



Barracksville Elementary School

509 Pike Street

Barracksville, WV 26559

**Modernization of (1) Schindler Passenger Hydraulic
Elevator #1 REVISED**

Date: September 29, 2022



Modernization Proposal

Hydraulic Passenger Elevator

Date September 29, 2022 REVISED

Purchaser **Marion County Schools**

Project **Barracksville Elementary School**
509 Pike Street
Barracksville, WV 26559

Elevator Modernization – Elevator #1

Description of Equipment

WV Elevator Co. is pleased to provide labor and material to Modernize (1) One existing Schindler Hydraulic Passenger Elevator in accordance with the following scope of work:

Elevator #1

	Existing Equipment	Disposition
Capacity	2500lbs	Retain Existing
Class Loading	Passenger Class A	Retain Existing
Speed	100fpm	Retain Existing
Machine Location	Adjacent	Retain Existing
Operational Control	Simplex	Retain Existing
Controller	Relay Logic	Provide NONPROPRIETARY Microprocessor Control System, new battery lowering with solid state starting and viscosity control
Landing System	Mechanical Switches	Provide New
Power Supply	208V 3ph 60Cyl	Retain Existing
Pumping Unit	25HP – 3450 RPM	Provide New- Submersible Power Unit By ITI
Jack Assembly		Retain Existing



Modernization Proposal

Hydraulic Passenger Elevator

Hydraulic Piping		Provide New as Needed
Landings	4	Retain Existing
Openings	2 Front 2Rear GR-1F-LBR-2F	Retain Existing
Travel	25'-0" ft Approximate	Retain Existing
Platform		Retain Existing
Toe Guard	Field Verify	Provide New
Hoistway Doors	42" x 84"	Provide New Powder Coated
Hoistway Entrance Frames	42" x 84"	Retain Existing
Car Doors	42" x 84"	Provide New #4 Stainless Steel
Door Type	1 Speed Side Slide	Retain Existing
Door Operation	Automatic	Provide (2) New Door Operators, Clutches, Roller Guides, Restrictors and Hardware
Car Door Tracks and Hangers		Provide New
Hoistway Door Tracks, Hangers and Closers		Provide New
Hoistway Door Interlocks		Provide New
Hoistway Door Unlocking Device		Provide New @ all floors
Hoistway Access Switches, Top and Bottom Floors		Provide New
Door Protection	Bump Edge	Provide New Infrared, Full Screen
Car Frame & Platform		Retain Existing
Guide Rails	Planed Steel Toes	Retain Existing
Buffers	Steel Spring	Retain Existing
Car Guides	Slide Guides	Provide New
Car Enclosure		See Below "Option Equipment"
	Car and Hall Signal Fixtures #4 Stainless Finish	
Car Operating Panel		Provide New
Communications		Provide New
Hall Pushbutton Stations		Provide Surface Mounted Vandal Resistant Fixtures
Hall Position Indicators		N/A



Modernization Proposal

Hydraulic Passenger Elevator

Car Riding Lanterns	Provide New
Car Position Indicator	Provide New
Firefighters Service Phase I and II	Provide New
Firefighters Telephone Jack	Not Applicable
Car Top Inspection Station	Provide New
Independent Service Feature	Provide New
Traveling Cable	Provide New
Hoistway and Machine Room Wiring	Provide New
Pit Ladder	Provide New if Necessary
Battery Backup	Provide New

Key Tasks and Approximate Lead Times

Key task to be performed by the Purchaser prior to equipment fabrication

- Execution of this Proposal
- Payment for pre-production and engineering
- Approval of layout (if applicable)

Approximate Durations/Lead Times

Contract execution (Can run concurrently with layout drawing package preparation and approval)	Varies 3-4 weeks average
Preparation of layout drawing package	4-6 weeks
Approval of layout package, by Purchaser (This includes cab, signal, and entrance preparation)	Varies 6-8 weeks average
Fabrication Time (This time begins after receipt of all approvals, fully executed contract and initial progress payment has been received)	10-12 weeks
Installation of elevator equipment	4.5 weeks Per Elevator

The durations or lead times listed above are strictly approximations that can vary due to factors both within and outside of WV Elevator's control, are subject to change without notice to the Purchaser and shall not be binding on WV Elevator.



Modernization Proposal

Hydraulic Passenger Elevator

Option Equipment: Cab Interior Included in Base Price:

Car Enclosure: 6'-8" x 4'-3" Front & Rear Opening (1) Cab Interiors Vertical panel system faced with standard plastic laminate (2) Side Walls. Stainless steel #4 perimeter reveal system (2) Side wall handrail in stainless steel #4 flat bar, 2" x 3/8" with returned ends. Stainless steel #4 island ceiling with 6 recessed LED downlights. Modular front & Rear wall overlay for returns and transoms in stainless steel #4. Flooring – By Others (2) #4 SS 42" X 84" Single Speed Side Slide Doors.

Additional Features

Wiring Diagrams, Operational Instructions, Parts Ordering Information, System Diagnostic Means and Instructions. **Nonproprietary Control System and Diagnostics Provisions without the purchase of additional tools or devices.**

Warranty

WV Elevator provides a one (1) year warranty from date of acceptance and turn-over. Maintenance Service during normal working hours Monday thru Friday, 8:00AM-4:30PM.

Asbestos Testing

Identification, notification, removal, and disposal of asbestos containing material is the responsibility of the owner, owner's agent, or general contractor. WV Elevator is not liable for removal of asbestos and recommends testing of subject material prior to initiating any work.

Price and Terms of Payment:

We propose to furnish and install the equipment covered in this proposal for the net sum of One-Hundred Thirty-Nine Thousand Two-Hundred Sixty-Four Dollars (\$139,264.00) and no/100 INCLUDES all Appropriate TAXES payable as follows:

An initial progress payment of 50% of the contract will be applied to project management, permits, engineering and shop drawings, submittals, drilling mobilization (if required) and raw material procurement. Material will be ordered once this payment is received, and the parties have both executed this Proposal. The remainder of the contract price shall be monthly progress billing based upon the percentage of completion as determined by WV Elevator.

If full completion is materially or financially delayed through no fault of WV Elevator, purchaser shall make such additional payments as may be required to leave outstanding only an amount equal to the value as estimated by Gable Elevator, based on the contract price, of the uncompleted portion.

We reserve the right to discontinue our work at any time until payments have been made as agreed and we have assurance satisfactory to us that the subsequent payments will be made.



Modernization Proposal

Hydraulic Passenger Elevator

as they become due. Any moneys not paid when due shall bear interest at the legal rate in force at the place of the project. You also agree to pay, in addition to any defaulted amount plus interest, all our attorney fees, collection costs or court costs in connection therewith.

All work performed outside of the base contract will be billed at WV Elevator's standard hourly rates.

In no event shall WV Elevator Company be responsible for liquidated, consequential, indirect, incidental, exemplary, and special damages associated with the work described in this Proposal.

Total price is based on work performed during normal working hours of the elevator trade: Monday through Friday 8:00am to 4:30pm.

Reinspection / Additional Work

We have included the cost for one (1) elevator inspection prior to turn over. If re-inspection is necessary due to code violations caused by the General Contractor/Owner or other subcontractors, the General Contractor/Owner will be charged \$2,500.00 for the re-inspection plus any additional expenses.

Work by Others

Refer to "Work by Others" for items and work not included in this Proposal, and for which the Contractor and/or Owner/Agent are responsible. All construction must conform to shop drawings.

WORK BY OTHERS NOT INCLUDED / HOISTWAY

1. A clear hoistway of the dimensions shown on drawings, plumb to within 1"
2. Venting of hoistway as required by code
3. Projections or recesses in the hoistway of 4" or more, on sides not used for loading or unloading, shall be beveled at an angle not less than 75° from the horizontal.
4. A hoist beam, hook, or eyebolt shall be furnished at the top of the hoistway, located on centerline of car and guides – designed for load capacity on drawings.
5. Required sleeves in hoistway wall, or any trenching and filling, for wiring duct for each elevator, as shown.
6. Sprinklers provided in the hoistway (if required by the local jurisdiction) shall not interfere with the required clearances on top of the elevator car or the moving equipment within the hoistway. Only branch lines shall be permitted to serve the hoistway, and the line may not serve more than one level. Power shall be removed from the main line disconnect prior to



Modernization Proposal

Hydraulic Passenger Elevator

the application of the sprinkler. The device shall be located within 2 feet of each sprinkler head. Smoke detectors shall not be used to activate shunt trip devices.

WORK BY OTHERS NOT INCLUDED / ELEVATOR PIT

7. A separate branch circuit shall supply the hoistway pit lighting and GFCI receptacle(s).
8. Sumps and sump pumps in pits where provided, shall be covered. The cover shall be secured and level with the pit floor.
9. Drains shall be provided for all passenger, freight, and LULA elevators. When a drain cannot be provided, a permanently installed sump pump shall be provided. Sump pump capacities are recommended to be 3,000 gal/hr per elevator. The sump hole in the pit area shall be guarded with noncombustible material. All sump pumps are to discharge the fluid outside of the hoistway. The purpose of the sump pump is to prevent the accumulation of water in the pit area originating from the interior of the building due to firefighting operations and to allow for the elevator to remain in service for operation under Phase II firefighter service.
10. A light for the pit shall be located so as to provide 20LUX lighting for the area. The switch shall be near the stop switch and accessible from lower landing opening. The light shall be guarded and installed to clear the elevator car.
11. Sprinkler heads located in the pit area shall not be located more than 2 feet above the pit floor. Shunt trip devices are not required for pit sprinkler heads if the location of the sprinkler head is in conformance with the previous statement.

