effective: September 12, 2022

4141 REASSIGNMENT – PROFESSIONAL PERSONNEL

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

	From:	To:
<u>P22 08 30 02</u>		
<u>Jessica Ford</u>	Grade 2 East Dale Elementary 200 Days	Grade 1 White Hall Elementary 200 Days Effective: 2023-24 SY
<u>P22 09 07 02</u>		
<u>Ashley Reed</u>	PE/Health West Fairmont Middle 200 Days	Physical Education West Fairmont Middle 200 Days Effective: September 20, 2022

4142 RESIGNATIONS – SERVICE PERSONNEL

The approval of the service personnel resignations as follows:

<u>Leah Williamson</u>	Sign Language Interpreter-Itinerant East Dale-HB Instructional Day 200 Days Effective: <i>Pending Replacement</i>
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4143 LEAVE OF ABSENCE – SERVICE PERSONNEL

The approval of the following:

<u>Cynthia Darcus</u>	Cook	East Fairmont Middle School
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Request a leave of absence from August 26, 2022 to October 3, 2022.

Erica Gouty

Secretary

Rivesville Elementary/Middle

Request a leave of absence **AS NEEDED** from September 7, 2022 to June 30, 2023.

4144 EMPLOYMENT – SERVICE PERSONNEL

The approval of the following:

S22 08 30 01

Timothy Eakle

Bus Operator #84
Transportation Dept.

200 Days

5:55 am-8:15 am

1:45 pm-4:15 pm

Effective: September 21, 2022

S22 09 07 10

Melanie Izdepski

LPN/Aide-Itinerant (Until the resignation, retirement, or return of employee)

White Hall Elementary School

8:30 am-2:30 pm

Effective: September 21, 2022

S22 09 07 08

Christopher Layman

Custodian I/II-Half Time
Fairmont Senior High School

210 Days

12:00 pm-3:30 pm

Effective: September 21, 2022

S22 09 07 04

Shoshana Wilkinson

LPN/Aide-Itinerant
East Fairmont Middle

200 Days

7:00 am-1:00 pm

Effective: September 21, 2022

4145 EMPLOYMENT – SERVICE PERSONNEL-SUBSTITUTE COOKS FOR THE 21ST CENTURY PROGRAM

The approval of the following:

S22 08 26 01

Tammy Berry

Substitute Cook for the 21st Century Program

Blackshere Elementary ONLY

September 2022-May 2023

10-2140

S22 08 26 01

Janet Plachta Substitute Cook for the 21st Century Program
Blackshere Elementary ONLY
September 2022-May 2023

S22 08 26 01

Wendy Tinney Substitute Cook for the 21st Century Program
Blackshere/East Park/Watson
September 2022-May 2023

S22 08 26 01

Deborah Villers Substitute Cook for the 21st Century Program
Blackshere/East Park/Watson
September 2022-May 2023

4146 EMPLOYMENT – SERVICE PERSONNEL-LPN/AIDE-EAST FAIRMONT HIGH EXTRACURRICULAR

The approval of the following:

S22 09 07 09

Marcia Campbell LPN/Aide-East Fairmont High School Extracurricular
East Fairmont High School
Summer/Fall Season for the 2022-23 school year
Effective: September 21, 2022

4147 REASSIGNMENT – SERVICE PERSONNEL

The approval of the following:

	From:	To:
<u>S22 09 07 05</u>		
<u>Cynthia Hall</u>	Custodian I/II East Dale Elementary 210 Days 6:00 am-9:30 am 10:30 am-2:30 pm	Custodian I/II Barrackville Elem/Middle 210 Days 3:00 pm-10:30 pm
		Effective: September 21, 2022

S22 09 07 03

<u>Mark George</u>	Custodian I/II North Marion High School 210 Days 2:30 pm-10:00 pm	Custodian I/II North Marion High School 210 Days 2:30 pm-10:00 pm
		Effective: October 3, 2022

S22 09 07 02**John Haught**Custodian I/II
Fairview Middle
210 Days
6:30 am-2:00 pmCustodian I/II
North Marion High School
210 Days
6:00 am-1:30 pm
Effective: September 21, 2022**S22 08 30 02****Laura Fredrick**Cook I/II
East Fairmont Middle
200 Days
6:00 am-1:30 pmCook I/II
East Fairmont High School
200 Days
5:30 am-1:00 pm
Effective: September 21, 2022**S22 09 07 01****David Thompson**Custodian I/II
Pleasant Valley Elementary
210 Days
1:30 pm-9:00 pmCustodian I/II
East Park Elementary
210 Days
3:00 pm-10:30 pm
Effective: November 22, 2022**S22 09 07 06****Kimberly Seccuro**ECCAT-K
East Park Elementary
200 Days
9:00 am-3:00 pmAutism Mentor-Itinerant
Fairmont Senior High School
200 Days
7:30 am-1:30 pm
Effective: September 21, 2022**S22 08 30 03****Latasha Toothman**LPN/Aide-Itinerant
East Dale Elementary
200 Days
8:00 am-2:00 pmLPN/Aide-Itinerant
Blackshere Elementary
200 Days
7:00 am-1:00 pm
Effective: September 21, 2022**S22 09 07 07****Pamela Vanfosson**Cook I/II-Half Time
Monongah Elementary
200 Days
10:00 am-1:30 pmCook I/II
Monongah Elementary
200 Days
6:00 am-1:30 pm
Effective: September 23, 2022

4148 RESIGNATIONS – SUBSTITUTE SERVICE PERSONNEL

10-2140

The approval of the substitute service personnel resignations as follows:

Dennis Bowles Substitute Bus Operator
Effective: August 31, 2022

Peggy Eddy Substitute Aide
Effective: September 8, 2022

4149 EMPLOYMENT – SUBSTITUTE SERVICE PERSONNEL

The approval of the following as substitute service personnel pending completion of training and CIB results:

Substitute Secretary
S22 08 25 07
Angela Alasky

Substitute Secretary
S22 08 25 07
Stephanie Cummons

Substitute Custodian
S22 08 25 06
Kacie Cunningham

Substitute Aide
S22 09 01 03
Kathy Eakle

Substitute Cook
S22 08 25 05
Kathy Eakle

Substitute Custodian
S22 08 25 06
Charles Efaw

Substitute Custodian
S22 08 25 06
Wendy Henderson

Substitute Custodian
William Hobson **Emergency ONLY**

Substitute Aide

S22 09 01 03

Ashley Ice

Substitute Custodian

S22 08 25 06

Shelly Lehew

Substitute Secretary

S22 08 25 07

Kristy Malcolm

Substitute Secretary

S22 08 25 07

Kimberly McCartney

Substitute Custodian

S22 08 25 06

Nicholas Ramage

Substitute Secretary

S22 08 25 07

Seneka Teets

Substitute Custodian

S22 08 25 06

Seth Vincent

YEAS: Boyles, Costello, Dragich, Pellegrin, & Saunders **NAYS: 0**

Mr. Dragich made a motion, seconded by Mr. Boyles to approve **items 5001-5012 ONLY!**

5013-5018 are reviews only

10-5000 DISCUSSION – NEW POLICIES, REVISIONS & DELETIONS

First Review – 08-21-22

Second Review – 09-06-22

Final Review/Approval – 09-19-22

5001-NEW – PO7455 – ACCOUNTING SYSTEM FOR CAPITAL ASSETS

5002-REVISION – PO6320 – PURCHASES

5003-REVISION – PO6114 – COST PRINCIPLES – SENDING FEDERAL FUNDS

5004-REVISION – PO6520 – PAYROLL DEDUCTIONS

5005-NEW – PO6800 – SYSTEM OF ACCOUNTING

5006-REVISION – PO7450 – PROPERTY INVENTORY

5007-REVISION – PO3120.12 – SUBSTITUTES IN AREAS OF CRITICAL NEED AND SHORTAGE

5008-REVISION – PO3142 – NON-RENEWAL OF PROBATIONARY TEACHER CONTRACT

5009-REVISION – PO4142 – NON-RENEWAL OF SERVICE PERSONNEL PROBATIONARY CONTRACT

5010-REVISION – PO5130 - WITHDRAWAL FROM SCHOOL

5011-REVISION – PO5140 – STUDENT DRIVER ELIGIBILITY CERTIFICATE

5012-REVISION – PO5200 – ATTENDANCE

YEAS: *Boyles, Costello, Dragich, Pellegrin, & Saunders* NAYS: 0

First Review – 09-06-22

Second Review – 09-19-22

Third Reading/Approval 10-03-22

5013-REVISION – PO2411 – GUIDANCE AND COUNSELOR

5014-REVISION – PO8405.01 – INDOOR AIR QUALITY

5015-NEW – PO2261.03 – DISTRICT AND SCHOOL REPORT CARD

5016-REVISION – PO0142.3 – ORIENTATION

5017-REVISION – PO2114 – MEETING STATE ACCOUNTABILITY MEASURES

5018-NEW/REVISED – PO1617 – WEAPONS

10-6000 SUPERINTENDENT’S REPORT

- Student Achievement**
- Technology**
- Transportation**
- Facilities**
- Maintenance**

10-7000 MATTERS FROM THE BOARD

Mr. Boyles -

- Safety and Security**
- COVID Numbers look better**
- Credit Card Machines updates**
- Rank One Computing updates**
- Congratulations to Watson for their hardwork**
- Presentation on Amendment 2**
- School Aid formula**

Mr. Dragich -

Mr. Pellegrin -

Congratulations for every School being a purple star.

Service Personnel Day

Kelly Ellen – Presentation

Congratulations to Watson Elementary Staff for all of their work.

WVEIS

WVEIS and State Aid Formula

Congratulations to Watson, Teachers, Staff and Students

Congratulations to Steve Rodrigues and Jeff Crane

Locker Rooms at NMHS

Mr. Saunders -

Mrs. Costello -

Student Achievement discussions will be increased.

Mr. Dragich made a motion, seconded by Mr. Pellegrin to approve the following:

7001 STUDENT EXPULSION

The approval of a student to be expelled for one calendar year for violation of the Safe Schools Act.

YEAS: *Boyles, Costello, Dragich, Pellegrin, & Saunders* **NAYS: 0**

Mr. Pellegrin made a motion, seconded by Mr. Boyles to approve the following:

7002 STUDENT EXPULSION

The approval of a student to be expelled for one calendar year for violation of the Safe Schools Act.

YEAS: *Boyles, Costello, Dragich, Pellegrin, & Saunders* **NAYS: 0**

Mr. Boyles made a motion, seconded by Mr. Pellegrin to go into executive session to go into executive session at 7:42 to discuss item 4150.

YEAS: *Boyles, Costello, Dragich, Pellegrin, & Saunders* **NAYS: 0**

Mr. Boyles made a motion, seconded by Mr. Pellegrin to go return to regular session at 7:55.

YEAS: *Boyles, Costello, Dragich, Pellegrin, & Saunders* **NAYS: 0**

Mr. Saunders left the meeting at 7:56 pm.

Mrs. Costello stated that we will following the policy an no action was taken.

~~4150 LEAVE OF ABSENCE — SERVICE PERSONNEL~~

~~The Superintendent presents the following:~~

~~Stacy Butcher ————— Custodian I/II ————— Fairmont Senior High School
Request a leave of absence from July 25, 2022 to September 1, 2022.~~

~~Stacy Butcher ————— Custodian I/II ————— Fairmont Senior High School
Request a leave of absence from September 2, 2022 to January 2, 2023.~~

~~**The employee requests a leave of absence that extends
Back to 12/19/2019, which exceeds all of our leave policies.**~~

10-9000 FUTURE MEETINGS

DATE	PURPOSE	TIME	PLACE
Sept 21	Wed Special Session(<i>Tentative</i>)	1:00 pm	Central Office
Sept 28	Wed Special Session	1:00 pm	Central Office
Oct 3	Mon Regular Session	6:00 pm	Central Office
Oct 17	Mon Regular Session	6:00 pm	Central Office

ADJOURNED

Mr. Pellegrin made a motion, seconded by Mr. Boyles to adjourn at 7:57 pm.

YEAS: *Boyles, Costello, Dragich, Pellegrin, & Saunders* **NAYS: 0**

Mrs. Donna Costello, President

Dr. Donna Hage, Superintendent/Secretary

Robin Haught, Executive Secretary

AIA Document G701 - 2017

Change Order

PROJECT: (Name and address)
East Dale Elementary School
57 East Dale Rd
Fairmont, WV 26554

CONTRACT INFORMATION:
Contract For: General Construction
Date: 6/22/21

CHANGE ORDER INFORMATION:
Change Order Number: 14
Date: 9/19/22

OWNER: (Name and address)
Marion County Schools
1516 Mary Lou Retton Drive
Fairmont, WV 26554

ARCHITECT: (Name and address)
Omni Associates-Architects, Inc
207 Jefferson Street
Fairmont, WV 26554

CONTRACTOR: (Name and address)
Veritas Contracting, LLC
246 Business Park Drive
Fairmont, WV 26554

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)
See attached back-up

The original Contract Sum was	\$	3,576,689.00
The net change by previously authorized Change Orders	\$	410,816.66
The Contract Sum prior to this Change Order was	\$	3,987,505.66
The Contract Sum will be increased by this Change Order in the amount of	\$	4,603.97
The new Contract Sum including this Change Order will be	\$	3,992,109.63
The Contract Time will be unchanged by zero (0) days.		
The new date of Substantial Completion will be 11/21/22		

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

Omni Associates-Architects, Inc.
ARCHITECT (Firm name)

David E. Snider
SIGNATURE

David E. Snider, Principal Architect
PRINTED NAME AND TITLE

9/19/22
DATE

Veritas Contracting
CONTRACTOR (Firm name)

[Signature]
SIGNATURE

[Printed Name]
PRINTED NAME AND TITLE

[Date]
DATE

Marion County Schools
OWNER (Firm name)

[Signature]
SIGNATURE

[Printed Name]
PRINTED NAME AND TITLE

[Date]
DATE

School Building Authority of West Virginia

<input checked="" type="checkbox"/> Reviewed	<input type="checkbox"/> Reviewed and eligible for use of SBA funds available in the current budget
<input type="checkbox"/> Reviewed and eligible for the use of local funds only	

This review does not relieve the Owner, Architect, or Engineer of responsibility under any applicable codes, rules or statutes.