WORK BY OTHERS NOT INCLUDED / GENERAL

12. A safe and dry space to store elevator equipment and tools before and during construction.
13. Necessary power for installing, erecting, and testing, without charge.
14. Any cutting and patching of building construction required to install signal fixtures, or other elevator signals in lobbies and any repairs, grouting, patching, or painting made necessary by same.
15. Smoke detectors and panel. Smoke detectors located in each elevator lobby and machine room with necessary wiring to elevator control panel when fire service is specified.
16. Lighting at lobby must maintain minimum 15LUX.

WORK BY OTHERS NOT INCLUDED / MACHINE ROOM

17. Access to and from the roof and machine room shall be by the means of a stairway. Access shall be safe and convenient. It is prohibited to allow access to a machine room to non-



Modernization Proposal

Hydraulic Passenger Elevator

- authorized personnel. Doors, which allow passage through a machine room to gain access to a roof area or other building equipment, shall be prohibited.
18. A machine room properly lighted and ventilated per code requirements with temperature maintained between 65°-95°. Door of size to permit access for hydraulic machine, to be self-closing and locking, but operable from inside without key.
 19. All non-elevator-related piping and equipment shall be prohibited from entering or passing through the machine room.
 20. Electrical disconnects shall be lockable in the open position and properly located within sight of the elevator devices. All disconnects shall be properly fused or utilize a non-self-resetting circuit breaker. A separate branch circuit and disconnect shall supply the car lights, receptacle(s), auxiliary lighting power source and ventilation on each elevator car.
 21. Advisory. The preferred location for electrical disconnects is near the jamb side of the machine room door in order to be readily accessible to qualified personnel. Disconnecting means shall disconnect the normal power supply as well as emergency supply, when provided.
 22. Machine rooms shall be properly lighted, so the electrical control devices and machinery are well illuminated, 20LUX minimum, with switch located adjacent to access door.
 23. Telephone line for elevator car wiring from building source to elevator control panel. Two-way 24-hour voice communication shall be provided from the elevator car to a location that can respond and take action and must be monitored 24 hours.
 24. Furnishing of any special intercom, paging, or television systems, including wiring from building source to elevator control panel.
 25. A GFCI convenience outlet is to be supplied in machine room. Receptacles in the machine room and machinery spaces shall have GFCI protection either by a GFCI-type receptacle or a GFCI-type circuit breaker. Warning signs shall be posted when there is power from more than one source.
 26. Machine Room lighting and receptacle are not permitted to share the same circuit.
 27. All electrical clearances shall always be provided and maintained in front of the controller and disconnect. Advisory. It is interpreted that machine room doors that swing into the electrical clearance area endanger worker safety and are prohibited.
 28. A properly tested and maintained ABC type fire extinguisher of adequate size shall be provided in the machine room. The fire extinguisher in machine room is to be of sufficient size to allow workers within the room to exit safely in the case of a fire within the machine room occurs during their maintenance procedures. The extinguisher is not meant for usage for returning to the room to fight the fire. The extinguisher is to be located in an area of the room that will allow easy access to the extinguisher by workers. It is recommended that when possible, the extinguisher be located near the jamb side of the elevator room entrance door.



Modernization Proposal

Hydraulic Passenger Elevator

- 29 The clear headroom in a machine room shall be not less than 7 feet. This shall be measured from any overhead obstruction. LULA elevator headroom clearances shall be not less than 79"
- 30 Sprinklers may serve a machine room via a branch line, when the machine room is located above the roof of the building, risers, return pipes, and branch lines for the machine room sprinkler(s) shall be permitted to be located in the hoistway between the top floor and the machine room, but they shall not pass through the machine room. Power shall be removed from the main line disconnect prior to the application of the sprinkler, commonly referred to as "shunt-trip operation."

Communication

Communication must be documented in writing. Verbal correspondence and/or commitments are not part of this contract.

If after the work has been substantially completed, and full completion is materially delayed through no fault of WV Elevator, the Purchaser shall make such additional payments as may be required to leave outstanding amount only an amount equal to the value as estimated by WV Elevator, based on the contract price of the uncompleted portion.

Special Expense Considerations

It is also agreed by the Customer that should they be delinquent in the payment of any amount due under this contract for a period of more than 30 days, from the due date, Gable Elevator, shall be entitled to charge and receive a monthly finance charge not to exceed 1-1/2 percent per month on the unpaid balance. This charge is not intended to be punitive, but rather shall be reflected as an earned charge for carrying the Customer's account beyond a reasonable payment period beyond billing.

15-2176



Modernization Proposal Hydraulic Passenger Elevator

Acceptance of Proposal

This proposal is submitted for acceptance within thirty (30) days from date executed by us. This proposal, when accepted by the Purchaser and subsequently approved by an officer of WV Elevator, shall constitute the contract between us, and all prior representations or agreements not incorporated herein are superseded. No changes in or additions to this contract will be recognized unless made in writing and properly executed by both parties.

Respectfully submitted,

Grant Murphy
Installation and Modernization Sales
gmurphy@3phaseelevator.com
304-483-6369

Purchaser

WV Elevator

Signature of Authorized Representative

Signature of Authorized Representative

Grant Murphy

Printed or Typed Name

Printed or Typed Name

Date

Date

4784 Chimney Drive
Charleston, West Virginia 25302
1-304-483-6369

15-2/77



C. Norman
10/12/2022

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

Ms. Haught,

October 12, 2022

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

2022 F350 SRW 4X4 Regular Cab
XL 142" WB Styleside
6.2L EFI V-8 Engine
10 Speed Automatic

The West Virginia Department of Education provides a once per year 80% reimbursement for all West Virginia Public School Transportation Departments. The requirement is that the purchase is run through the county accounting department and the vehicle must be used in the Transportation Department.

In February of 2022 there were no orders taken or trucks available to order, due to shortage of parts particularly engine computer chips.

Availability in October is extremely limited and if approved this will allow the Marion County Schools Transportation Department to purchase a Service Truck with bed, that can plow snow and spread cinders. This truck matches the dimensions with a heavy-duty front end for the plow snow, and our cinder spreader will fit.

Transportation Department will then give to maintenance a Ford F-250 to replenish their fleet and plow snow before the winter.

- 1) **Funding:** Marion County Schools Transportation Department
- 2) **Amount:** \$59,861.50
minus the WVDE Transportation reimbursement of 80%

Total cost to the county \$11,972.30

- 3) **Advertised:** October 7th, October 8th, and October 12th in the Times West Virginian
- 4) **Additional Bids: (all bids were faxed to dealerships, with a phone call)**
 - a) MidWay Ford - \$59,861.50 minus the 80% state reimbursement - **\$11,972.50 (only bid)**
 - b) Toothman and Sowers – no bid, product delay 6 months
 - c) Jenkins Ford – no bid, response, cannot get product
 - d) Corwin Ford – no bid, cannot get product until late May
 - e) Anthony Chevrolet – no bid, 6 to 8 months wait



MARION COUNTY BOARD OF EDUCATION

**1516 MARY LOU RETTON DRIVE
FAIRMONT, WV 26554**

**STEPHEN LARRY
TRANSPORTATION SUPERVISOR
Phone: (304) 367-2103
Fax: (304) 367-2191**

**TRANSPORTATION
614 VIRGINIA AVE.
FAIRMONT, WV 26554**

October 5, 2022 (9:54am)

To: Times of WV

Please run this legal advertisement in the newspaper Friday 10/7, Saturday 10/8 and Wednesday 10/12/22.

Refer to PO # 976505 for billing

Marion County Schools Transportation Department is accepting bids on a 2022 F350 SRW 4x4 regular cab 6.2L EF1 V-8 engine 10 speed automatic transmission. Truck equipped with an 8ft. service body bed and snow plow prep package.

Bids are due no later than Wednesday, October 12, 2022 at 11:00am.

Please mail or fax all bids to:

Attn: Chad Norman/Administrative Assistant of Transportation

1516 Mary Lou Retton Dr., Fairmont, WV 26554

Fax Number: (304) 368-0589

Fw: Ad: 646670, PO#976505 Truck Bids

Kristie Stewart <kristie.stewart@k12.wv.us>

Wed 10/5/2022 10:49 AM

To: Chad Norman <cnorman@k12.wv.us>

📎 1 attachments (28 KB)

MARIONCOUN-72-646670-1.pdf;

I emailed the ad to the newspaper and got it in earlier enough to have it published in tomorrow's paper. Please see her response below.

*Kristie Stewart
Secretary of Transportation
Marion County Board of Education
304-367-2163 Phone
304-367-2191 Fax*

CONFIDENTIAL AND PRIVILEGED: *This email is confidential and privileged, and intended only for the review and use of the addressee. Any unauthorized review, use, disclosure, distribution, or other dissemination of this message and/or the information therein is strictly prohibited. If you are not the intended recipient of this email message, please contact the sender by reply email and destroy all copies of the original message*

From: bevmler@timeswv.com <bevmler@timeswv.com>
Sent: Wednesday, October 5, 2022 10:38 AM
To: Kristie Stewart <kristie.stewart@k12.wv.us>
Subject: Ad: 646670, PO#976505 Truck Bids

[EXTERNAL SENDER]: Do not click links, open attachments or reply to this email unless you recognize the sender and know the content is safe.

Hi Kristie,

I am able to get this legal in tomorrows paper, so the ad will run 10/6, 7,

8

If this is not okay, please let me know

Thanks, Bev

Beverly Miller

Times West Virginian

304-367-2511



201 Orchard Park Road • PO Box 407 • Hurricane, WV 25529
 Telephone: 304/562-3315; 1-800-222-8511 • Fax 304/562-7668
 E-mail: midwayford@aol.com • Website: www.midwayfordwv.com
 Big Enough to Serve You...Small Enough to Know You

WEST VIRGINIA MOTOR VEHICLE PURCHASE AGREEMENT



Date: 09/27/2022

DEAL#: 0005344
 CREDIT: 020437

Buyer Name and Address (including County and Zip Code) MARTON COUNTY SCHOOLS 514 VIRGINIA AVE FAIRMONT, WV 26554 Email: johnlee4@yahoo.com Phone: 304-367-2161 Cell:	Co-Buyer Name and Address (including County and Zip Code) NA Email: Phone: Cell:	Seller Name and Address MIDWAY FORD, INC. 201 ORCHARD PARK RD. HURRICANE, WV 25526 Salesperson: BRIAN K TAYLOR Deal Number: 0005344
---	---	---

INVOICE

THIS BUYER'S ORDER IS NEW USED CAR TRUCK DEMO PERSONAL, FAMILY OR HOUSEHOLD AGRICULTURAL BUSINESS TO BE DELIVERED ON OR ABOUT 09/27/2022

Year	Make	Model	Type	Trim	Color	Mileage	Stock #
2022	FORD	F350 SRW 4X 8FT SERVICE		XL	OXFORD WHITE	290	T22122

TRADE IN RECORD 1			VIN	1FDRF3B66NE643395
YEAR	MAKE	MODEL	TYPE	
COLOR	TRIM	PLATE NO.	EXPIRE DATE	
OWNER	PHONE	ADDRESS	PHONE WITH	
AMOUNT	GOOD TITLE	VERIFIED BY		
TRADE IN RECORD 2			Seller Installed Options	
YEAR	MAKE	MODEL	TYPE	
COLOR	TRIM	PLATE NO.	EXPIRE DATE	
OWNER	PHONE	ADDRESS	PHONE WITH	
AMOUNT	GOOD TITLE	VERIFIED BY		
COLLISION COVERAGE			Documentary Fee	
NAME OF AGENT	ADDRESS	POLICY NUMBER	COLLISION DEDUCTIBLE	
REGISTRATION TAX	SALES TAX	SALES WITH		
EXPIRE DATE	EXPIRE DATE	VERIFIED BY		
THIS AGREEMENT DOES NOT INCLUDE INSURANCE COVERAGE FOR BODILY INJURY AND/OR PROPERTY DAMAGE CAUSED TO OTHERS.				
NEGATIVE EQUITY				
Buyer is aware the balance owed on Buyer's trade-in(s) exceeds the trade-in allowance(s) offered by Seller. Accordingly, Buyer understands that <u>NA</u> will be paid off on Buyer's behalf to <u>NA</u> and this amount is included when computing the "balance due."				
I certify that I took delivery of this vehicle on <u>09/27/2022</u>				
Buyer's Initials: _____				
TERMS OF PAYMENT OF BALANCE DUE:				
<input type="checkbox"/> RETAIL INSTALLMENT SALE CONTRACT				
<input type="checkbox"/> LIENHOLDER				
NO COOLING OFF PERIOD				
Unless the box indicating the vehicle is sold "AS IS", is checked below, state law does not provide for a "cooling off" or cancellation period for this agreement. After you sign this agreement, you may only cancel it if the seller agrees or for legal cause. You cannot cancel this agreement simply because you change your mind. This notice does not apply to home solicitation sales.				
<input type="checkbox"/> If this box is checked, the following "AS IS" disclaimer applies to the vehicle. See the written list of defects and malfunctions, if any, provided to you by Seller.				
"AS IS"				
THIS VEHICLE IS SOLD "AS IS". THIS MEANS THAT YOU WILL LOSE YOUR IMPLIED WARRANTIES. YOU WILL HAVE TO PAY FOR ANY REPAIRS NEEDED AFTER THE SALE. IF WE HAVE MADE ANY PROMISES TO YOU, THE LAW SAYS WE MUST KEEP OUR PROMISES EVEN IF WE SELL "AS IS". TO PROTECT YOURSELF, ASK US TO PUT ALL PROMISES IN WRITING. YOU MAY HAVE THE RIGHT TO CANCEL THIS SALE BY THE END OF THE DEALER'S THIRD BUSINESS DAY FOLLOWING THE SALE IF THE VEHICLE HAS SIGNIFICANT MECHANICAL ISSUE THAT CAN BE REASONABLY EXPECTED TO HAVE EXISTED AT THE TIME OF THE SALE.				

Base Price of Vehicle	\$ 59495.00	1
Additional Equipment (Options)		2
		3
		4
		5
		6
		7
		8
		9
		10
		11
		12
		13
		14
		15
		16
		17
		18
		19
Total Cash Price (1 thru 19)	59495.00	20
Trade-In Allowance (#1)	\$ NA	21
Trade-In Allowance (#2)	\$ NA	22
Less total trade-in taxes	\$ NA	23
Sub-Total (20 plus or minus 21)	59495.00	24
Documentary Fee	250.00	25
		26
Total Taxable Amount (22 thru 24)	59745.00	27
Plus Balance Owed	\$ NA	28
		29
Sales Tax	17.50	30
Title Fee	40.00	31
Lien Fee	NA	32
Transfer Fee	NA	33
Additional Weight Fee	NR	34
License Fee	51.50	35
Inspection Fee	NA	36
Temporary Plate Fee	7.00	37
Other	0.50	38
		39
		40
Total Taxes and Fees (28 thru 37)	116.50	41
		42
Mechanical Service Contract	NA	43
Other	NA	44
Total (28 plus 38 thru 41)	59861.50	45
Deposit (Cash Downpayment)	NA	46
Rebate	NA	47
Other		48
Balance Due on Delivery (42 minus 43 thru 46)	59861.50	49

41P-UUWZ8Y IN

4/V #02

LABL ADJ COV PRCS B10 RAMP BUMF

LEAKE JB00A0E243395

SUPER

EXTRA



Go Further
ford.com

VEHICLE DESCRIPTION

2022 F350 SRW 4X4 REG CAB
XL 142" WB STYLE SIDE
6.2L EFI V-8 ENGINE
10-SPEED AUTOMATIC

SUPER DUTY

NE E43395

EXTERIOR
OXFORD WHITE
INTERIOR
MEDIUM EARTH GRAY CLOTH

EPA Fuel Eco
DOT

FUEL
REQ

STANDARD EQUIPMENT INCLUDED:

EXTERIOR:
BODY SIDE TRIM, STATE HOODINGS
DOOR MOLDINGS, J-BLACK
HEADLAMPS, OUTSIDE MIRROR
(OVER FRI)
LOCKING REMOVABLE TAIL GATE
PULLER, SIDE TIE DOWEL HOOKS
IN W/BOX LUG
SPARE TIRE AND WHEEL LOCK
MTR W/WORK KIT
TOW HOOKS
TRAILER SWAY CONTROL
WIPERS - INTERMITTENT

INTERIOR:
• AIR COND, MANUAL FRONT
• DRIVER SEAT - MANUAL LUMBAR
• OUTSIDE TEMP DISPLAY
• PREFERRED AIR FILTER
• STEERING - TILT/ELECTROSCOPIC
• WHEEL WITH AUDIO
• VINYL SUN VISORS

FUNCTIONAL:
• 4-WHEEL ANTI LOCK BRAKE SYS
• FORDPASS™ CONNECT (4GM-FI)
• HOT SPOT TELEMATICS MODEM
• WHEEL START ASSIST
• JENEL EFFECT HEADLAMPS
• MANUAL LOCKING HUBS
• MONO BEAM COIL SPRING FRT
SUSPENSION (W/STAB BAR
• MYKEY®
• REAR VIEW CAMERA
NA W/BOX DLT

WARRANTY:
• 3YR/50,000 MILE BUMPER TO BUMPER
• 5YR/60,000 MILE POWERTRAIN
• 5YR/100,000 MILE ENGINE & TRANS
• 5YR/100,000 MILE DIESEL ENGINE

INCLUDED ON THIS VEHICLE:

OPTIONAL EQUIPMENT (ESTIMATED):
HARBOR BRED EQUIPMENT PKG. \$610A
10-SPEED AUTOMATIC
6.2L V8 EFI, A/T, TERRAIN
CONTROL, ELECTRONIC LOCKING AXLE
POWER WINDOW LOCKS
W/KEYLESS ENTRY
PULLER
FRONT WIPERS - MTR BRACKET
TRAILER SWAY CONTROL
RAMP BOARD
PULLER BOARD

DESCRIPTION	PRICE
NO CHARGE	785.00
NO CHARGE	430.00
NO CHARGE	1,199.00
NO CHARGE	625.00
NO CHARGE	322.00
NO CHARGE	700.00
NO CHARGE	60.00
NO CHARGE	250.00
NO CHARGE	295.00
NO CHARGE	309.99
NO CHARGE	180.00
NO CHARGE	165.00
NO CHARGE	415.00
NO CHARGE	189.00
NO CHARGE	135.00
NO CHARGE	45.00
NO CHARGE	395.00

COMMERCIAL VEHICLE PROS

MIDWAY FORD HURRICANE, WV

www.midwayfordwv.com

Main 304-562-3315
Call 740-538-4677
bkt1007@hotmail.com

BRIAN TAYLOR
Salesman

COMMERCIAL VEHICLE PROS

MIDWAY FORD HURRICANE, WV

www.midwayfordwv.com

Main 304-562-3315
Call 681-203-3755
deron@midwayfordwv.com

DERON CHAPMAN
Commercial Manager

fuelecono
Calculates personalized esti



Call Now 304-562-3315

(/commercial-inventory.html)

Check Out Our Selection Of Commercial Inventory!