[Signature] 9/26/2022
Koyce A. VanGilder Date

246 Business Park Drive
Fairmont, WV 26554



10-21

Telephone: 304-598-2285
Fax: 304-598-2287

September 9, 2022

Mr. Jason Miller AIA, NCARB
Principal
Omni Associates – Architects, Inc
207 Jefferson Street
Fairmont, West Virginia 26554
Via Email: JMiller@omniassociates.com

Ref.: Addition Work Request #30(AWR#30) , AWR #30 Page 1 of 1.

Dear Mr. Miller,

As per the response to RFI 103, please see the following addition to the East Dale Elementary School addition project below for the purchase of a new flagpole:

• Purchase of 25' flagpole per link in RFI 103 response	\$3,924.96
• 15% Mark-Up	\$588.74
• 2% Bond	\$90.27
<i>Total Contract Adjustment</i>	<i>\$4,603.97</i>

Should you need any further information, please feel free to contact our office at 304-598-2285.

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Proctor", is written over a circular stamp or watermark.

Sam Proctor
Veritas Contracting LLC

cc: 21039 File



ARCHITECTURAL GRADE ALUMINUM FLAG POLE - MAJESTIC™

SKU AH325

\$2,849.99

Quantity discounts available



Details

Full Product Details of Our Architectural Grade Commercial Flag Poles: For a school, office building or government building, there's no substitute for...

We're currently collecting product reviews for this item. In the meantime, here are some reviews from our past customers sharing their overall shopping experience.

We use cookies on our site to provide you with the best user experience. [Read cookie policy](#)

Chat

[Edit \(/addressbook/1896432\)](#)

ADD ADDRESS (/ADDRESSBOOK/NEW)

SUMMARY

Subtotal (1 Item)	\$2,849.99
Subtotal Does Not Include Shipping Or Tax	
Shipping	\$852.80
Tax	\$222.17
TOTAL	\$3,924.96

Enter Promo Code

Items to Ship (1)

You will have an opportunity to review your order on the next step.

Chat

STUDENT AFFILIATION AGREEMENT

THIS STUDENT AFFILIATION AGREEMENT ("Agreement"), by and between the **WEST VIRGINIA UNIVERSITY BOARD OF GOVERNORS** on behalf of **WEST VIRGINIA UNIVERSITY** and its **SCHOOL OF MEDICINE, DEPARTMENT OF HUMAN PERFORMANCE AND APPLIED EXERCISE SCIENCE** ("WVUSM"), and **MARION COUNTY SCHOOLS** ("Affiliate").

WITNESSETH:

WHEREAS, the West Virginia University Board of Governors governs West Virginia University and its School of Medicine; and

WHEREAS, WVUSM is currently conducting educational programs in the Divisions of Exercise Physiology, Occupational Therapy, and Physical Therapy and desires to obtain clinical education or fieldwork for the students enrolled in such educational programs; and

WHEREAS, the object and purposes of this Agreement are in furtherance of WVUSM's mission; and

WHEREAS, Affiliate desires to provide clinical education or fieldwork for the students of WVUSM in order to further educational activities within the service to promote continued improvement of patient care; and

WHEREAS, the parties share the mutual goal of optimum patient care and allied health education.

NOW, THEREFORE, in consideration of the premises and the covenants and conditions herein contained, WVUSM and Affiliate do hereby agree as follows:

1. RESPONSIBILITIES OF WVUSM.

1.1. Each WVUSM student will be supervised by a licensed or registered clinician or fieldwork person as follows:

Exercise Physiology	Exercise Physiologist with a Master's or PhD Degree
Occupational Therapy	Level I – OT Practitioner or Qualified Personnel
	Level II – Occupational Therapist
Physical Therapy	Capstone - OT Practitioner or Qualified Personnel
	Physical Therapist

Supervision shall be interpreted to mean that a responsible clinician or fieldwork person is on the premises with the students. The supervision of Occupational Therapy and Physical Therapy students will be in accordance with the state licensure law in which the student is completing the fieldwork experience. The supervising clinician or fieldwork person may arrange for the student to observe or assist another qualified health professional acceptable to WVUSM, but at no time will the student be allowed patient contact when a supervising clinician or fieldwork person is not on the premises, nor will the student be used in lieu of professional or non-professional staff.

1.2. WVUSM agrees to withdraw from Affiliate any student whose performance, behavior, or health is deemed by Affiliate to be detrimental to patients or staff or when student fails to abide by the policies and procedures established by Affiliate. Also, WVUSM and Affiliate agree to enter into early intervention and mediation if the student does not behave in a manner consistent with the policies, procedures and convention established by the profession, Affiliate, and WVUSM.

1.3. WVUSM agrees that, on certification of eligibility by the coordinator of clinical education or fieldwork of WVUSM, the clinical instructor(s) or fieldwork coordinator(s) of Affiliate's Exercise Physiology, Occupational Therapy or Physical Therapy service shall be

entitled to use the library facilities of the educational program in Exercise Physiology, Occupational Therapy or Physical Therapy and of the School of Medicine of the University, and to attend classes in the educational program in Exercise Physiology, Occupational Therapy or Physical Therapy at WVUSM with permission of the class instructor, and attend continuing education seminars for clinical educators and fieldwork instructors.

1.4. WVUSM shall advise the student(s) participating in the clinical rotations at Affiliate that they are responsible for complying with the applicable rules and regulations of Affiliate and shall provide to each student health, safety, and any other policy information provided by Affiliate to WVUSM.

1.5. WVUSM shall establish and maintain ongoing communications about the clinical experience with the program supervisor of Affiliate and other designated Affiliate personnel, including, but not limited to, a description of the curriculum, policies, faculty, and major changes to the information provided pursuant to Section 1.4 hereof. On-site visits may be arranged when feasible.

1.6. In accordance with applicable laws, regulations, and West Virginia University policy, WVUSM shall immediately notify Affiliate about any physical, mental, or emotional problem, including chemical dependency, which would serve to impair a student's performance and/or represent a threat to the health and safety of patients or Affiliate employees or physicians, in the event WVUSM becomes aware of such a problem. Also, WVUSM shall immediately notify Affiliate of any action taken because of substandard academic or clinical performance of any student when that substandard performance could have an adverse impact on patient care at Affiliate. In the event WVUSM cannot legally share such information, it shall immediately withdraw its student from Affiliate if such information could impair a student's performance

and/or represent a threat to the health and safety of patients or Affiliate employees or physicians.

2. RESPONSIBILITIES OF AFFILIATE

2.1. Affiliate will assign the responsibility for the coordination of clinical education or fieldwork for the students of WVUSM to a licensed or registered clinical instructor or fieldworker that meets the criteria for the specific service to be provided (Exercise Physiology, Occupational Therapy, Physical Therapy) as outlined in section 1.1. The license(s) of the clinical instructor or fieldworker should cover all jurisdictions where students will be supervised. This individual, and any other clinical instructor or fieldworker responsible for the supervision and final evaluation of the WVUSM student, if acceptable to WVUSM, may be appointed by WVUSM to its faculty with the title of Clinical Instructor or Fieldworker of Exercise Physiology, Occupational Therapy, Physical Therapy, with all rights and privileges accorded by WVUSM to its other clinical faculty.

2.2. Affiliate will provide clinical education or fieldwork for students enrolled in the educational program in Exercise Physiology, Occupational Therapy or Physical Therapy of WVUSM. The number and level of students, their program of education within Affiliate, and the scheduling of their assignments to Affiliate shall be determined by mutual agreement between the coordinator of clinical education or fieldwork coordinator for the WVUSM Division of Exercise Physiology, Occupational Therapy or Physical Therapy and the clinical education coordinator and fieldwork coordinator of Exercise Physiology, Occupational Therapy or Physical Therapy of Affiliate.

2.3. Affiliate will provide the students with the rules, regulations and procedures of Affiliate and of the Exercise Physiology, Occupational Therapy or Physical Therapy service, patient care and other learning experiences, and access, as available, to parking, locker, cafeteria,

and library facilities. This information will be sent prior to a clinical rotation or fieldwork placement.

2.4. In the event a student suffers an injury or experiences a health threatening exposure while on Affiliate's premises, Affiliate will provide emergency care including the administering of acute antiviral therapies or referral therefore as recommended by protocols adopted by the Centers for Disease Control and Prevention. Such care will be at the student's expense.

2.5. Affiliate shall notify WVUSM of any reported complaints about mistreatment of students in writing, upon occurrence. Affiliate shall provide mechanisms for reporting complaints that ensure that the complaints may be documented and investigated without fear of retaliation. In addition, Affiliate shall notify WVUSM immediately upon initiation of any investigation of a complaint related to a WVUSM medical student.

2.6. Affiliate agrees to provide clinical experience which meets the standards of the Program, the CAPTE, the ACOTE, recognized professional associations, and governmental or state agencies, as applicable.

2.7. Affiliate shall comply with all applicable laws, regulations, CAPTE requirements, and ACOTE requirements, as applicable, and shall notify WVUSM within five (5) days of receipt of notice that Affiliate is not in compliance with any such laws, regulations, or requirements.

3. MUTUAL RESPONSIBILITIES.

3.1. Clinical and fieldwork education will include the supervision and instruction, as needed, of students in appropriate assessment, program planning, and treatment procedures for patients with a variety of disabilities, the prevention of disability, and other activities, as

30-813

available, such as participation in ward rounds, staff meetings, in-service educational programs, special lectures, clinics, and similar activities, at the discretion of the primary clinical supervisor. The WVUSM agrees to inform Affiliate of the preparation that the students have received at WVUSM. Affiliate agrees to evaluate each student's level of performance in Affiliate using criteria and forms provided by WVUSM.

3.2. The students will be assigned to Affiliate solely for the purpose of obtaining clinical education or fieldwork in Exercise Physiology, Occupational Therapy or Physical Therapy and will not be employees of Affiliate for purposes of compensation or for any other purposes or benefits having to do with an employment status. Since the students will not be employees of Affiliate, Affiliate will not be responsible for providing them with Social Security, unemployment compensation, or workers' compensation coverage while they are assigned as students to Affiliate's Exercise Physiology, Occupational Therapy or Physical Therapy service.

4. **TERM.** Unless terminated sooner as hereinafter provided, this Agreement shall be effective July 1, 2022, through June 30, 2023 [a one (1) year term], and may be renewed upon mutual written agreement of the parties.

5. **TERMINATION.**

5.1. Either party may terminate this Agreement for any reason upon ninety (90) days prior written notice. Any student already at Affiliate at the time of the termination of this Agreement will be allowed to complete the rotation at Affiliate in accordance with the terms of this Agreement.

5.2. Any party may terminate this Agreement for just cause. For purposes of this Agreement, just cause shall mean the failure of any party to comply with the material terms of this Agreement after notice by certified mail, return receipt requested, and a reasonable

opportunity of not less than sixty (60) days to cure such breach.

6. **NO FEDERAL EXCLUSION.** Each party represents that to its knowledge neither it, nor any of its management or any other employees or independent contractors who will have any involvement in the affiliation under this Agreement, have been excluded from participation in any government healthcare program, debarred from or under any other federal program (including but not limited to debarment under the Generic Drug Enforcement Act), or convicted of any offence defined in 42 U.S.C. Section 1320a-7, and that to its knowledge it, its employees, and independent contractors are not otherwise ineligible for participation in federal health care programs. Further, each party represents that it is not aware of any such pending action(s) (including criminal action) against it or its employees or independent contractors. Each party shall notify the other party immediately upon becoming aware of any pending or final action in any of these areas.

7. **NOTICES.** Any written notice required by this Agreement shall be sent by certified mail, return receipt requested, to the address given below or to such later address as may be specified in writing. Any prior written notice periods required by this Agreement shall be deemed to be effective if sent in accordance with this notice provision.

If to WVUSM:	Chancellor and Executive Dean of WVU Health Sciences West Virginia University Robert C. Byrd Health Sciences Center P.O. Box 9000 Morgantown, WV 26506-9000
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If to Affiliate:	Superintendent Marion County Schools 1516 Mary Lou Retton Drive Fairmont, WV 26554
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8. **NON-DISCRIMINATION.** Each party hereby warrants that it is, and shall continue to be, in compliance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and the

Americans with Disabilities Act of 1990 as well as the applicable Federal, State, and local statutes, rules and regulations. No person shall, on account of race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression, be unlawfully excluded from participation in any programs sponsored by either of the parties to this Agreement.

9. **LIABILITY INSURANCE.** Professional and general liability coverage provided by the State of West Virginia will apply to students assigned under this agreement while they are acting within the scope of their approved assignment. The amount of coverage is One Million Dollars (\$1,000,000.00) per occurrence with no aggregate limit. Also, the students in the Occupational and Physical Therapy programs are covered under additional liability insurance for malpractice. WVUSM shall provide Affiliate with a copy of the Certificate of Insurance upon request.