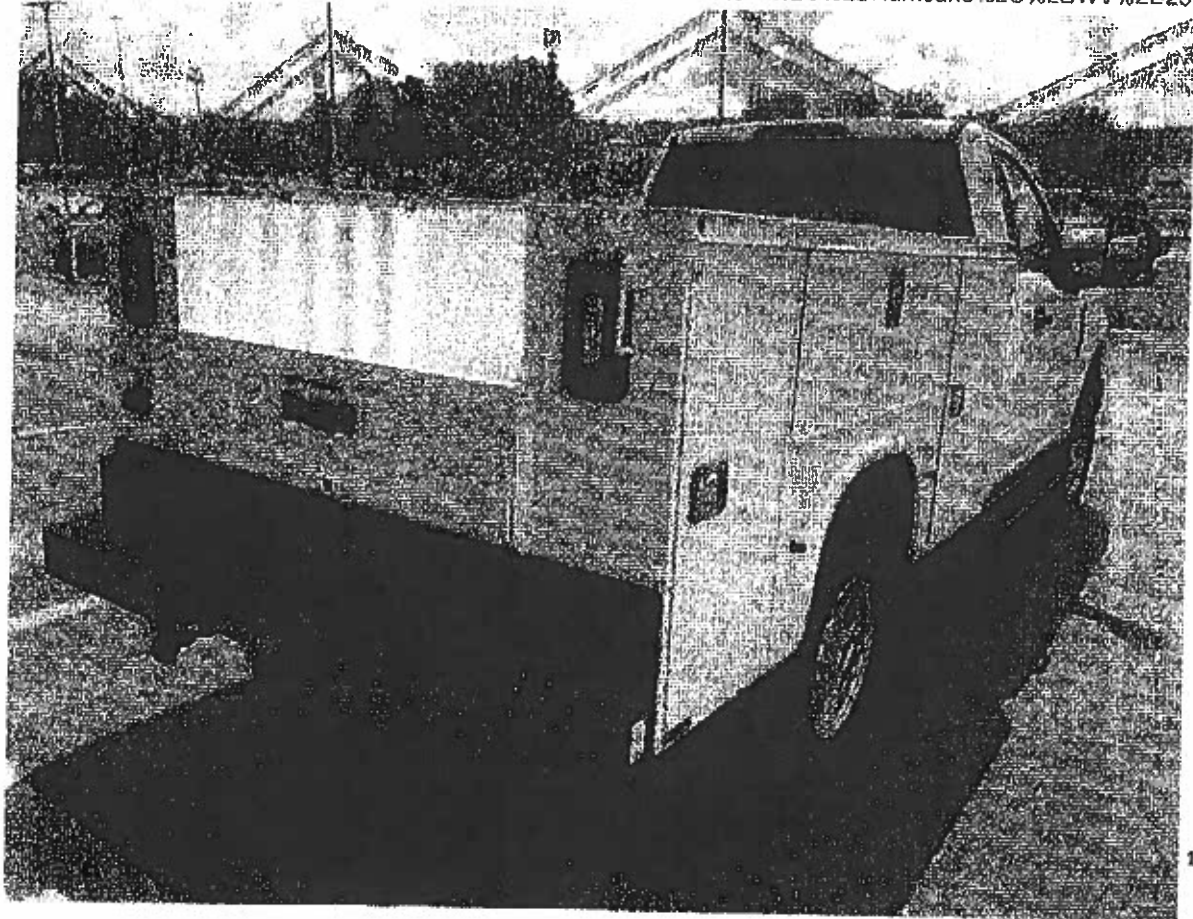
(/commercial-inventory.html)

Directions (//maps.google.com/maps?)

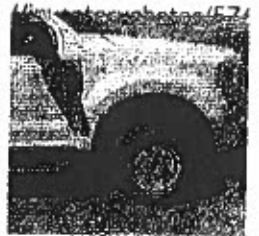
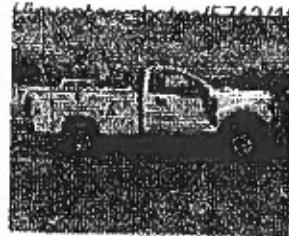
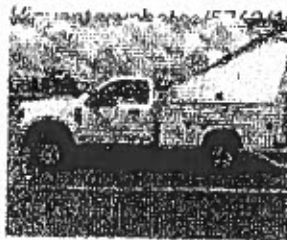


Confirm Availability

saddr=Current%2BLocation&daddr=201%20Orchard%20Park%20Road%20%2C%2BHurricane%2C%2B WV%2E25526)



1 / 28



2022 Ford Super Duty F-350 XL 4x4 Service Truck



Less ▲

NEW 2022 FORD F350 SRW 4X4 REG CAB
 XL 142" WB SERVICE TRUCK
 6.2L EFI V-8 BOSS GASOLINE ENGINE
 10-SPEED AUTOMATIC
 OXFORD WHITE PAINT W/GRAY CLOTH INTERIOR
 BACK-UP CAMERA
 OPTIONAL EQUIPMENT :
 ALL-TERRAIN TIRES
 3.73 LOCKING AXLE
 POWER EQUIPMENT GROUP
 PLATFORM RUNNING BOARDS
 SKID PLATES
 BACK-GLASS DEFROSTER W/PRIVACY GLASS
 SNOW PLOW PREP PACKAGE
 SPARE TIRE & WHEEL SYSTEM W/JACK
 TRAILER BRAKE CONTROLLER
 TELESCOPING TRAILER TOW MIRRORS (POWER, HEATED,
 SIGNAL)
 FRONT WHEEL WELL LINERS
 UPFITTER SWITCHES
 200 AMP ALTERNATOR
 PRE-COLLISION ASSIST W/AEB
 SAFETY DAYTIME RUNNING LIGHTS
 XL VALUE PKG CHROME FRONT BUMPER & CRUISE
 UTILITY BED SERVICE BODY :
 8FT KNAPHEIDE MODEL 696 W/MASTER LOCKING SYSTEM
 SPRAY BEDLINER ON REAR BUMPER
 \$59,861.50 OUT-THE-DOOR

MIDWAY FORD INC
DEALER CODE 47469
201 ORCHARD PARK RD
P O BOX 467
HURRICANE WV 25526
304-562-3315

COMMERCIAL VEHICLE PROS

MIDWAY FORD
HURRICANE, WV


www.midwayfordwv.com

Main 304-562-3315
 Cell 681-203-3755
 deron@midwayfordwv.com

DERON CHAPMAN
 Commercial Manager

COMMERCIAL VEHICLE PROS

MIDWAY FORD
HURRICANE, WV


www.midwayfordwv.com

Main 304-562-3315
 Cell 740-538-4677
 bkt1007@hotmail.com

BRIAN TAYLOR
 Salesman



Go Further

ford.com

VEHICLE DESCRIPTION

SUPER DUTY

2022 F350 SRW 4X4 REG CAB
XL 142" WB STYLESIDE
6.2L EFI V-8 ENGINE
10-SPEED AUTOMATIC

EXTERIOR
OXFORD WHITE
INTERIOR
MEDIUM EARTH GRAY CLOTH

NE E43395

EPA Fuel Economy at
DOT

FUEL ECONOMY REQUIRE

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

- EXTERIOR**
- BOX RAIL/TAIL GATE MOLDINGS
 - DOOR HANDLES - BLACK
 - HEADLAMPS - AUTOLAMP (ON/OFF)
 - LOCKING REMOVABLE TAILGATE
 - PICKUP BOX, TIE DOWN HOOKS -NA W/BOX DLT
 - SPARE TIRE AND WHEEL LOCK -NA W/BOX DLT
 - TOW HOOKS
 - TRAILER SWAY CONTROL
 - WIPERS- INTERMITTENT

- INTERIOR**
- AIR COND, MANUAL FRONT
 - DRIVER SEAT-MANUAL LUMBAR
 - OUTSIDE TEMP DISPLAY
 - PARTICULATE AIR FILTER
 - STEERING - TILT/TELESCOPIC WHEEL WITH AUDIO
 - VINYL SUN VISORS

- FUNCTIONAL**
- 4-WHEEL ANTILOCK BRAKE SYS
 - FORDPASS™ CONNECT 4GWI-FI HOTSPOT TELEMATICS MODEM
 - HILL START ASSIST
 - JEWEL EFFECT HEADLAMPS
 - MANUAL LOCKING HUBS
 - MONO BEAM COIL SPRING FRT SUSPENSION W/STAB BAR
 - MYKEY®
 - REAR VIEW CAMERA
 - NA W/BOX DLT

- SAFETY/SECURITY**
- ADVANCETRAC® WITH RSC®
 - AIRBAGS - SAFETY CANOPY®
 - BELT-MINDER CHIME
 - DRIVER/PASSENGER AIR BAGS
 - SECURILOCK® ANTI-THEFT SYS
 - SOS POST-CRASH ALERT SYS™
- WARRANTY**
- 3YR/36,000 BUMPER / BUMPER
 - 5YR/60,000 POWERTRAIN
 - 5YR/60,000 ROADSIDE ASSIST
 - 5YR/100,000 DIESEL ENGINE

INCLUDED ON THIS VEHICLE

(MSRP)

OPTIONAL EQUIPMENT/OTHER

- PREFERRED EQUIPMENT PKG.610A
10-SPEED AUTOMATC
LT245/75R17E BSW ALL-TERRAIN
3.73 ELECTRONIC-LOCKING AXLE
POWER EQUIPMENT GROUP
PICKUP BOX DELETE
FRONT LICENSE PLATE BRACKET
XL DECOR PACKAGE
PLATFORM RUNNING BOARDS
10400# GVMR PACKAGE
SKID PLATES
50 STATE EMISSIONS
BACKGLASS DEFROST
SNOW PLOW PREP PACKAGE
SPARE TIRE AND WHEEL
TRAILER BRAKE CONTROLLER
TELESCOPING TT MIRR-POWER/HTD SIG JACK
WHEEL WELL LINERS - FRONT
UPFITTER SWITCHES
200AMP(6.2L)/240CMP(6.7L) ALTR
REAR VIEW CAMERA & PREP KIT
CLOTH 40/20/40 SEAT
PRIVACY GLASS
PRE COLLISION ASSIST W/AEB
DAYTIME RUNNING LIGHTS
XL VALUE PACKAGE
.CRUISE CONTROL

NO CHARGE
165.00
430.00
1,100.00
625.00
NO CHARGE
320.00
100.00
NO CHARGE
60.00
250.00
295.00
300.00

PRICE INFORMATION
BASE PRICE \$42,210.00
TOTAL OPTIONS/OTHER 3,810.00
TOTAL VEHICLE & OPTIONS/OTHER DESTINATION & DELIVERY 46,020.00 1,795.00

(MSRP)

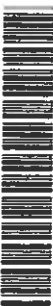
RAMP ONE

CA1K

TOTAL MSRP \$47,815.00

Whether you decide to lease or finance your

fuel economy.gov
Calculate personalized estimates and compare



1EDRF3B66NEE

64,595

- Aluminum Panels
- Autolamp Auto On/Off Aero-Composite Halogen Daytime Running Lights Preference Setting Headlamps w/Delay-Off
- Black Door Handles
- Black Front Bumper w/Black Rub Strip/Fascia Accent and 2 Tow Hooks
- Black Grille
- Black Manual Side Mirrors w/Manual Folding
- Black Rear Step Bumper
- Black Side Windows Trim and Black Front Windshield Trim
- Cargo Lamp w/High Mount Stop Light
- Clearcoat Paint

[Read More...](#)

Warranty

- 3Yr/36,000 Bumper / Bumper
- 5Yr/100,000 Diesel Engine
- 5Yr/60,000 Powertrain
- 5Yr/60,000 Roadside Assist

[Read More...](#)

VEHICLE RECORDS™

CLICK FILE TO VIEW 

What is iPac...

What is an A...

Window Stic...

Warranty

Vehicle Broc...



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

STEPHEN LARRY
TRANSPORTATION SUPERVISOR
Phone: (304) 367-2103
Fax: (304) 367-2191

TRANSPORTATION
614 VIRGINIA AVE.
FAIRMONT, WV 26554

September 30, 2022

Marion County Board of Education Transportation Department is accepting bids on a 2022 regular cab gasoline 4x4 truck. Truck needs to be equipped with an 8ft. service body bed and a snow plow prep package.

Fax bids can be sent to: 304-367-2191 Attn: Stephen Larry

Mail bids can be sent to: 614 Virginia Ave., Fairmont, WV 26554 Attn: Stephen Larry

Please fax/mail all bids in to our office no later than 4pm October 3, 2022.

Respectfully,

Stephen Larry/Transportation Supervisor

KMS

TRANSMISSION VERIFICATION REPORT

TIME : 01/23/2014 22:05
NAME :
FAX :
TEL :
SER. # : U63274C1J878850

DATE, TIME	01/23 22:05
FAX NO./NAME	913043669020
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

FAX

Transportation Department:
Marion County Schools:
614 Virginia Avenue:
Fairmont, WV 26554

TO: T & S Ford	FROM: Stephen Larry
FAX # (304) 366-9020	FAX #: (304) 367-2191
DATE: 9/30/22	# OF PAGES: 2

Message:

Not interested

c. Norm



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

STEPHEN LARRY
TRANSPORTATION SUPERVISOR
Phone: (304) 367-2103
Fax: (304) 367-2191

TRANSPORTATION
614 VIRGINIA AVE.
FAIRMONT, WV 26554

September 30, 2022

Marion County Board of Education Transportation Department is accepting bids on a 2022 regular cab gasoline 4x4 truck. Truck needs to be equipped with an 8ft. service body bed and a snow plow prep package.

Fax bids can be sent to: 304-367-2191 Attn: Stephen Larry

Mail bids can be sent to: 614 Virginia Ave., Fairmont, WV 26554 Attn: Stephen Larry

Please fax/mail all bids in to our office no later than 4pm October 3, 2022.

Respectfully,

Stephen Larry/Transportation Supervisor

KMS

TRANSMISSION VERIFICATION REPORT

TIME : 01/24/2014 01:00
NAME :
FAX :
TEL :
SER. # : U63274C1J878850

DATE, TIME	01/24 01:00
FAX NO./NAME	913044731409
DURATION	00:00:26
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

FAX

Transportation Department:
Marion County Schools:
614 Virginia Avenue:
Fairmont, WV 26554

TO: <u>Jenkins Ford</u> Attn: <u>Rick Floyd</u>	FROM: Stephen Larry
FAX #: (304) 473-1409	FAX #: (304) 367-2191
DATE: 9/30/22	# OF PAGES: 2

Message:

No response, can't order

C. Norem



MARION COUNTY BOARD OF EDUCATION

1516 MARY LOU RETTON DRIVE
FAIRMONT, WV 26554

STEPHEN LARRY
TRANSPORTATION SUPERVISOR
Phone: (304) 367-2103
Fax: (304) 367-2191

TRANSPORTATION
614 VIRGINIA AVE.
FAIRMONT, WV 26554

September 30, 2022

Marion County Board of Education Transportation Department is accepting bids on a 2022 regular cab gasoline 4x4 truck. Truck needs to be equipped with an 8ft. service body bed and a snow plow prep package.

Fax bids can be sent to: 304-367-2191 Attn: Stephen Larry

Mail bids can be sent to: 614 Virginia Ave., Fairmont, WV 26554 Attn: Stephen Larry

Please fax/mail all bids in to our office no later than 4pm October 3, 2022.

Respectfully,

Stephen Larry/Transportation Supervisor

KMS

TRANSMISSION VERIFICATION REPORT

TIME : 01/23/2014 21:56
NAME :
FAX :
TEL :
SER.# : U63274C1J878850

DATE, TIME	01/23 21:56
FAX NO./NAME	913049861652
DURATION	00:00:17
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

FAX

Transportation Department:
Marion County Schools:
614 Virginia Avenue:
Fairmont, WV 26554

TO: *Corwin Ford* FROM: *Stephen Larry*
 FAX # *(304) 986-1652* FAX #: *(304) 367-2191*
 DATE: *9/30/22* # OF PAGES: *2*

Message:

Can't order until October, no truck until late May.

e. Noen



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

STEPHEN LARRY
TRANSPORTATION SUPERVISOR
Phone: (304) 367-2103
Fax: (304) 367-2191

TRANSPORTATION
614 VIRGINIA AVE.
FAIRMONT, WV 26554

September 30, 2022

Marion County Board of Education Transportation Department is accepting bids on a 2022 regular cab gasoline 4x4 truck. Truck needs to be equipped with an 8ft. service body bed and a snow plow prep package.

Fax bids can be sent to: 304-367-2191 Attn: Stephen Larry

Mail bids can be sent to: 614 Virginia Ave., Fairmont, WV 26554 Attn: Stephen Larry

Please fax/mail all bids in to our office no later than 4pm October 3, 2022.

Respectfully,

Stephen Larry/Transportation Supervisor

KMS

TRANSMISSION VERIFICATION REPORT

TIME : 01/23/2014 21:58
NAME :
FAX :
TEL :
SER. # : U63274C1J878850

DATE, TIME	01/23 21:57
FAX NO./NAME	913043663477
DURATION	00:00:19
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

FAX

Transportation Department:
Marion County Schools:
614 Virginia Avenue:
Fairmont, WV 26554

TO: *Anthony Chev.* FROM: *Stephen Lamy*
FAX # *(304) 366-3477* FAX #: *(304) 367-2191*
DATE: *9/30/22* # OF PAGES: *2*

Message:

6 month something.