10. **LIABILITY.** Each party agrees that it shall be responsible for all demands, claims, damages to persons and/or property, losses or liabilities, including reasonable attorney fees arising out of or caused by the party's negligence or intentional misconduct, if assessed by a court of competent jurisdiction to be the responsibility of that party.

11. **SEVERABILITY.** If any portion of this Agreement shall for any reason be invalid, illegal, unenforceable, or otherwise inoperative, the valid and enforceable provisions will continue to be given effect and to bind the parties.

12. **APPLICABLE LAW.** This Agreement shall be governed by and construed in accordance with the laws of the State of West Virginia, without regard to its conflicts of law provisions.

18. **MODIFICATIONS AND AMENDMENTS**. This Agreement may be modified at any time upon mutual consent in writing of the parties signed by both the parties hereto. Any change must be made in writing to the other party and must be accepted in writing before it will be given effect.

19. **IMMUNIZATIONS AND TRAININGS**. WVUSM will assure and certify to Affiliate that the student has all necessary inoculations and vaccinations (Polio, Tetanus, MMR, Varicella, Hep B, PPD, CPR), required to provide direct patient care in the discipline for which the student is being educated and trained. Also, the students will be trained in OSHA and HIPAA procedures and regulations, prior to doing any clinical work. No student will be allowed to provide direct patient care until these requirements are met.

20. **BACKGROUND CHECKS**. If required by Affiliate, the student will agree to being fingerprinted and have a background check completed. The procedure and results must be completed prior to the student starting their clinical rotation. The results will only be released to Affiliate, with student permission.

21. **FERPA**. Affiliate acknowledges that many students' education records are protected by the Family Educational Rights and Privacy Act ("FERPA" 34 CFR § 99.33(a)(2)) and that, in most instances, student permission must be obtained before releasing specific student data to anyone other than WVUSM. To the extent that Affiliate receives from WVUSM personally identifiable information from educational records as defined in FERPA, Affiliate agrees to abide by the limitation on re-disclosure set forth in FERPA, which states that the officers, employees, and agents of a party that receives education record information from WVUSM may use the information, but only for the purposes for which the disclosure was made. WVUSM agrees to provide guidance to Affiliate with respect to complying with FERPA.

10-2145

IN WITNESS WHEREOF, the authorized parties have hereunto set their hands and seals on the date first written above.

WEST VIRGINIA UNIVERSITY BOARD OF GOVERNORS
on behalf of **WEST VIRGINIA UNIVERSITY**,
E. Gordon Gee, J.D., Ed.D., President, by

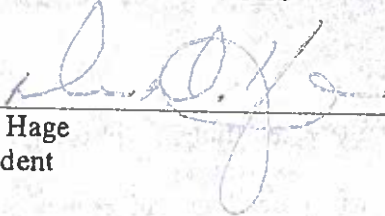
Clay B. Marsh, MD

Clay B. Marsh, M.D.
Chancellor and Executive Dean of WVU Health Sciences

Aug 18, 2022

Date

MARION COUNTY SCHOOLS



Dr. Donna Hage
Superintendent

8/17/2022

Date

31-09-2022

2022 FLU SHOT ADMINISTRATION AGREEMENT

This 2022 Flu Shot Administration Agreement (the "Agreement"), is dated and effective as of the twelfth day of September, 2022 (the "Effective Date"), by and between West Virginia University Hospitals, Inc. d/b/a Medical Center Pharmacy, a West Virginia non-profit corporation located at One Medical Center Drive Morgantown, WV 26506 (herein, "Pharmacy") and the Marion County West Virginia Board of Education, a board authorized to enter into contracts for the benefit of the Marion County West Virginia School System (the, "System"), pursuant to § 18-5-5 of the Code of West Virginia, having offices at 1516 Mary Lou Retton Drive Fairmont, WV 26554 (herein, the "Board").

WITNESSETH:

WHEREAS, the Board is authorized to enter into contracts for the benefit of the System, pursuant to § 18-5-5 of the Code of West Virginia; and

WHEREAS, the System employs a number of persons at its school facilities, administrative locations and other facilities in Marion County, West Virginia; and

WHEREAS, the System desires to offer its employees influenza vaccinations in an efficient and economical manner at one or more System locations; and

WHEREAS, Pharmacy operates a retail pharmacy that offers outpatient pharmacy services, including the administration of flu vaccines to the citizens of West Virginia; and

WHEREAS, Pharmacy maintains an inventory of Food and Drug Administration approved influenza vaccines for 2022 and employs full-time pharmacists who are duly authorized and licensed to provide pharmacy services, including vaccination administration services, in the State of West Virginia (the, "Pharmacists"); and

WHEREAS, The Board, on behalf of the System, desires to engage Pharmacy to provide influenza vaccines and Pharmacists who will administer the influenza vaccinations, to System employees, as described herein; and

NOW, THEREFORE, in consideration of the covenants and conditions herein contained, the Board and Pharmacy hereby agree as follows:

1. Duties of Pharmacy

- a. Pharmacy Services. Pharmacy will assign the requisite number of Pharmacists to administer influenza vaccinations (the "Services") to System's employees who present for vaccination at a System location, at a time and date agreed upon by the Board and Pharmacy. Pharmacy shall supply the influenza vaccines, all necessary immunization documentation and administration supplies associated with and required for the safe and effective administration of the influenza vaccinations.
- b. Non-Discrimination. Pharmacy shall not discriminate in delivery of the services

described herein, on the basis of race, sex, age, disability, veteran status, religious belief, sexual orientation, gender identity, gender orientation, marital status, color or national origin or each System employee's ability to pay for the vaccinations described herein.

- c. Applicable Rules and Regulations. Pharmacy and its employees shall comply, with all applicable statutes, rules, regulations, licenses, and authorizations of any governmental or public body or authority in connection with the performance of the influenza vaccination services described herein.
- d. Professional Liability Insurance. Pharmacy shall, for the term of this Agreement, maintain general and professional liability insurance covering the services provided under this Agreement in limits of not less than \$1,000,000 per occurrence. Pharmacy hereby confirms that all Pharmacists assigned to provide the services hereunder will be covered by such insurance while performing their duties under this Agreement and the exhibits hereto. Pharmacy shall furnish copies of such insurance policies or evidence of such arrangements upon request.
- e. Billing of Third Party Payors and Board. Pharmacy agrees to bill all third party payors (including, but not limited to, Medicare, Medicaid, and private third-party insurers) for the influenza vaccinations performed pursuant to this Agreement, as required by law or contract. When no third party payors are available for vaccinations administered by Pharmacy to System employees, Pharmacy shall invoice the Board at the rate of Twenty-Five Dollars (\$25.00) per influenza vaccine administered.

2. Duties of the Board.

- a. Scheduling and Facilities. Board shall work with Pharmacy to determine a mutually acceptable time and System location for its employees to receive the vaccinations described herein and then will notify all of its employees of the time and place for the administration of the vaccines described herein, in a way that causes each employee to have the ability to receive an influenza vaccine in a timely fashion.
- b. Payment Terms. Board shall remit payment to Pharmacy within thirty (30) days of the Board's receipt of each invoice from Pharmacy for the services described herein.
- c. Workplace Safety. The Board represents and affirms that it complies with all relevant authoritative guidance and governmental directives relating to Covid-19 workplace safe operating practices at the System location chosen for the influenza vaccinations described herein, which may include:
 - i. Cleaning and Disinfecting
 - ii. Staggered Work Shifts
 - iii. Employee Wellness Checks and Sick Leave and Absenteeism Policies
 - iv. Personal Protective Equipment and Other Safety Clothing and Supplies

- v. Social Distancing and Limits on Gatherings
- vi. Use of Masks/Face Coverings
- vii. Hand Washing
- viii. Safety training and information related to Covid-19 workplace safe operating practices

3. Confidentiality

- a. The terms and provisions of this Agreement are confidential, and none of the parties hereto shall disclose them or any of them to any third party without the advance written consent of the other party, except under circumstances where disclosure is required by law or this Agreement.
- b. Each party agrees to hold in confidence all materials, documents, and information that are disclosed pursuant to this Agreement, and all materials, documents, and information gathered or developed pursuant to this Agreement (the "Confidential Information"). Each party will use the Confidential Information only for the purpose of fulfilling its obligations and exercising its rights under this Agreement and will not, without the prior written consent of the party who disclosed such Confidential Information, disclose Confidential Information to any third parties other than their employees, agents, advisors or others who have a need to know such information. The Confidentiality obligations described in this Section shall not apply to information that:
 - i. is in the public domain at the time of disclosure;
 - ii. is published or otherwise becomes part of the public domain after disclosure through no fault of the party who received the information or its employees or agents;
 - iii. was in the possession of the party who received the information at the time of disclosure or development, as established by contemporaneous written records, and was not acquired directly or indirectly under an obligation of confidence; or
 - iv. is required by law to be disclosed.
- c. In the event that any party is required by law to disclose any Confidential Information, such party will, prior to such disclosure, notify the party who provided the Confidential Information of such requirement so that it may seek a protective order or other appropriate remedy. If no such protective order or other remedy is obtained, the disclosing party will furnish only that portion of the Confidential Information that it is advised by counsel it is legally required to furnish.
- d. All parties shall maintain all patient medical records and medical information in accordance with all state and federal laws, rules, and regulations pertaining to such

records and the confidentiality thereof. All parties acknowledge that such patient records are owned by Pharmacy.

- c. The obligations under this Section shall survive the expiration or termination of this Agreement.
4. Medicare Access to Records. Until the expiration of five (5) years after the furnishing of services hereunder, the parties shall make available, upon written request, to the Secretary of Health and Human Services or, upon written request, to the Comptroller General of the United States, or any of their duly-authorized representatives, this Agreement, including all amendments hereto, and all books, documents, and records of the parties that are or may be necessary to certify the nature and extent of costs for services provided hereunder. If a party carries out any of its duties under this Agreement through a permitted subcontract, with a value or cost of \$10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until expiration of five (5) years after the furnishing of such services pursuant to such contract the related organization shall make available, upon written request, to the Secretary of Health and Human Services or, upon written request, to the Comptroller General of the United States, or any of their duly-authorized representatives, the subcontract and all books, documents, and records of such organization that are necessary to verify the nature and extent of costs for services rendered pursuant to such subcontract. If and to the extent that this provision shall no longer be required by law or governmental regulation, this provision shall be of no force or effect.
5. Term of Agreement. This Agreement shall commence on the Effective Date and shall continue until December 31, 2022, unless sooner terminated as provided for herein.
 - a. Termination
 - i. Termination Without Cause. This Agreement may be terminated by Pharmacy or Board, without cause or penalty upon thirty (30) days advance written notice to the other party.
 - ii. Termination With Cause. This Agreement may be terminated by either party in the event of a breach by the other party: (a) upon receipt of written notice of the breach, if the breach is incapable of cure, or (b) upon the expiration of thirty (30) days after receipt of written notice of the breach, if the breach is capable of cure and has not been cured.
6. Relationship of Parties. In the performance of this Agreement, each party hereto shall be, as to the other, an independent contractor, and neither party shall have the right or authority, expressed or implied, to bind or otherwise legally obligate the other party. Nothing contained in this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. The pharmacists and others providing the Services under this Agreement shall remain full time employees of Pharmacy, and Pharmacy shall be responsible for all Federal

and State income tax withholding, and all required withholdings and deductions, including, but not limited to, FICA, unemployment compensation insurance, health insurance and worker's compensation insurance.

7. Non-Waiver. The failure of any party to insist upon the strict performance of any provision in this Agreement or to exercise any right, power or remedy to which it may be entitled as a result of a breach hereof, shall not constitute a waiver of any such provision or breach. The waiver by any party of a breach or violation of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach thereof.
8. Severability. Except as otherwise specifically provided herein, if any provision of this Agreement is held to be unenforceable for any reason, the unenforceable portion thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect and enforceable in accordance with its terms.
9. Amendments and Modification. Any amendment to or modification of this Agreement shall be in writing and signed by the parties hereto and dated as of the effective date thereof.
10. Governing Law. This Agreement shall be construed by and enforced under the laws of the State of West Virginia, exclusive of its conflicts of laws provisions, and it shall be construed in a manner as to conform to all federal, state, and local laws and regulations.
11. Notices. Any notice required to be given hereunder shall be in writing and transmitted by certified mail, return receipt requested, addressed as to each party's respective address listed above or to such other address as any party designates by notice to the other in writing.
12. Compliance. It is the intention of the parties to comply with all federal and state laws, rules, and regulations including, but not limited to, all Stark and Anti-Kickback laws, and any and all subsequently enacted laws or regulations. In the event any portion of this Agreement violates any law, rule, or regulation, then the parties shall take all steps necessary to bring this Agreement into compliance including, if necessary, terminating this Agreement.
13. No Requirement to Refer. The parties acknowledge that this Agreement is not conditioned on, nor is there a requirement or expectation of, any referrals or other business generated for any other party, and, further, that no purpose of this Agreement is to induce any party to make referrals of patients to any other party or its affiliates. The remuneration provided for herein to be paid by Board to Pharmacy, does not take into account the volume or value of referrals or the generation of other business for either party.
14. Entire Agreement. This Agreement embodies the entire agreement of the parties with respect to the subject matter hereof. There are no promises, terms, conditions or obligations between the parties other than those contained herein, and this Agreement supersedes all previous communications, representations and agreements, either verbal or written, between the parties hereto relating to the subject matter hereof. Any previous contracts for

the Services to be provided hereunder shall terminate as of the effective date of this Agreement.

15. Use of Name. Neither party shall use the name or logo of the other party or its trade, assumed, or true names in any advertising, promotional, or other materials without the prior written consent of that party as required by law.
16. Assignment. This Agreement may not be assigned by either party without the prior written consent of the other party which consent shall not be unreasonably withheld, delayed, or conditioned.
17. No Exclusive Arrangement. Nothing contained herein shall be construed as creating an exclusive arrangement between Board and Pharmacy with respect to any of the services provided by Pharmacy hereunder. Board may obtain similar services from others and Pharmacy may provide similar services to others.
18. Signatures. Facsimile or scanned images of signatures upon this Agreement shall be binding on the party so signing as if an original signature and shall have the full force and effect thereof.

IN WITNESS WHEREOF, Board and Pharmacy have executed this Agreement by their duly authorized officers intending the same to be effective as of the Effective Date.

WEST VIRGINIA UNIVERSITY HOSPITALS,
INC. d/b/a MEDICAL CENTER PHARMACY

Signature

Print

Title

Date

MARION COUNTY, WEST VIRGINIA BOARD OF EDUCATION,
A BOARD AUTHORIZED TO ENTER INTO CONTRACTS FOR
THE BENEFIT OF THE MARION COUNTY, WEST VIRGINIA
SCHOOL SYSTEM

Signature

Print

Title

Date

10-314

9/20/2022
C. Norman



MARION COUNTY BOARD OF EDUCATION
1516 MARY LOU RETTON DRIVE
FAIRMONT, WV 26554

MR. CHAD A. NORMAN
ADMINISTRATIVE ASSISTANT
TECHNOLOGY, TRANSPORTATION, & CHILD NUTRITION

Work Phone: (304)367.2103
Fax: (304) 368.0589

September 20, 2022

Ms. Haught,

The Marion County Board of Education Transportation Department is seeking board approval to purchase (1) 2023 Blue Bird Passenger All American transit-style school bus.

Total Cost of the (1) 2023 Blue Bird Passenger All American transit-style school bus is \$129,713.00 minus the reimbursement from AIG Insurance Company to Marion County Schools to the amount of \$70,207.00 for accident reimbursement.

Total cost to Marion County Schools is \$59,506.00, this has been discussed and approved by Mr. Reider.

A handwritten signature in blue ink that reads "Chad A. Norman".

Mr. Chad A. Norman
Administrative Assistant



March 7 2022

83 passenger

Specifications prepared for **Marion County Schools** for one (1) or more new 2023 Blue Bird 83-passenger All-American transit-style school bus units.

Chassis Specifications:

- Dual heater cut-off valves
- 232" wheel base
- Hendrickson rear air ride suspension
- 14,600 lb. front axle and springs
- 21,000 lb. rear axle with 6.14 to 1 ratio
- Full air brake system: 16.5" x 6" front lining, 16.5" x 7" rear lining
- Bendix-Westinghouse AD-IP dryer
- Bendix 4-channel A.B.S. brake system
- Low idle, 5-minute shut down
- Automatic front and rear slack adjusters
- 18.7 cfm compressor
- Cummins B6.7, 250 horsepower, in-line six, electronic diesel engine, 660 ft. lb. torque
- Allison 3000 PTS automatic transmission - electronic (5-speed)
- Engine warning system
- Telescopic/tilt steering column
- Heavy duty front and rear shocks
- 8.25 x 22.5, hub-piloted disc wheels
- 11R x 22.5 tubeless 16-ply radial tires, highway front and traction rear – Cooper, RHA/RHD
- 50,000 psi steel frame
- Electronic stability control with automatic traction control
- Hand throttle control - electronic
- Three (3) Group 31 batteries - 2100 cca
- 280 amp "brushless" alternator - Leece/Neville
- Dual horns
- Halogen headlights with wig/wag feature
- Front and rear tow hooks

Chassis Specifications continued:

- 100-gallon fuel tank mounted between rear frame rails
- 15 gallon DEF tank with dash mounted gauge
- Tachometer
- Ammeter
- Electric clock
- Battery disconnect switch
- Front axle oil seals – synthetic lube 75 W/90
- VGT engine exhaust brake
- Park brake interlock
- Cooling hoses with constant torque clamps
- Engine coolant protected to -34 degrees – Cummins Compleat (blue)
- Engine hour meter
- Engine block heater
- Dust shields
- **Left side exit exhaust forward of rear wheels**
- Transmission temperature gauge
- Heated fuel/water separator
- Transynd transmission fluid
- Daytime running lights
- Cruise control
- 5-year/unlimited-mile transmission warranty
- 5-year/100,000-mile engine warranty, 2-year towing

Body Specifications:

- Fuel tank door – locking
- Latching battery compartment
- Dual heater cut-off valves
- 12" front and rear bumpers
- Fuel sender plate
- Complete insulation
- 20-gauge steel exterior side panels
- Aluminized interior side panels
- Extended seat and window rub rails
- 4-applied side body rub rails
- Step well skid plate
- Skirt mounted electrical compartment for A/C wiring

Body Specifications continued:

- 2-piece tinted/shaded windshield - curved
- Lower glass rear emergency door
- Insulated driver's area
- 77" headroom with 12" split sash windows
- Two (2) roof escape hatch/ventilators
- Four (4) side emergency push-out windows, two (2) per side – Vertical hinge
- Heavy duty DOT construction
- Outward opening entrance door – air operated
- Full-length acoustical headliner
- Sound deadening spray
- 3-step step well with rubber stud step treads
- Bumper rub rail
- Aluminum aisle trim
- Locking exterior electrical compartment
- Vandal locks for service and emergency doors
- Two (2) exterior side mounted locking tool box

Electrical Specifications:

- Two (2) auxiliary windshield defroster fans
- 90,000 BTU front heater; 50,000 BTU front underseat heater; 50,000 BTU rear underseat heater, 12,000 BTU driver's heater
- Exterior entrance door approach light
- Roof mounted LED strobe light
- Exterior light monitor system
- Child minder system
- **2-way radio pre-wire**
- **Video camera pre-wire**
- Drivers dome light, 15 candlepower
- Master switch with red pilot light
- Clearance, cluster, ID, and 8-way warning lights wired hot
- 7" stop and turn signals, LED
- 7" LED front turn signal/parking lights
- Double row of interior dome lights, 15 candlepower
- Hooded 8-lamp warning system – Halogen lamps (individual hoods)
- Skirt mounted LED back-up lights behind rear wheels

Electrical Specifications continued:

- Gatekeeper, digital surveillance system per requirements (same as last year)
- Side body directional signals
- Step well light – 15 candle power
- Body solenoid switch
- L.E.D. clearance lights
- Utility plug-in
- 7" back-up lights, LED (also activate with rear emergency door open)
- 4" LED stop and tail lights
- Buzzers for all emergency exits
- Air-operated side body stop-arm with LED strobe lights
- Front bumper crossing control arm – air operated with magnetic latch
- Back-up alarm
- Silicone heater hose with constant torque clamps
- AM/FM/USB/MP3 compatible/PA system with eight (8) interior speakers and one (1) exterior speaker

Paint and Lettering Specifications:

- N.S.B.C. exterior – polyurethane
- Astro-white interior color
- All required "School Bus" lettering
- White roof
- 3M Diamond grade reflective tape

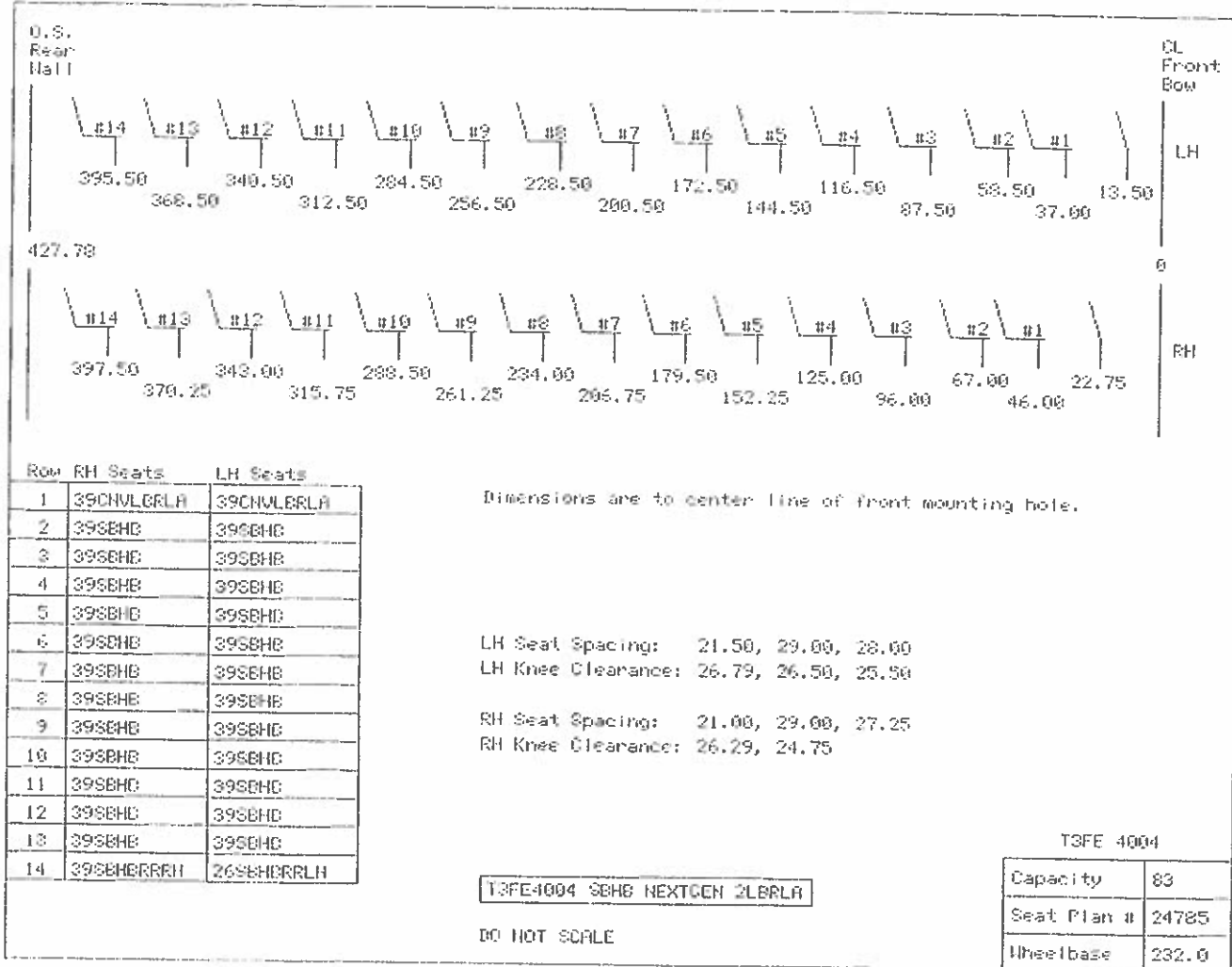
Seating Specifications:

- Fully-padded DOT seats and barriers – High back
- Inset leg barriers
- Heavy duty brown upholstery
- National adjustable air high-back driver's seat with arm rest, fabric insert and retractable shoulder harness seat belt
- First row of seats, left and right, UCRA "Latch" seats
- Seat belt cutter
- Tilt-up seat cushions
- 83-passenger capacity

Accessory Specifications:

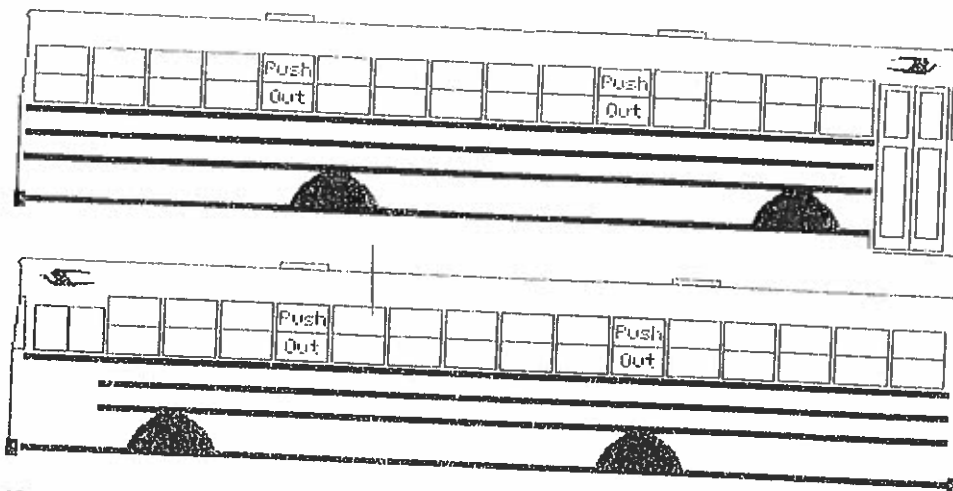
- All required safety and emergency equipment
- Header pads for service door and emergency door
- Front and rear mud flaps