15-2178

SUPREME COURT OF APPEALS
STATE OF WEST VIRGINIA
ADMINISTRATIVE OFFICE

BUILDING 1, ROOM E-100
1900 KANAWHA BOULEVARD, E.
CHARLESTON, WV 25305-0145



PHONE: 304-558-0145
FAX: 304-558-1212
WWW.COURTSWV.GOV

INVOICE

TO: Marion County Board of Education
1516 Mary Lou Retton Drive
Fairmont, WV 26554

FROM: Lisa Spencer, CPA
Accounting Manager
WV Supreme Court of Appeals

DATE: October 6, 2022

RE: Marion County School Based Probation Officer – July, August and
September 2022 Expenses

Per the Memorandum of Understanding between the Administrative Office of the Supreme Court of Appeals of West Virginia, the Fifth Judicial Circuit and the Marion County Board of Education, we are invoicing you for the salary, benefits, and travel expenses associated with the school-based probation officer, Jennifer Dingeldein.

Please remit a check in the amount of \$15,696.34 payable to "WV Supreme Court of Appeals" to my attention at the address listed above.

Enclosed are the supporting documents to substantiate the amount.

Please contact me at lisa.spencer@courtswv.gov or 681-280-3641 should you have any questions.

Thank you.

Report ID: WV-HRP-PYRL-127

Check Date	PAM Employee Full Name	Fund	Unit	Appr	Obj	S-Obj	Pay Amount
07/01/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,766.54
07/15/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,776.34
07/29/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,864.62
08/12/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,864.62
08/26/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,864.62
09/09/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,864.62
09/23/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1200	0000	1,864.62
Subtotal 1200							12,865.98

Report ID: WV-HRP-PYRL-127

Check Date	PAM Employee Full Name	Fund	Unit	Appr	Obj	S-Obj	Pay Amount
07/22/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	1206	0000	420.00
Subtotal 1206							420.00

Report ID: WV-HRP-PYRL-127

Check Date	PAM Employee Full Name	Fund	Unit	Appr	Obj	S-Obj	Pay Amount
07/01/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	108.95
07/15/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	109.56
07/22/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	26.04
07/29/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	115.61
08/12/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	115.03
08/26/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	115.03
09/09/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	115.04
09/23/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2330	115.03
Subtotal 2202							820.29

Report ID: WV-HRP-PYRL-127

Check Date	PAM Employee Full Name	Fund	Unit	Appr	Obj	S-Obj	Pay Amount
07/01/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	25.48
07/15/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	25.62
07/22/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	6.09
07/29/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	27.04
08/12/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	26.90
08/26/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	26.91
09/09/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	26.90
09/23/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2202	2331	26.90
Subtotal 2202							191.84

Report ID: WV-HRP-PYRL-127

Check Date	PAM Employee Full Name	Fund	Unit	Appr	Obj	S-Obj	Pay Amount
07/01/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2203	0000	0.88
07/15/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2203	0000	0.88
08/12/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2203	0000	0.88
08/26/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2203	0000	0.88
09/09/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2203	0000	0.88
09/23/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2203	0000	0.88
Subtotal 2203							5.28

Check Date	PAM Employee Full Name	Fund	Unit	Appr	Obj	S-Obj	Pay Amount
07/01/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	176.65
07/15/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	159.87
07/22/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	37.80
07/29/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	167.82
08/12/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	167.82
08/26/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	167.82
09/09/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	167.82
09/23/2022	DINGELDEIN, JENNIFER C	0180	5880	00100	2207	0000	167.82
Subtotal 2207							1,213.42
TOTAL							15,516.81

...continued

Phone, 681.443.6721
 JENN DINGELDEIN MARION PROB XR

Monthly charges

	<i>Jun 06 - Jul 06</i>	
1. FirstNet Mobile Unl Std iPhone on 4G LTE VVM	<i>Jun 06 - Jul 05</i>	\$39.99
2. Block Roaming Except 3PTs for FirstNet	<i>Jun 06 - Jul 05</i>	\$0.00
3. FirstPriority Ext Prim User Level 4 Priority	<i>Jun 06 - Jul 05</i>	\$7.50
4. Credit for FirstPriority Ext Prim User Level 4 Priority	<i>Jun 06 - Jul 05</i>	-\$7.50
5. MI Silver Cloud 1 Device Sub AT&T Support	<i>Jun 06 - Jul 05</i>	\$4.00

Company fees & surcharges

6. Federal Universal Service Charge	\$0.43
7. Regulatory Cost Recovery Charge	\$1.25

Government fees & taxes

8. Homeland Sec Safety Fee	\$0.19
9. WV St Pol Pub Safety Fee	\$0.10
10. WV Wireless E-9-1-1	\$3.51
11. Wireless Tower Fee	\$0.08

Total for 681.443.6721 **\$49.55**

Usage summary

Text	<i>Used</i>
Unlimited Domestic Messaging (unlimited)	1

Data	<i>Used</i>
FirstNet Mbl Unl Std iPhone 4G LTE VVM (unlimited MB)	4 887
<i>1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB</i>	



Page: 679 of 1011
 Issue Date: Aug 05, 2022
 Account Number: 287288223840
 Foundation Account: 57763167
 Invoice: 287288223840X08132022

...continued

Phone, 681.443.6721
 JENN DINGELDEIN MARION PROB XR

Monthly charges

Jul 06 - Aug 05

1. FirstNet Mobile Uni Std iPhone on 4G LTE VVM	\$39.99
2. Block Roaming Except 3PTs for FirstNet	\$0.00
3. FirstPriority Ext Prim User Level 4 Priority	\$7.50
4. Credit for FirstPriority Ext Prim User Level 4 Priority	-\$7.50
5. MI Silver Cloud 1 Device Sub AT&T Support	\$4.00

Company fees & surcharges

6. Federal Universal Service Charge	\$0.43
7. Regulatory Cost Recovery Charge	\$1.25

Government fees & taxes

8. Homeland Sec Safety Fee	\$0.19
9. WV St Pol Pub Safety Fee	\$0.10
10. WV Wireless E-9-1-1	\$3.51
11. Wireless Tower Fee	\$0.08

Total for 681.443.6721 \$49.55

Usage summary

Talk *Used*
 FirstNet Mobile Uni Std iPhone on 4G LTE VVM (unlimited) 13

Text *Used*
 Unlimited Domestic Messaging (unlimited) 23

Data *Used*
 FirstNet Mbl Uni Std iPhone 4G LTE VVM (unlimited MB) 9,255
 1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

GRANT FUNDED

continues...

...continued

Phone, 681.443.6721
 JENN DINGELDEIN MARION PROB XR

Monthly charges

Aug 06 - Sep 05

1. FirstNet Mobile Uni Std iPhone on 4G LTE VVM	\$39.99
2. Block Roaming Except 3PTs for FirstNet	\$0.00
3. FirstPriority Ext Prim User Level 4 Priority	\$7.50
4. Credit for FirstPriority Ext Prim User Level 4 Priority	-\$7.50
5. MI Silver Cloud 1 Device Sub AT&T Support	\$4.00

Company fees & surcharges

6. Federal Universal Service Charge	\$0.43
7. Regulatory Cost Recovery Charge	\$1.25

Government fees & taxes

8. Homeland Sec Safety Fee	\$0.19
9. WV St Pol Pub Safety Fee	\$0.10
10. WV Wireless E-9-1-1	\$3.51
11. Wireless Tower Fee	\$0.08

Total for 681.443.6721 \$49.55

Usage summary

Talk	<i>Used</i>
Daytime minutes (unlimited)	10
Night & Weekend minutes	46
Text	<i>Used</i>
Unlimited Domestic Messaging (unlimited)	32
Data	<i>Used</i>
FirstNet Mbl Uni Std iPhone 4G LTE VVM (unlimited MB)	5,853
<i>1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB</i>	

GRANT FUNDED

Memorandum of Understanding

Memorandum of Understanding

Between

UPSHUR COUNTY BOARD OF EDUCATION

and

BARBOUR COUNTY BOARD OF EDUCATION
 DODDRIDGE COUNTY BOARD OF EDUCATION
 HARRISON COUNTY BOARD OF EDUCATION
 LEWIS COUNTY BOARD OF EDUCATION
 MARION COUNTY BOARD OF EDUCATION
 MONONGALIA COUNTY BOARD OF EDUCATION
 PRESTON COUNTY BOARD OF EDUCATION
 RANDOLPH COUNTY BOARD OF EDUCATION
 TAYLOR COUNTY BOARD OF EDUCATION

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the Upshur County Board of Education and the Barbour, Doddridge, Harrison, Lewis, Marion, Monongalia, Preston, Randolph and Taylor County Boards of Education to employ an Orientation and Mobility (O&M) Specialist and provide Orientation and Mobility Services to qualifying students **beginning on 01 July 2022 and ending on 30 June 2023.**

Background

This partnership will provide a continuing and efficient means of ensuring qualifying visually impaired students receive orientation and mobility services as mandated in WVBE Policy 2419.

Purpose

This MOU will allow the above mentioned Boards of Education to provide Orientation and Mobility Services in an economically and organized manner to ensure qualifying students' Orientation and Mobility needs are being addressed to enable them to function successfully in schools and communities.