SP: 24785 T3FE 4004, 83 CAP



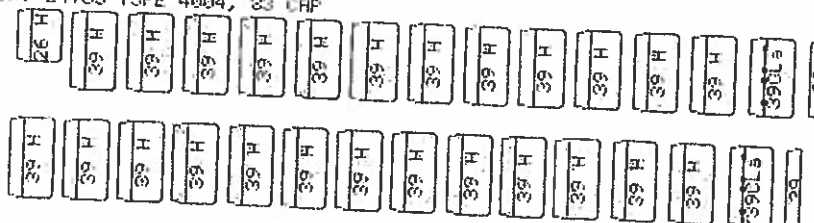
02. 211054

Body Plan ID: 5011608



SP: 24785 T3FE 4004, 83 CAP

Seat Plan ID: 24785



Accessory Specifications continued:

- 5/8 plywood sub-floor marine grade, screwed down
- Forward grab rail
- Tan rubber transit floor and step treads
- Molded interior wheelhouse covers
- 6" x 30" clear interior mirror and 6" x 30" Plexiglass visor
- Windshield handles
- Wet-arm wiper blades
- Dual 2-speed electric windshield wipers with intermittent switch
- Molded front and rear exterior rubber fender flares
- Cup holder
- Drivers storage compartment above driver's window
- MCC/Carrier 120000 BTU (IMACA rating) free blow air conditioning system with front and rear in-wall evaporators and skirt mounted condensers
- 28% bronze tint for all side and rear glass
- Heated Rosco remote controlled exterior rear-view mirrors – with warranty
- Heated crossover mirrors – with warranty
- Stainless steel mirror brackets
- Premium wax undercoat for undercarriage
- 5-year/100,000-mile limited warranty

Total Cost, per unit, per bid	\$112,914.00
Total addition	\$15,399.00
Delivery	<u>\$1,400.00</u>
Sale Price	\$129,713.00

Account: 11.0000.00101.001.000.0000.0000.00

Fiscal Month Closed: 1
 Closing Number: 1
 Journal ID: C/R
 Transaction Date: 7/12/22
 Reference #1: 56770 DEP
 Reference #2: 55898 DREC
 External Reference: 56770/55898
 Description: 2018 BLUE BIRD BUS ACCIDENT REIMB
 Debit Amount: 70,207.00
 Credit Amount: 70,207.00

Accident Reimbursement from AIG 70,207.00
C. V. [Signature]

System: CRS
 Vendor:
 User Code:
 Type: (D-Detail,S-Summary) D

Cancel? N

10-21



C. Norman
9/21/2022

MARION COUNTY BOARD OF EDUCATION

1516 MARY LOU RETTON DRIVE
FAIRMONT, WV 26554

MR. CHAD A. NORMAN
ADMINISTRATIVE ASSISTANT
TECHNOLOGY, TRANSPORTATION, & CHILD NUTRITION

Work Phone: (304)367.2103
Fax: (304) 368.0589

September 21, 2022

Ms. Haught,

Please place the following item on the Marion County Board of Education Agenda for board approval. Thank you.

1400 Belkin Laptop Sleeve for the newly purchased Dell Student Chromebooks from CDWG.

- 1) **Funding:** Marion County Schools Technology Department
- 2) **Amount:** \$17,472.00
- 3) **Additional Bids:**
 - a) CDWG - price per unit - \$12.48 (lowest bid)
 - b) Zones - price per unit - \$12.50
 - c) North Star - price per unit - did not respond due to large quantity



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



Hardware Software Services IT Solutions Brands Research Hub

QUOTE CONFIRMATION

SUSAN DEVITO,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
MZLK603	9/20/2022	1400 SLEEVES	Z74458	\$17,472.00

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Belkin Laptop Sleeve for Surface Pro, MacBook Air, Chromebook and Other 11" <small>Qty: 1400 - \$3,580.00 CDW# 2972385 Unit Price: \$2.56</small>	1400	2972385	\$12.48	\$17,472.00
<small>Contract: NY Nonprofit State FSC Agreement (0224)</small>				

SUBTOTAL	\$17,472.00
SHIPPING	\$0.00
SALES TAX	\$0.00
GRAND TOTAL	\$17,472.00

PURCHASER BILLING INFO

Billing Address:
 MARION COUNTY SCHOOLS
 AT COURTY WAYMS
 1510 MARY BIRD BLVD
 CHARLOTTE, WV 26204
 Phone: (304) 367-2006
 Payment Terms: **Net 30**

DELIVER TO

Shipping Address:
 WEST FAIRMONT MIDDLE SCHOOL
 CHAD BOHMAN
 1110 TENTH ST
 FAIRMONT, WV 26554
 Shipping Method: **Expeditors Overnight 2 Days**

Please remit payments to:

CDW Corporation
 25 Broadbank Drive
 Suite 1515
 Chicago, IL 60675-1575



Sales Contact Info

Robyn Musicant | (856) 773-7440 | robyn.musicant@cdwg.com

LEASE OPTIONS

FMV TOTAL	FMV LEASE OPTION	BO LEASE OPTION
\$17,472.00	\$478.56/Month	\$550.02/Month

ZONES

9/6/2022

Bill To:

WEST VIRGINIA DEPT OF ED
MARION COUNTY SCHOOLS
1516 MARY LOU RETTON DRIVE
FAIRMONT, WV 26554
Phone : (304) 558-2686

Ship To:

SUSAN DEVITO
West Fairmont Middle School
110 TENTH STREET
FAIRMONT, WV 26554-3607
USA

Account # 0071091900

Quote : K1994667

PO# :

Software prices subject to change

Hardware quotes are valid for 7 business days

Memory Prices are valid for 24 hours only, call for verification

REMIT PAYMENT TO:
ZONES LLC
PO Box 34740
Seattle WA 98124-1740

**PLEASE SEND PURCHASE
ORDERS DIRECTLY TO YOUR
ZONES LLC ACCOUNT MANAGER
VIA FAX OR EMAIL**

**Erik Sanchez
AE
Phone:253-288-6334**

Email:Erik.Sanchez@zones.com

Item #	Qty.	Mfr. Name	Description	Manufacturers Part #	Unit Price	Total
003670793-NEW	500	TARGUS	Targus - 12in - Vertical Notebook Slipcase with Hideaway Handles - BK	TSS912	\$12.50	\$6,250.00

ASK US ABOUT

Installation Services

On-site Technical Services and Hourly Service Rates

Remote Help Desk and Remote Network OS Support

Sub-Total: \$6,250.00

Estimated Sales \$0.00

FedEx Ground: \$0.00

Grand Total: \$6,250.00

Visit us on the web: <http://www.zones.com>

FINANCING, LEASING AND SUBSCRIPTION OPTIONS AVAILABLE | CONTACT LEASING@ZONES.COM FOR MORE INFORMATION |

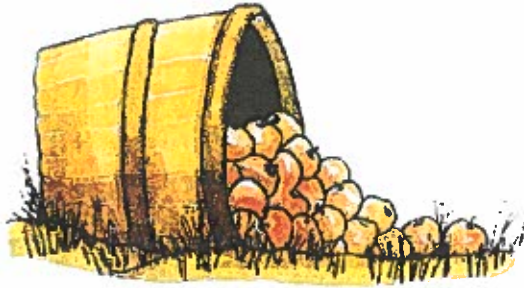
ZONES LLC
1102 15th Street S.W. Suite 102
Auburn, USA 98001
Phone: (800) 419-9663



CERTIFIED
MINORITY BUSINESS
ENTERPRISE

IN THE EVENT THAT YOU HAVE AN AGREEMENT ("AGREEMENT") IN PLACE WITH ZONES, LLC, THAT GOVERNS THE SALE ASSOCIATED HEREWITH, SUCH AGREEMENT SHALL GOVERN. OTHERWISE THE TERMS AND CONDITIONS OF SALE SET FORTH ON THE WEB PAGE LINKED AT WWW.ZONES.COM/TERMSOFSALE ("TERMS AND CONDITIONS"), SHALL GOVERN. ZONES EXPRESSLY LIMITS THE TERMS AND CONDITIONS OF THIS SALE TO SUCH AGREEMENT OR THE TERMS AND CONDITIONS, AS APPLICABLE, AND ZONES EXPRESSLY OBJECTS TO, DISCLAIMS, AND REJECTS ANY DIFFERENT OR ADDITIONAL TERMS SET FORTH IN ANY OF CUSTOMER'S DOCUMENTS OR COMMUNICATIONS. ZONES EXPRESSLY DISCLAIMS ALL EXPRESS AND IMPLIED WARRANTIES.

WE APPRECIATE THIS OPPORTUNITY TO EARN YOUR BUSINESS, AND LOOK FORWARD TO SERVING YOU SOON! THANK YOU!



CHILD NUTRITION

Terri Atha

School Nutrition Program Director

Marion County Board of Education

TO: Dr. Donna Hage/Superintendent
DATE: September 27, 2022
SUBJECT: Board Approval

Request for Board Approval:

Purchase from Hooten Equipment Company LLC Hobart Dishwasher CL44EN for East Fairmont Middle School in the amount of \$43,903.00

Hooten Equipment Co. LLC	\$43,903.00 (recommend)
Stout Company	\$No Bid
Douglas Equipment	\$No Bid

Funding from Child Nutrition

|

|

BID DOCUMENT

I, we, propose to furnish and install the items as listed according to your specifications and quantities at the indicated prices.

This Bid consists of Invitation, Instructions, and Specifications. We understand that a company officer's signature is required.

I, we, the undersigned, do hereby understand and accept the instructions and conditions under which this quotation is being submitted.

Hobart Dishwasher CL44EN-BAS+BUILDUP Conveyor Type
East Fairmont Middle School

\$ 43,903.00

COMPANY NAME HOOTEN EQUIPMENT COMPANY LLC

ADDRESS 961 VIRGINIA STREET W CITY/STATE CHARLESTON, WV 25302

TELEPHONE (304) 346-0521 FAX (304) 346-3421

SIGNATURE *Kenn Taylor*

TITLE VICE PRESIDENT DATE 9-26-22

West Fairmont Middle School Cross Country 2022-23 Chaperone List

Stephanie	Jones
Adam and Lauren	Ranson
Monica and Robert	Bombard
Erin	Mcvicker
Audra	Moore
Jo Ellen	Zuchelli
Jennifer	Cercone
Benjermine	Dunn
Robin	Fout
Brandy	Huffman
Georgia and Kevin	Egidi
Lindsey	Lilly

West Fairmont Middle School 2022-23 Cheerleading Chaperone List

10-21

Paula Nixon

Misty Wetzel

Kelly Beech

Tiffany Latocha

West Fairmont Middle School Football 2022-23 Chaperone List

Amber Eshenaur

Melissa and Ryan Lowther

Kelle Kelley

Lindsey Spitznogle

Brittany Simon

Douglas Urse

Tori Keener

Kristie Solheim

West Fairmont Middle School 2022-23 Volleyball Chaperone List

Crystal Johnson

Lisa Manchin

10-21

Schools – BOOSTER INFO / 2022-2023

Senior High School

Polar Bear Volleyball Boosters

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- All booster groups must be submitted to school principal.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: Polar Bear Volleyball Boosters

2) Booster Group FEIN (**MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM**): 85-2406337

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)
Date received 7-28-2022

4) Date of the election of booster officers: 7-19-22

5) Name of booster President: Sean Hoskinson Phone # (304) 365-2747

6) Name of booster Vice President: Audra Wells Phone # (304) 250-3671

7) Name of booster Secretary: Jewel Ensminger Phone # (304) 476-0585

8) Name of booster Treasurer: Amanda Glover Phone # (304) 612-6146

9) Booster fundraisers listed on school fundraiser calendar in the main office: ✓ TLF



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE

Revenue Ruling 78-10
1978-1 CB 182
REG-100000
1978-1 CB 182
REG-100000

UNITED STATES OF AMERICA
WASHINGTON, D.C. 20543

REGULATIONS UNDER SECTION 1361

REGULATIONS UNDER SECTION 1361
REG-100000
1978-1 CB 182
REG-100000

When you received your application for an EIN, you should use the EIN including the name of the organization. If you are not sure what EIN to use, you should use the EIN of the organization that you are applying for. If you are not sure what EIN to use, you should use the EIN of the organization that you are applying for.

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To: [null <audra.wells@yahoo.com>]
From: Amanda Glover <amandaglover199@gmail.com>
Date: Wed, Jul 27, 2022 at 5:03 PM

²⁰²¹⁻²⁰²²
ANNUAL FINANCIAL REPORT 2020-2021

SCHOOL: Fairmont Senior High School

BOOSTER GROUP: Polar Bears Volleyball

Reconciled Beginning Balance as of July 1, ²⁰²¹ 2021

2,914.50

Total Annual Income

2,546.74

Total Annual Expenses

2,201.21

Reconciled Ending Balance as of June 30, ²⁰²² 2022

3,259.03

2022-2023
2,851.14

Booster President Signature _____

Booster Treasurer Signature Amanda Glover



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER United Security Agency, Inc. 1207 Fairmont Ave Fairmont WV 26554	CONTACT NAME: Joni Wilson
	PHONE (A/C, No, Ext): 3043631660
	FAX (A/C, No): 304-363-5956
	E-MAIL ADDRESS: joniwilson@unitedsecurityagency.com
INSURER(S) AFFORDING COVERAGE	
	NAIC #
	INSURER A : Erie Insurance 26830
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED POLABEA-02
 Polar Bear Volleyball Boosters
 1 Loop Park Drive
 Fairmont WV 26554

COVERAGES **CERTIFICATE NUMBER:** 1632970002 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		Q32-7700039	8/27/2021	8/27/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Incl in Gen Agg \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Marion County Board of Education is added as Additional Insured to the policy effective 8-12-22, as Lessor of Premises

CERTIFICATE HOLDER Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Joni L. Wilson</i>

DECLARATIONS



100 Erie Insurance Place
Erie, PA 16530

ERIE INS PROP/CAS CO
GENERAL LIABILITY POLICY

RENEWAL CERTIFICATE

Agent	ITEM 2. Policy Period	Policy Number
EE1212 UNITED SECURITY AGENCY	08/27/22 TO 08/27/23	Q32 770039 W

ITEM 1. Named Insured and Address
POLAR BEAR VOLLEYBALL BOOSTERS
1 LOOP PARK DR
FAIRMONT WV 26554-2570

ITEM 3. Other Interest

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

TYPE OF POLICY - OCCURRENCE
COUNTY - MARION

BUSINESS TYPE - OTHER

THE ERIE'S LIMIT OF PROTECTION FOR EACH COVERAGE IS STATED BELOW.
THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$1,000,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ 5,000	ANY ONE PERSON
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000	ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT		\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		INCL IN GENERAL AGGREGATE LIMIT

COVERAGES & PREMIUMS

PREMISES/OPERATIONS	\$ 205.
PRODUCTS/COMPLETED OPERATIONS	INCLUDED

OPTIONAL COVERAGES -

SURCHARGE IMPOSED BY THE ST OF WV	- - - - - \$	1.13
TOTAL DEPOSIT PREMIUM	- - - - - \$	206.13

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

DECLARATIONS



100 Erie Insurance Place
Erie, PA 16530

ERIE INS PROP/CAS CO
GENERAL LIABILITY POLICY

RENEWAL CERTIFICATE

Agent	ITEM 2. Policy Period	Policy Number
EE1212 UNITED SECURITY AGENCY	08/27/22 TO 08/27/23	Q32 7700039 W
ITEM 1. Named Insured and Address		ITEM 3. Other Interest
POLAR BEAR VOLLEYBALL BOOSTERS 1 LOOP PARK DR FAIRMONT WV 26554-2570		

SCHEDULE OF FORMS

FORM NUMBER	EDITION DATE	DESCRIPTION
CGL	03/01	COMMERCIAL GENERAL LIABILITY POLICY
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
GU42	06/09	WEST VIRGINIA - IMPORTANT NOTICE
ULOW	06/14	COVERAGE FOR PUNITIVE DAMAGES (MD, NC, TN, VA, WI, WV)
GU32	03/01	EXCLUSION - LEAD LIABILITY
IL0021	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CG2147	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
ULQN	06/14	EXCLUSION - PROFESSIONAL LIABILITY
ULQJ	06/17	EXTRA LIABILITY COVERAGES
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
ULED	09/05	EXCLUSION - ASBESTOS
CG2662	12/04	WEST VIRGINIA CHANGES - BINDING ARBITRATION
GU30	03/01	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
CG2170	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL985E*	01/21	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL0017	11/98	COMMON POLICY CONDITIONS
UF4812*	03/08	IMPORTANT NOTICE - POLICY SERVICE FEES
UF8385	03/95	IMPORTANT NOTICE
UF6330*	08/09	IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS?
CG2196	03/05	SILICA OR SILICA-RELATED DUST EXCLUSION
GU136	03/09	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
CG2106	05/14	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION
CG2109	06/15	EXCLUSION - UNMANNED AIRCRAFT
CG2002	11/85	ADDITIONAL INSURED - CLUB MEMBERS
ULQT	03/12	EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES
CG2101	11/85	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS

IMPORTANT - PLEASE READ

YOUR RATE FOR YOUR COMMERCIAL GENERAL LIABILITY POLICY IS DETERMINED BY USING ONE OF THE FOLLOWING BASES OF PREMIUM -

- A) AREA - RATES ARE PER 1000 SQUARE FEET OF AREA**
- B) PAYROLL - RATES ARE PER \$1000 OF PAYROLL**
- C) SALES - RATES ARE PER \$1000 OF SALES**
- D) ADMISSIONS - RATES ARE PER 1000 ADMISSIONS**
- E) COMMISSIONS - RATES ARE PER \$1000 COMMISSIONS**
- F) COST - RATES ARE PER \$1000 COST**
- G) EXPENDITURES - RATES ARE PER \$1000 EXPENDITURES**
- H) OTHER - SEE PREMIUM BASES**



100 Erie Insurance Place
Erie, PA 16530

RENEWAL CERTIFICATE

Agent	ITEM 2. Policy Period	Policy Number
EE1212 UNITED SECURITY AGENCY	08/27/22 TO 08/27/23	Q32 7700039 W

ITEM 1. Named Insured and Address
 POLAR BEAR VOLLEYBALL BOOSTERS
 1 LOOP PARK DR
 FAIRMONT WV 26554-2570

ITEM 3. Other Interest

EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES

EXCLUDED: ANY AND ALL LIABILITY ASSOCIATED WITH ANY SPORTING OR STUDENT RELATED EVENT, TOURNAMENT, COMPETITIONS OR EXHIBITIONS. STUDENT RELATED EVENTS REFERS TO ANY SPORTS TEAM, COLLEGIATE TEAM, BAND, CHEER OR SPIRIT SQUAD OR THE GATHERING OF THE SCHOOL BODY WHERE TICKETS ARE SOLD TO ANY EVENT, TOURNAMENT, EXHIBITION INCLUDING PROM, HOMECOMING, SCHOOL DANCES OR CLASS REUNIONS

SEE FORM ULQT

EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS

EXCLUSION: EXCLUDING BI FOR PARTICIPANTS IN SPORTS/GAMES/ACTIVITIES SPONSORED BY THE INSURED

SEE FORM CG2101

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

RECEIVED
JAN 10 1964

1 2 3

Marion County Schools – BOOSTER INFO / 2022-2023

School Monongah Elementary

Booster Group PTO

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: PTO

2) Booster Group FEIN (MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM): 550721427

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)

Date received 9-1-2022

4) Date of the election of booster officers: 9-1-2022

5) Name of booster President: Kayla Davis Phone # 304-918-4011

6) Name of booster Vice President: Andrea King Phone # 304-694-8733

7) Name of booster Secretary: Kara Poslethwait Phone # 304-657-5929

8) Name of booster Treasurer: Megan Colisino Phone # 304-365-2029

9) Booster fundraisers listed on school fundraiser calendar in the main office: yes

10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured): Date submitted: 9-1-2022

11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: Date submitted: 9-1-2022

12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 .

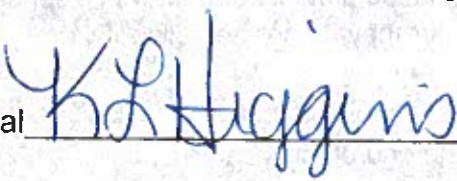
13) Financial records submitted to the principal at the conclusion of the season:

14) Principal is to receive 2 copies of the annual financial statements by each school support organization:

15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. N/A

16) All items provided to athletes and coaches to be returned at the end of the year. N/A

Signatures

Principal 

(Submit to Superintendent prior to July 15)

Superintendent _____

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 25 2014

MONONGAH ELEMENTARY PTO
628 WALNUT ST
MONONGAH, WV 26554-1199

Employer Identification Number:
55-0721427
DLN:
17053305368043
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a) (2)
Form 990 Required:
Yes
Effective Date of Exemption:
October 1, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c) (3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c) (3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947



AMENDED DECLARATIONS * * EFFECTIVE 10/17/21
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - ADDED ADDITIONAL INSURED

Agent	ITEM 2. Policy Period	Policy Number
EE1575 GOFF INSURANCE SERVICES	10/17/21 TO 10/17/22	Q34 6700030 W

ITEM 1. Named Insured and Address
MONONGAH ELEMENTARY SCHOOL PTO
628 WALNUT AVE
MONONGAH WV 26554-1199

ITEM 3. Other Interest

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

TYPE OF POLICY - OCCURRENCE
COUNTY - MARION

BUSINESS TYPE - OTHER

THE ERIE'S LIMIT OF PROTECTION FOR EACH COVERAGE IS STATED BELOW.
THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$1,000,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ 5,000	ANY ONE PERSON
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000	ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		INCL IN GENERAL AGGREGATE LIMIT

COVERAGES & PREMIUMS

PREMISES/OPERATIONS	\$ 205.
PRODUCTS/COMPLETED OPERATIONS	INCLUDED
OPTIONAL COVERAGES - ADDITIONAL INSURED	\$ 35.

SURCHARGE IMPOSED BY THE ST OF WV - - - - - \$ 1.32
TOTAL DEPOSIT PREMIUM - - - - - \$ 241.32

ADDITIONAL CHARGE DUE TO THIS CHANGE - - - - - \$ 35.19

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

***ADDED ADD'L INSURED FOR MARION COUNTY SCHOOLS

AMENDED DECLARATIONS * * EFFECTIVE 10/17/21
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - ADDED ADDITIONAL INSURED

Agent	ITEM 2. Policy Period	Policy Number
EE1575 GOFF INSURANCE SERVICES	10/17/21 TO 10/17/22	Q34 6700030 W

ITEM 1. Named Insured and Address
MONONGAH ELEMENTARY SCHOOL PTO
628 WALNUT AVE
MONONGAH WV 26554-1199

ITEM 3. Other Interest

SCHEDULE OF FORMS

FORM NUMBER	EDITION DATE	DESCRIPTION
CGL UFD389	03/01 12/20	COMMERCIAL GENERAL LIABILITY POLICY IMPORTANT NOTICE TO POLICYHOLDERS - FIVESTAR CONTRACTORS AND COMMERCIAL GENERAL LIABILITY PROGRAMS
CG0001 GU42 ULOW GU32 IL0021 CG2147 ULQN ULQJ CG0099	04/13 06/09 06/14 03/01 09/08 12/07 06/14 06/17 11/85	COMMERCIAL GENERAL LIABILITY COVERAGE FORM WEST VIRGINIA - IMPORTANT NOTICE COVERAGE FOR PUNITIVE DAMAGES (MD,NC,TN,VA,WI,WV) EXCLUSION - LEAD LIABILITY NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT EMPLOYMENT-RELATED PRACTICES EXCLUSION EXCLUSION - PROFESSIONAL LIABILITY EXTRA LIABILITY COVERAGES CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
ULED CG2662 GU30 CG2167 CG2170 IL985E*	09/05 12/04 03/01 12/04 01/15 01/21	EXCLUSION - ASBESTOS WEST VIRGINIA CHANGES - BINDING ARBITRATION AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS FUNGI OR BACTERIA EXCLUSION CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL0017 UF4812* UF8385 UF6330* CG2196 GU136 CG2106	11/98 03/08 03/95 08/09 03/05 03/09 05/14	COMMON POLICY CONDITIONS IMPORTANT NOTICE - POLICY SERVICE FEES IMPORTANT NOTICE IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS? SILICA OR SILICA-RELATED DUST EXCLUSION AMENDMENT OF MOBILE EQUIPMENT DEFINITION EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY- WITH LIMITED BODILY INJURY EXCEPTION
CG2109 CG2002 CG2011	06/15 11/85 04/13 *	EXCLUSION - UNMANNED AIRCRAFT ADDITIONAL INSURED - CLUB MEMBERS ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG2101 ULQT	11/85 03/12	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES

AMENDED DECLARATIONS * * EFFECTIVE 10/17/21
 ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - ADDED ADDITIONAL INSURED

Agent	ITEM 2. Policy Period	Policy Number
EE1575 GOFF INSURANCE SERVICES	10/17/21 TO 10/17/22	Q34 6700030 W

ITEM 1. Named Insured and Address
 MONONGAH ELEMENTARY SCHOOL PTO
 628 WALNUT AVE
 MONONGAH WV 26554-1199

ITEM 3. Other Interest

EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES

OPERATIONS AND ACTIVITIES EXCLUDED: ANY AND ALL LIABILITY ASSOCIATED WITH ANY SPORTING OR STUDENT RELATED EVENT, TOURNAMENT, COMPETITIONS OR EXHIBITIONS. STUDENT RELATED EVENTS REFERS TO ANY SPORTS TEAM, COLLEGIATE TEAM, BAND, CHEER OR SPIRIT SQUAD OR THE GATHERING OF THE SCHOOL BODY WHERE TICKETS ARE SOLD TO ANY EVENT, TOURNAMENT OR EXHIBITION

SEE FORM ULQT

EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS

EXCLUSION: EXCLUDING BI FOR PARTICIPANTS IN SPORTS/GAMES/ACTIVITIES SPONSORED BY THE INSURED

SEE FORM CG2101

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):
Name Of Person(s) Or Organization(s) (Additional Insured):
Additional Premium: \$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL Mananagh Elementary

Booster Group PTO

Reconciled Beginning Balance as of July 1, 2021	Savings: 17,159. ⁶⁹ Checking 1,574. ⁹⁷
Total Annual Income	<u>31,894.⁸³</u> ADD
Total Annual Expenses	<u>35,453.²⁸</u> SUBTRACT
Reconciled Ending Balance as of June 30, 2022	Savings: 15,090. ⁷² Checking: 85. ⁴⁹

Booster President Signature [Signature] Date 9-1-22

Booster Treasurer Signature [Signature] Date 9-1-22

10-2150

Marion County Schools – BOOSTER INFO / 2022-2023

School FSHS

Booster Group FSHS Cheer Boosters

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: FSHS Cheer Boosters

2) Booster Group FEIN (MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM): _____