Guidelines

This will be accomplished by undertaking the following activities:

1. The Upshur County Board of Education will employ an Orientation and Mobility Specialist based on the following:
 - a. Certification/Licensure as mandated by West Virginia Board of Education Policy 5202.
 - b. West Virginia Department of Education Professional Salary Schedule.
 - c. The Orientation and Mobility Specialist will receive a supplement of \$18,600.
 - d. An employment term of 200 days.
 - e. Insurance benefits provided to Upshur County Schools' employees.
 - f. Milcage will be reimbursed by each individual Board of Education in accordance to services rendered by the Orientation and Mobility Specialist based upon the federal rate.
2. Operate under the Upshur County Schools' Calendar.
3. Orientation and Mobility Services will be provided to each participating Board of Education based on student needs.
4. Participating Boards of Education will receive services as determined by the current caseload, 2022 April, and the number of days anticipated to address the Orientation and Mobility needs of each

Board of Education, effective for the 2022 – 2023 school year. This will be adjusted yearly based on students’ needs no later than 01 April of each year.

5. Participating Boards of Education shall be responsible for the salary, supplement, and insurance benefits proportional to the number of days scheduled based on a 200-day contract.
6. Boards of Education shall have the right to maintain the number of days contracted and have the right to transfer days to other participating Boards of Education with the understanding that costs related to any exchange will be adjusted accordingly.
7. If participating Boards of Education agree to the transfer of days within their allotment and conflicts/disagreements arise with another Board of Education, the county of origin shall be responsible for that portion of their funding. Upshur County Schools will not arbitrate disagreements between Boards of Education.
8. Boards of Education will receive Orientation and Mobility services as reflected in the following chart:

County	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
Barbour	1.25	1.25	1.25	1.25	5
Doddridge	0	0	0	0	None Scheduled
Harrison	14.25	14.25	14.25	14.25	57
Lewis	3.75	3.75	3.75	3.75	15
Marion	2.5	2.5	2.5	2.5	10
Monongalia	15	15	15	15	60
Preston	3.75	3.75	3.75	3.75	15
Randolph	.75	.75	.75	.75	3
Taylor	0	0	0	0	None Scheduled
Upshur	3.75	3.75	3.75	3.75	15

9. Participating Boards of Education shall reimburse Upshur County Schools quarterly (as per the 200-day school calendar) for their portion of Orientation and Mobility services as outlined in this MOU. Reimbursements shall be provided within 30 days of receiving an invoice.
10. Workers Compensation coverage will be provided by Upshur County Board of Education as the employing county.
11. Evaluations: Evaluations, as per West Virginia Board of Education Policy 5310, will be completed by the Director of Special Education of Upshur County Schools with input from the participating Boards of Education.

Duration

This MOU shall become effective upon signature by the authorized officials from the Barbour, Doddridge, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, and Upshur County Boards of Education and will remain in effect for the entire term of the MOU. This MOU may be modified by mutual consent of all authorized officials from Barbour, Doddridge, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, and Upshur County Boards of Education. This MOU shall become effective upon signature by the authorized officials from the Barbour, Doddridge, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, and Upshur County Boards of Education and will remain in effect for the entire term of the MOU. This MOU will be reviewed no later than 01 February of each year and renewed on an annual basis no later than 01 April of each year.

This agreement entered into this **15th day of June, 2022**, by and between the Upshur County Board of Education and the following Boards of Education shall become effective on **the 1st day of July, 2022** and end on the **30th day of June, 2023**.

Debra Harrison, Interim Superintendent of Upshur County Schools

Debra Harrison 9/22/2022
Signature Date

Witness the following signatures by their authorized representatives:

<p>Barbour County Schools Jeff Woofler, Superintendent</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>Doddridge County Schools Adam Cheeseman, Superintendent</p> <p><u>Adam Cheeseman</u> Signature</p> <p>9-23-22 Date</p>
<p>Harrison County Schools Doris Stutler, Superintendent</p> <p><u>Doris Stutler</u> Signature</p> <p>9-23-2022 Date</p>	<p>Lewis County Schools Robin Lewis, Superintendent</p> <p><u>Robin Lewis</u> Signature</p> <p>9-23-22 Date</p>
<p>Marion County Schools Donna Hage, Superintendent</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>Monongalia County Schools Eddie Campbell, Superintendent</p> <p><u>Eddie Campbell</u> Signature</p> <p>9-22-2022 Date</p>
<p>Preston County Schools Stephen Wotring, Superintendent</p> <p>_____ Signature</p> <p>_____ Date</p>	<p>Randolph County Schools Debbie Schmidlen, Superintendent</p> <p>_____ Signature</p> <p>_____ Date</p>
<p>Taylor County Schools Christine Miller, Superintendent</p> <p>_____ Signature</p> <p>_____ Date</p>	

Work-Based Learning
Instructional Plan

with

Student, Instructor, Work-Based Learning Coordinator, and
Employer Agreements

Advanced Career Education (ACE) Programs

Marion County Technical Center
2 N Marion Drive
Farmington, WV 26571
304.986.3590

Program of Study: _____

On-Site Representative: _____

Name of Company: _____

Work Based Learning Process

1. Student Completes and Returns the Application for Work Based Learning
2. Application for Work Based Learning consists of the following:

*Student Application
Resume or "Resume Worksheet"
Occupational Objective*

- Aerospace Engineering
- Ag Science
- Automotive Technology
- Broadcast Technology
- Carpentry
- Collision Repair
- Electrical Technology
- Health Occupations
- Law and Public Safety
- Marketing
- ProStart Culinary
- STEM
- Welding Technology

- Teacher completes evaluations and makes recommendation
- Job training agreement is completed and signed
- Coordinator confirms agreement with job site supervisor
- Student signs responsibilities contract
- Student agrees to conditions of class attendance and submission of weekly report sheets as outlined in "Student Responsibilities Contract."

Upon completion of the above procedures and approval by the Work Based Learning Coordinator, the student may begin the Work Based Learning Experience.

The Work Based Learning Coordinator will be making periodic visits to job site supervisor and requesting evaluations.

Work-Based Activity Plan

Objectives

The objectives of the work-based activity plan are to provide both the employer and the student a quality and positive work/study relationship. The student is to demonstrate the competencies gained from the institution. In return, the employer evaluates the student on items such as appearance, manner, initiative, accuracy, cooperation, responsibility, enthusiasm, and progress.

Experiences

Through this experience, students learn work habits essential for an occupation related to their field of study.

Expectations of all Parties Involved:

1. Student Expectations
 - a. Complete and return the work-based learning application.
 - b. Sign the responsibilities contract.
 - c. Agree to conditions of class attendance and submit weekly report sheets as outlined in "Student Responsibilities Contract."
2. Instructor Expectations
 - a. Provide the employer with a student who meets and/or exceeds the minimum criteria of an entry-level employee.
 - b. Provide open communication with the employer.
 - c. Completes evaluations and makes recommendations.
3. Work-Based Learning Coordinator Expectations
 - a. Maintain work-based student records.
 - b. Distribute data to instructors for the continuous improvement of the work-based learning process.
 - c. Confirm agreement with job site supervisor.
 - d. Make periodic visits to job site supervisor and collect evaluations.
 - e. Ensure all paperwork has been signed by all parties involved.
4. Employer Expectations
 - a. Guide and oversee the student's learning experience.
 - b. Complete the student evaluation.
 - c. Ensure the protection of the students.
5. The training agreement is completed and signed by the student, the instructor, the job-site employer, and the in-house coordinator.

Student Signature

Date

Instructor Signature

Date

Work Based Learning Coordinator Signature

Date

Employer Signature

Date

*Requirements
For Student Participation in
Work Based Learning*

1. All students must meet the requirements set forth by their individual teacher to be eligible to participate in Work Based Learning. Such requirements include good academic, attendance, and discipline records at Marion County Technical Center.
2. The learning experience must be consistent with the course of study being taken at the center. It must be within the student's program of study.
3. Teachers must have eligibility requirements based on the Content Standards of the career/technical subject they are teaching.
4. A completed training agreement must be signed by all involved parties, (student, instructor, and training sponsor) before a student begins the work experience.
5. The student must turn in a weekly student report form and include the signature of the job training supervisor.
6. The student will provide their own transportation.
7. If it is necessary for a student to be absent from the job, the job training supervisor must be contacted in advance of the date.
8. Student shall dress and maintain their personal appearance consistent with what is expected for their occupational area involved.
9. Safety rules and practices must be observed at all times.
10. Should a student have a problem on the job site, they should not leave or walk off the job, but should work the remainder of that day and then contact the Work Based Learning Coordinator or the student's instructor for guidance in solving the problem.
11. If a student does not conform to the policy and procedures, it will be necessary to withdraw the student from the Work Based Learning experience.

Work Based Learning Student Expectations/Obligations

I, the undersigned, understand that as a Work Based Learning student at the Marion County Technical Center I have certain obligations to the school, work based learning coordinator, and the business or industry involved.

To The School:

I understand that I will receive credit for only the vocational course that I am enrolled in and will not receive dual credit for my work based learning activities. I also understand that all financial obligations (tuition, tools, etc.) must be met in order to remain a student in good standing. I will also obey all rules and regulations set forth by the school, county and WV regulations and codes. I will read and adhere to all levels of conduct and disciplinary codes as described in the student handbook.