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)
Date received 9-12-22

4) Date of the election of booster officers: 5/22

5) Name of booster President: Don Neal | Phone # 304-657-2505

6) Name of booster Vice President: Mandi Rings | Phone # 304-290-7525

7) Name of booster Secretary: Lisa Hancey | Phone # 304-276-5909

8) Name of booster Treasurer: Melissa Louthan | Phone # 614-907-0097

9) Booster fundraisers listed on school fundraiser calendar in the main office: yes

Coaches Rep: Deanne Haraway | 681-404-2486

10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured): X Date submitted: 9-12-22

11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: X Date submitted: 9-12-22

12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 X

13) Financial records submitted to the principal at the conclusion of the season: TPG

14) Principal is to receive 2 copies of the annual financial statements by each school support organization: TPG

15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. yes TPG

16) All items provided to athletes and coaches to be returned at the end of the year. yes TPG

Signatures

Principal

[Handwritten Signature]

(Submit to Superintendent prior to July 15)

Superintendent

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dick Moore Agency 613 Fairmont Ave Fairmont, WV 26554	CONTACT NAME: Rodney S. Stewart PHONE (A/C No. Ext): 304-363-5400 E-MAIL ADDRESS: rodney@dickmooreagency.com	FAX (A/C No.): 304-363-4216
	INSURER(S) AFFORDING COVERAGE	
INSURED Polar Bear Cheer Boosters 211 Woodbury Dr Fairmont, WV 26554	INSURER A: Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B: Nationwide Life Insurance Company	NAIC # 66869
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		XPK80998373 NANPO0056051	8/2/2022	8/2/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Directors and Officers			NPODO0063390	8/2/2022	8/2/2023		\$1,000,000
A	Sexual Misconduct Liability			NANPO0056051	8/2/2022	8/2/2023		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: / Sexual Misconduct Liability included. Event Description: Booster Start Date: 8/2/2022 End Date: 8/2/2023

CERTIFICATE HOLDER **CANCELLATION**

Marion County BOE 1516 Mary Lou Retton Dr Fairmont, WV 26554	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Robert V. Nuccio <i>Robert V. Nuccio</i>
---	--

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL Fairmont Senior High School

Booster Group FSHS Cheerleaders

Reconciled Beginning Balance as of July 1, 2021

3718.21

Total Annual Income

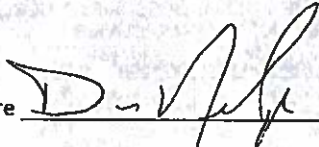
16,814 ADD

Total Annual Expenses

18,132.32 SUBTRACT

Reconciled Ending Balance as of June 30, 2022

2399.89

Booster President Signature  Date 9/12/22

Booster Treasurer Signature  Date 9/12/2022

Date of this notice: 02-05-2019

Employer Identification Number:
83-3441760

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

FSHS CHEER BOOSTERS
& BETH ESPOSITO
7402 SCOTTSDALE RD
FAIRMONT, WV 26554

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3441760. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

Marion County Schools – BOOSTER INFO / 2022-2023

School Blackshear Elementary

Booster Group Dawgs Team North Central Basketball League

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: Dawgs Team North Central Basketball League

2) Booster Group FEIN (**MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM**): 81-3271593

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)
Date received 9-14-2022

4) Date of the election of booster officers: June 19, 2022

5) Name of booster President: Bobby DeVaul Phone #: 304-657-4005

6) Name of booster Vice President: Danny DeVaul Phone #: 681-404-7623

7) Name of booster Secretary: Johanna Biggins Phone #: 681-443-9406

8) Name of booster Treasurer: Nakale Howes Phone # _____

9) Booster fundraisers listed on school fundraiser calendar in the main office: Yes

10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured): Yes Date submitted: 9-14-22

11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: Yes Date submitted: 9-14-22

12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 Yes.

13) Financial records submitted to the principal at the conclusion of the season: Yes

14) Principal is to receive 2 copies of the annual financial statements by each school support organization: Yes

15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. Yes

16) All items provided to athletes and coaches to be returned at the end of the year. Yes

Signatures

Principal

Jarri DeVaul
(Submit to Superintendent prior to July 15)

Superintendent _____

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Terry L. Green & Associates
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

CONTACT NAME:
PHONE (A/C, No, Ext): 1-800-550-5029 **FAX (A/C, No):** 770-978-2780
E-MAIL ADDRESS: info@esportsinsurance.com

INSURED
Dawgs Basketball Team
303 Park Drive
Mannington, West Virginia 26582

INSURER(S) AFFORDING COVERAGE

INSURER	NAIC #
INSURER A: AEGIS SECURITY INSURANCE COMPANY	# 33898
INSURER B: AEGIS SECURITY INSURANCE COMPANY	# 33898
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Y21558 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Participant GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER	Y	ESL 000 002-Y21558	11/2/2021 12:01 AM	11/2/2022 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PARTICIPANTS \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$

B	Participant Accident Coverage	ESA-Y11558	11/2/2021 12:01 AM	11/2/2022 12:01 AM	Accident Medical Expense Benefit	\$25,000
	Excess Coverage				Accident Medical Expense Deductible	\$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid

Activities Covered: Youth Basketball Eff: 11/2/2021

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER
Marion County Board of Education
1516 Mary Lou Retton Drive
Fairmont, West Virginia 26554

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bowers Grant - Acct #607.001

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL Blackshear Elementary School
Booster Group Dawgs Team North Central Basketball League

Reconciled Beginning Balance as of July 1, 2021	<u>8000.00</u>	
Total Annual Income	<u>0</u>	ADD
Total Annual Expenses	<u>6715.66</u>	SUBTRACT
Reconciled Ending Balance as of June 30, 2022	<u>1309.34</u>	

Booster President Signature Bobby DeVaul Date 9-14-22

Booster Treasurer Signature Johna Baggio Date 9-14-22

EIN Individual Request - Online Application



EIN Assistant

Home Progress [Verify](#) [Address](#) [Help Topics](#) [5. EIN Confirmation](#)

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: **87-3271593**

Legal Name: **DAWGS TEAM NORTH CENTRAL BASKETBALL LEAGUE**

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

CLICK HERE for Your EIN Confirmation Letter [Help with saving and printing your letter](#)

Continue >>

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Help Topics

- What if I do not have access to a printer at this time?
- Can I access this letter at a later date?

10-2158
10-2158

Marion County Schools – BOOSTER INFO / 2022-2023

School RIVESVILLE SLITON FOUNDATION

Booster Group RIVESVILLE ELEM / MIDDLE

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the “Accounting Procedures Manual For The Public Schools In The State Of West Virginia”.
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: RIVESVILLE SLITON FOUNDATION

2) Booster Group FEIN (**MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM**): 92-1610383

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)
Date received 8-1-22

4) Date of the election of booster officers: 8-1-22

5) Name of booster President: FRANK MOORE Phone # 304-457-9101

6) Name of booster Vice President: RICHARD TOWNMAN Phone # 304-365-3303

7) Name of booster Secretary: DENNA SWANN Phone # 304-612-6745

8) Name of booster Treasurer: JACK OLIVER Phone # 304-612-0400

9) Booster fundraisers listed on school fundraiser calendar in the main office: YES

- 10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured): _____ Date submitted: 8.12.22
- 11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: _____ Date submitted: 8.12.22
- 12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 ✓.
- 13) Financial records submitted to the principal at the conclusion of the season: YES
- 14) Principal is to receive 2 copies of the annual financial statements by each school support organization: YES
- 15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. NA
- 16) All items provided to athletes and coaches to be returned at the end of the year. NA

Signatures

Principal Top - Guyer
 (Submit to Superintendent prior to July 15)

Superintendent _____
 (To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL RIVESVILLE ELEM/MIDDLE SCHOOL

Booster Group RIVESVILLE SCHOOL FOUNDATION

Reconciled Beginning Balance as of July 1, 2021	<u>7,799.21</u>
Total Annual Income	<u>2000.00</u> ADD
Total Annual Expenses	<u>3000.00</u> SUBTRACT
Reconciled Ending Balance as of June 30, 2022	<u>6,799.21</u>

Booster President Signature Frank M Date 8.12.22

Booster Treasurer Signature Jack O Date 8.17.22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Dick Moore Agency 613 Fairmont Avenue Fairmont , WV 26554	CONTACT NAME: Kim Pellillo PHONE (A/C No. Ext): 304-363-5400 E-MAIL ADDRESS: pellilk@nationwide.com	FAX (A/C No): 304-363-4216
	INSURER(S) AFFORDING COVERAGE	
INSURED Rivesville School Foundation 229 Phillips Ave Rivesville , WV 26588	INSURER A : Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B : Nationwide Life Insurance Company	66869
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	XPK80998373 NANPO0056324	9/14/2022	9/14/2023	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES	\$ 100,000
						MEDICAL EXPENSE	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Directors and Officers		NPODO0063674	9/14/2022	9/14/2023		\$1,000,000
A	Sexual Misconduct Liability		NANPO0056324	9/14/2022	9/14/2023		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional Insured: / Sexual Misconduct Liability included. Event Description: Foundation Start Date: 9/14/2022 End Date: 9/14/2023

CERTIFICATE HOLDER Marion County BOE 1516 Mary Lou Retton Dr Fairmont , WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert V. Nuccio

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Date of this notice: 05-25-2017

Employer Identification Number:
82-1610383

004711.761891.217248.12296 1 SP 0.460 850


Form: SS-4

Number of this notice: CP 575 A



RIVESVILLE ELEM-MID SCHOOL
FOUNDATION INC
229 PHILLIPS AVENUE
RIVESVILLE WV 26588

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1610383. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2018

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

Mo. Daught, to be placed on the agenda for board approval. C. Z. Spomer 9/22/22

Marion County Board of Education Field Trip Request Form

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

Barrackville 9/19/2022 Parents No
School Date Submitted Sponsor(s) Sub Needed

Kindergarten 10/19/2022 Teachers No
Group Date of Trip Chaperone(s) Sub Needed

35 Rich Farms 2043 Springhill Furnace Rd,
Number to be transported Destination Smithfield, PA 15478

Purpose of activity Pumpkin Exploration Activities

Number of School Days Lost 1 Approximate Cost \$350.00 Source of Funding Parents

Transportation Information

Time bus to be loaded 9:00 (am) / pm Approximate time to return 3:00 am / (pm)

Type of Transportation _____ Private Auto
_____ Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes _____ No

Approval (granted / denied) Principal Ticki Bauhaard Date 09/20/22
Approval (granted / denied) County Office Chela Zon Date 9/22/2022
Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____
Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two
Pre-Trip _____ am / pm _____ am / pm
Bus available to load _____ am / pm _____ am / pm
Departure Time _____ am / pm _____ am / pm
Return Time _____ am / pm _____ am / pm
Completion of bus cleanup _____ am / pm _____ am / pm

Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

Ms. Haupt,
to be placed
on the agenda
for board approval.
C. Z. [Signature]

Marion County Board of Education Field Trip Request Form

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MC-TC School 9-20-2022 Date Submitted Postlethwait Sponsor(s) Yes Sub Needed

FFA Group 10/25 - 10/29/2022 Date of Trip John Postlethwait / Rebekah Getz Chaperone(s) 8 Sub Needed

8 Number to be transported National FFA Convention Indianapolis, IN Destination

National Equine Judging Contest / National FFA Convention Purpose of activity

4 Number of School Days Lost \$4,000 Approximate Cost FFA Source of Funding

Transportation Information

Time bus to be loaded 10/25 5 am/pm 10/29 4 am/pm Approximate time to return

Type of Transportation School Van Private Auto Commercial Carrier Marion County School Bus

List Carrier _____ Number _____ Driver _____

Is School to pay driver? Yes No

Approval granted / denied
 Approval granted / denied
 Approval granted / denied

Principal [Signature] Date 9-20-22
 County Office [Signature] Date 9/22/2022
 Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip _____ am / pm _____ am / pm

Bus available to load _____ am / pm _____ am / pm

Departure Time _____ am / pm _____ am / pm

Return Time _____ am / pm _____ am / pm

Completion of bus cleanup _____ am / pm _____ am / pm

*pls. Parents,
To be placed on the
agenda for board
approval. C. P. [unclear]*

10-21-22

overnight

**Marion County Board of Education
Field Trip Request Form**

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

FSHS 9/27/22 Luke Corley Yes
School Date Submitted Sponsor(s) Sub Needed

GOLF 10/3/22 - 10/5/22 Players Ride with Parents
Group Date of Trip Chaperone(s) Sub Needed

4 Oglebay (Wheeling)
Number to be transported Destination

WVSSAC Golf State Tournament
Purpose of activity

3 \$1000 boosters
Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

6:30 10/3 am/pm riding w/ parents. 8:00pm 10/5 am/pm
Time bus to be loaded Approximate time to return

Type of Transportation Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted) / denied) Principal [Signature] Date 9/27/22
Approval (granted) / denied) County Office [Signature] Date 9/29/2022
Approval (granted) / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

**Marion County Board of Education
Field Trip Request Form**

10-21 *3*

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFHS 9/28/22 Bill Malone NO
 School Date Submitted Sponsor(s) Sub Needed
Golf 10/3 - 10/5 — —
 Group Date of Trip Chaperone(s) Sub Needed
1 Oglebay Resort, Wheeling WV
 Number to be transported Destination
State Golf Tournament
 Purpose of activity
3 — —
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 8:00 10/3 am / pm
 Approximate time to return 8:00 10/5 am / pm

Type of Transportation Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted) / (denied) Principal [Signature] Date 9/28/22
 Approval (granted) / (denied) County Office _____ Date _____
 Approval (granted) / (denied) Transportation _____ Date _____

** Please place on Board Agenda - Overnight stay*

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____
 Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two
 Pre-Trip _____ am / pm _____ am / pm
 Bus available to load _____ am / pm _____ am / pm
 Departure Time _____ am / pm _____ am / pm
 Return Time _____ am / pm _____ am / pm
 Completion of bus cleanup _____ am / pm _____ am / pm

Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____
 tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

10-210

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 14 day of September, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Mon Valley Basketball Board of Officials (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as East Fairmont High School.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Mon Valley Board of Officials (MVBOA)
- II. Contact Name Mel Coleman, Jr
- III. Address 1476 Barry Str. Fairmont, WV 26534
- IV. Phone Number 304-657-1242
- V. The MCBOE covenants and agrees that it shall, from 9/14, 2022 through yearly, make available to the Mon Valley Board of Officials the East Fairmont High School for the purpose of WVSSAC Professional Development. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 81-3436197 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the R.F.H.S. as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 0 per _____ in addition to a \$ 0 custodial fee per 0
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Insurance provided to each individual official by NASD National Association Sports Officials
Policy Number N/A

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect East Fairmont High School after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 9/14/22, until the 30th day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Mel Coleman, Jr.
Representative of Organization

9/14/22
Date

Steve Winkler
Principal or Designee

Date

Andy Spitzer
Administrative Assistant of Maintenance, Facilities and Athletics

9-22-22
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
MVBOA, Inc.

2 Business name/disregarded entity name, if different from above
Mon Valley Basketball Officials Association

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► **501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
258 Wabash Avenue

6 City, state, and ZIP code
Buckhannon, WV 26201

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

8	1	-	3	4	3	6	1	9	7
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

10-210
10-21

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 14th day of September, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Dawap Blackshere Basketball Team (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Blackshere School.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Dawap Basketball teams
- II. Contact Name Bobby DeVaul
- III. Address 412 Pyles Ave Mannington
- IV. Phone Number 304-657-4005
- V. The MCBOE covenants and agrees that it shall, from Oct 1, 2022 through June 30, 2023, make available to the Dawap Basketball Teams the Blackshere gym for Basketball practices for the purpose of Basketball practices. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 87-3271593 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Blackshoe gym as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ Waived per _____ in addition to a \$ _____ custodial fee per Custodian fee waived
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance
Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Accord
Policy Number ESL 000 002 421558

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, an municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV MCBOE shall inspect the gym after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from Oct 1, 2022 until the 30th day of June 2023, however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Bobby DeVaul
Representative of Organization

9-14-22
Date

Jonie DeVaul
Principal or Designee

9-14-22
Date

Analy Hotme
Administrative Assistant of Maintenance, Facilities and Athletics

9-27-22
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Terry L. Green & Associates 3100 Five Forks Trickum Rd Suite 101 Liburn, GA 30047	CONTACT NAME: PHONE (A/C No., Ext.): 1-800-550-5029 E-MAIL ADDRESS: info@esportsinsurance.com FAX (A/C No.): 770-978-2780
INSURED Dawgs Basketball Team 303 Park Drive Mannington, West Virginia 26582	INSURER(S) AFFORDING COVERAGE
	INSURER A: AEGIS SECURITY INSURANCE COMPANY # 33898
	INSURER B: AEGIS SECURITY INSURANCE COMPANY # 33898
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** Y21558 **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Participant	<input checked="" type="checkbox"/>	ESL 000 002-Y21558	11/2/2021 12 01 AM	11/2/2022 12 01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG PARTICIPANTS \$ 2,000,000 \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR, PARTNER, EXECUTIVE OFFICER, MEMBER EXCLUDED? (Mandatory in NH) If res. describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>				PER STATUTE OTH. ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Participant Accident Coverage Excess Coverage		ESA-Y11558	11/2/2021 12 01 AM	11/2/2022 12 01 AM	Accident Medical Expense Benefit \$25,000 Accident Medical Expense Deductible \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

Activities Covered Youth Basketball Eff 11/2/2021

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER Blackshere Elementary School 303 Park Drive Mannington, West Virginia 26582	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2021

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PRODUCER Terry L. Green & Associates 3100 Five Forks Trickum Rd Suite 101 Lilburn, GA 30047	CONTACT NAME:	
	PHONE (A/C, No, Ext): 1-800-550-5029	FAX (A/C, No): 770-978-2780
	E-MAIL ADDRESS: info@esportsinsurance.com	
INSURED Dawgs Basketball Team 303 Park Drive Mannington, West Virginia 26582	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AEGIS SECURITY INSURANCE COMPANY	NAIC # 33858
	INSURER B: AEGIS SECURITY INSURANCE COMPANY	NAIC # 31258
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** Y21558 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY		ESL 000 002-Y21558	11/2/2021	11/2/2022	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			12 01 AM	12 01 AM	EACH OCCURRENCE \$ 1 000 000
	<input checked="" type="checkbox"/> Participant					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100 000
	GENL AGGREGATE LIMIT APPLIES PER					MED EXP (Any one person) \$ 5 000
	<input checked="" type="checkbox"/> POLICY PROJECT LOC					PERSONAL & ADJ INJURY \$ 1 000 000
	OTHER					GENERAL AGGREGATE \$ 3 000 000
	AUTOMOBILE LIABILITY					PRODUCTS COMP/OP AGG \$ 2 000 000
	ANY AUTO					PARTICIPANTS \$ 1 000 000
	ALL OWNED AUTOS	SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	H-RED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
		DED RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR, PARTNER, EXECUTIVE OFFICER, MEMBER EXCLUDED? (Mandatory in NH)	Y/N				PER STATUTE OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E L EACH ACCIDENT \$
						E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

B	Participant Accident Coverage	ESA-Y11558	11/2/2021	11/2/2022		
	Excess Coverage		12 01 AM	12 01 AM		Accident Medical Expense Benefit \$ 5 000
						Accident Medical Expense Deductible \$ 250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

Activities Covered: Youth Basketball Eff 11/2/2021

CERTIFICATE HOLDER Dawgs Basketball Team 303 Park Drive Mannington, West Virginia 26582	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2021

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PRODUCER Terry L. Green & Associates 3100 Five Forks Trickum Rd Suite 101 Liburn GA 30047	CONTACT NAME	
	PHONE (A/C, No, Ext): 1-800-550-5029	FAX (A/C, No): 770-978-2780
INSURED Dawgs Basketball Team 303 Park Drive Mannington West Virginia 26582	E-MAIL ADDRESS: info@esportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AEGIS SECURITY INSURANCE COMPANY	NAIC # # 33893
	INSURER B: AEGIS SECURITY INSURANCE COMPANY	NAIC # # 33893
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Y21558 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR X Participant	Y	ESL 000 002-Y21558	11/2/2021 12:01 AM	11/2/2022 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 PARTICIPANTS \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO-JECT LOC OTHER					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) Type describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Participant Accident Coverage Excess Coverage		ESA-Y11558	11/2/2021 12:01 AM	11/2/2022 12:01 AM	Accident Medical Expense Benefit \$25,000 Accident Medical Expense Deductible \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided under this policy for sponsored and supervised activities of the named insured for which a premium has been paid.

Activities Covered Youth Basketball Eff 11/2/2021

Certificate Holder Named as Additional Insured

CERTIFICATE HOLDER **CANCELLATION**

Marion County Board of Education
1516 Mary Lou Retton Drive
Fairmont West Virginia 26554

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions based on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim the exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-State Supplemental form.
 If not, enter the two-letter postal abbreviations for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a single purchase and enter the related invoice/purchase order #.

3. Shipping details

Buyer's address: CONROY Blake Diamonds, 1114 North Mountain Rd, MUSTERS
PO BOX 324 Idaroway WV 26036 ALSYG

Shipping carrier: 1-0777794 WV LinkShare

If no Tax ID Number: 1-0777794 Driver's License Number/State issued ID Number: WV Foreign shipment number: LinkShare

Name of seller from whom you are purchasing, leasing or renting: APRX ATHLETICS AND APPAREL
Seller's address: ZENO ANDREWSON COMMONS, SUITE 161, WHITE HALL, WV 26154

4. Type of business. Circle the number that describes your business.

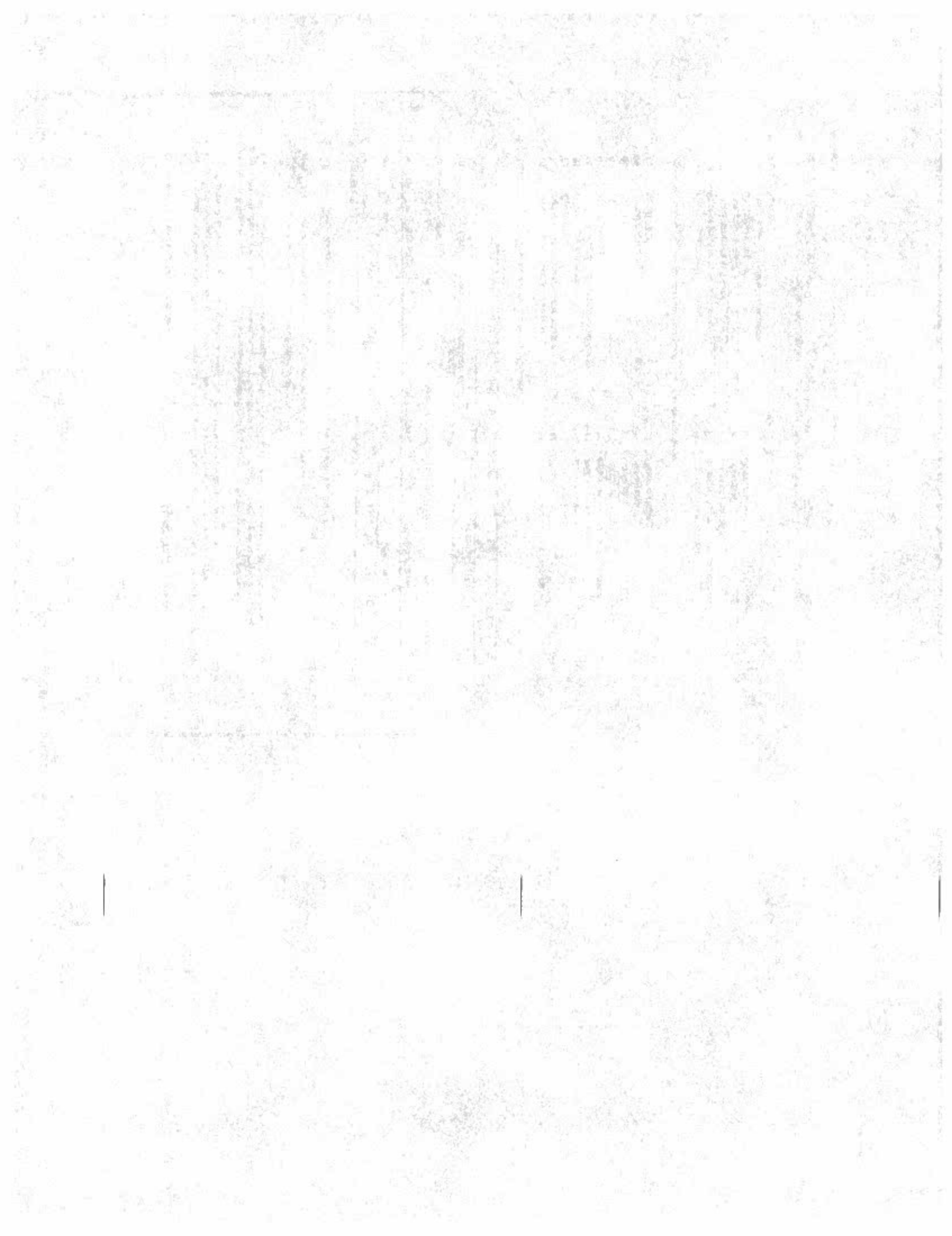
- 01 Accommodations and food services
- 02 Agricultural, forestry, fishing, hunting
- 03 Construction
- 04 Finance and insurance
- 05 Information, publishing and communications
- 06 Manufacturing
- 07 Mining
- 08 Retail sales
- 09 Rental and leasing
- 10 Retail trade
- 11 Transportation and warehousing
- 12 Utilities
- 13 Wholesale trade
- 14 Business services
- 15 Professional services
- 16 Education and health-care services
- 17 Nonprofit organization
- 18 Government
- 19 Not a business
- 20 Other (explain)

5. Provide the federal tax identification number that identifies the reason for the exemption.

- A Federal government (department)
- B State or local government (agency)
- C Tribal government (agency)
- D Foreign diplomat #
- E Charitable organization #
- F Religious or educational organization #
- G Resale #
- H Agricultural production #
- I Industrial production/manufacturing #
- J Direct pay partner #
- K Direct mail #
- L Other (explain) YOUTH SPORTS ORGANIZATION

6. Sign here. I certify that the information on this certificate is correct and complete to the best of my knowledge and belief.

Blake Conroy 11/1/22



Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E
9999999999

Your Telephone Number Best Time to Call

DATE OF THIS NOTICE: 10-26-2021
EMPLOYER IDENTIFICATION NUMBER: 87-3271593
FORM: SS-4
NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

DAVIDS TEAM NORTH CENTRAL BASKETBALL
TREASURER
JOHNNA BIGGIE
41 BLACKSHERE ROAD
HARRINGTON, WV 26582