To The Instructor:

I understand that unless stated otherwise on the Training Agreement, I am to attend class a minimum of one day per week. I also understand that all class work, tests, or projects that are required by the instructor must be kept up to date. I understand that I must maintain a minimum of a C average in my technical class.

To The Work Based Learning Coordinator:

A training agreement and weekly reports are essential in the maintenance of a quality work study program, therefore, it is my responsibility to see to that these reports are completed in full and submitted in a timely manner.

To The Employer:

I understand that as a Work Based Learning student I receive no special consideration from the employer and expect no such treatment.

The foregoing responsibilities are mine as a Work Based Learning student of Marion County Technical Center and I fully understand that failure to meet any of these responsibilities may result in the termination of my program.

Student Signature

Date

Marion County Technical Center
Work Based Learning Program
ACE Student Application

Name _____ Phone Number _____
Address: _____
Alternate Phone: _____
Program of Training: _____
Days Absent From School This Year _____ Tardy _____
Describe any physical condition that may impact your employment: _____

Do you have a business/employer that will provide a work site? _____ Yes _____ No

Name of Business: _____
Contact Person/Title: _____
Address: _____
City: _____ State: _____ ZIP: _____

Is this employment in the same field as your technical training? _____ Yes _____ No

Indicate Type of Work Based Learning Experience in which you are making application:
_____ Coop _____ Internship _____ Job Shadowing _____ Apprenticeship

Previous Work Experience

Most Recent Employer: _____ from: _____ to: _____
Next Recent Employer: _____ from: _____ to: _____

Your Signature: _____

Instructor's Comments:

Signature of Work Based Learning Coordinator: _____

Resume Worksheet (use the back of this sheet if needed)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

I. **Employment Objective: (Be specific and use job title if possible)**
(Example: Seeking a position as a machinist or seeking entry level position where I can utilize skills learned in machine trades training.)

II. **Education: Schools you have attended and dates. Include any special training such as Business/Office or Technical training.**

School #1: _____
(Name of School) (Diploma/Degree) (Date)

(Address)

(City, State, Zip)

School #2: _____
(Name of School) (Diploma/Degree) (Date)

(Address)

(City, State, Zip)

III. **Work Experience: (List most recent first)**

Employment Date	Company Name and Address	Job Title	Duties
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

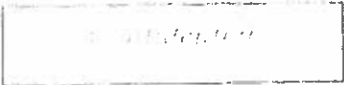
IV. **Skills/Abilities:** _____

V. **Extracurricular Activities:** _____

VI. **Hobbies/Interests:** _____

VII. **References:**

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Student Reference Form for Work Based Learning Program

To: _____
(Instructor's Name/Program)

Student: _____

The student named above has applied for the Work Based Learning Program through the Marion County Technical Center. This is a program where the student will be placed in the community to receive advanced training in an occupation related to his or her major unit of study.

The students in this program must be reliable and dependable. Would you please fill out the form below and state any additional remarks you might have about the student. All responses are kept confidential.

Qualities	A Superior	B Excellent	C Good	D Fair	F Poor	Explanation of Rating
Appearance						Consider neatness, cleanliness, and appearance of dress.
Manner						Consider courteous treatment of others.
Initiative						Consider ability to work without directions.
Accuracy						Consider correctness in performing all jobs.
Cooperation						Consider willingness to work with others.
Responsibility						Consider dependability and reliability.
Enthusiasm						Consider attitude toward school.
Progress						Consider any improvement shown.
General Evaluation						Consider the overall ability of the student to represent the school system in our community.

General Remarks concerning this student: _____

Instructor's Signature: _____

Date: _____

Work Based Learning Weekly Time Sheet

Student: _____ Week of _____

Employer: _____ Supervisor: _____

Do not enter start & stop times.

Day	Date	Class Hours. (do not add class hours to work hours)	Work on School Time (from 10:30 a.m. - 2 p.m. on school days)	Work After School (before 7:30 a.m. & after 3 p.m.)	Total Work Hours (class, school)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Totals for Week					
Previous Totals					
Cumulative Totals					

Number of days absent this week: School _____ Work _____

I certify that the above information is true and correct.

Student Signature _____ Date _____

Employer's Signature _____ Date _____

Explain briefly the work that you are doing this week: _____

Describe briefly the most interesting incident or experience that you had this week at work: _____

Rate your work this week (how well you feel about your performance on the job)

Excellent Good Fair Poor Unsatisfactory

Note: Feel free to bring to my attention any concerns you may have.

Marion County Technical Center Work-Based Learning Program Employer Evaluation of Student Competencies

Employee's Name: _____

Employee's Career/Technical Program: _____

Employee's Position/Job: _____

Employee's Salary: _____ per _____

Start Date: _____ or _____

Average hours scheduled to work per week: _____

Person Completing Survey/Title: _____ Date: _____

Contact listed: _____

Company/Organization: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____

Directions: Please circle your level of satisfaction with the employee on the following characteristics that are applicable:

		Excellent	Good	Fair	Poor	N/A
1	Practices good safety habits	4	3	2	1	NA
2	Use of equipment, tools and materials	4	3	2	1	NA
3	Quality of work	4	3	2	1	NA
4	Quantity of work	4	3	2	1	NA
5	Technical knowledge	4	3	2	1	NA
6	Works well with others	4	3	2	1	NA
7	Attitude toward work	4	3	2	1	NA
8	Willingness to learn	4	3	2	1	NA
9	Work attendance	4	3	2	1	NA
10	Accepts responsibility	4	3	2	1	NA
11	Follows direction	4	3	2	1	NA
12	Oral communication	4	3	2	1	NA
13	Written communication	4	3	2	1	NA
14	Mathematical skills	4	3	2	1	NA
15	Reading skills	4	3	2	1	NA
16	Decision making	4	3	2	1	NA
17	Problem solving	4	3	2	1	NA
18	Appropriate grooming for job	4	3	2	1	NA
19	Potential for advancement	4	3	2	1	NA
20	Customer relations	4	3	2	1	NA

Office Use Only:

OVERALL RATING: (Total points divided by the number of characteristics rated) = _____

**Marion County Technical Center
Work Based Learning Program
Training Agreement**

Program Name: _____ Instructor's Name: _____
Student's Name: _____ Birth Date: _____
Student's Address: _____ Phone: _____
Training Site: _____ Contact Person: _____
Site Address: _____ Phone: _____

Criteria for approval:

- (1) The training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a technical school;
- (2) The training is for the benefit of the trainees or students;
- (3) The trainees or students do not displace regular employees, but work under their close observation;
- (4) The employer that provides the training derives no immediate advantage from the activities of the trainees or students, and on occasion his operations may actually be impeded;
- (5) The trainees or students are not necessarily entitled to a job at the conclusion of the training period.

Student Expectations: The student/learner considers his/her job experience as contributing to his/her career objectives and agrees:

- (1) To be regular in attendance, both in school and on the job.
- (2) To perform his/her training station responsibilities and classroom responsibilities in an efficient manner.
- (3) To show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
- (4) To conform to the rules and regulations of the training station.
- (5) To furnish the teacher/coordinator with necessary information about his/her training program and to complete promptly all necessary reports.
- (6) To consult the teacher/coordinator about any difficulties arising at the training station or related to his/her training program.
- (7) To participate in those co-curricular activities that are required in connection with the Work Based Learning education program.

Employer Expectations: The employer/training station, recognizing that a training plan is being followed and that close supervision of the student learner will be needed, agrees:

- (1) To provide a variety of work experiences for the student learner that will contribute to the attainment of his/her career objective.
- (2) To provide training for the student for at least the minimum listed number of hours each day and each week for the entire training period.
- (3) To ensure the protection of all students by adhering to all Federal and State regulations regarding labor laws and other applicable regulations.
- (4) To assist in evaluation of the student learner.
- (5) To provide time for consultation with the teacher/coordinator concerning the student learner.
- (6) To provide available instructional material and occupational guidance for the student learner.

The **Teacher/Coordinator**, representing the school, will coordinate the training program toward a satisfactory preparation of the student learner for his/her occupational career objective and agrees:

- (1) To see that the necessary related classroom instruction is provided
- (2) To make periodic visits to the training station to observe the student learner, to consult with the employer and training supervisor, and to render any needed assistance with training problems of the student learner.
- (3) To assist in the evaluation of the student learner.

General Policies:

The Work Based Learning Coordinator reserves the right to withdraw the student from the training station under the following conditions:

- (1) The student's attendance, performance, or grades are unsatisfactory at the training station or at school.
- (2) The terms of the Training Agreement are not being met.
- (3) The student is placed on academic probation or receives disciplinary action at school.

Additional Comments:

- Student will maintain work records and will participate in class assignments and activities.
- Will leave for work and/or work in place of class at teacher's discretion.

Employer

Date

Job Supervisor

Date

Student Learner

Date

Teacher/Coordinator

Date

AN EQUAL OPPORTUNITY EMPLOYER WILL NOT DISCRIMINATE IN EMPLOYMENT, EDUCATIONAL PROGRAMS, OR ACTIVITIES BASED ON RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR DISADVANTAGE.



15-2181

Western Governors University

4001 South 700 East, Suite 700, SLC, UT 84107

STUDENT TEACHING LETTER OF AGREEMENT

Tier 1: Primary Partner

This Student Teaching Letter of Agreement (Agreement) is made between Western Governors University, a Utah nonprofit corporation (WGU), and Marion County Schools ("District"), and is effective as of the date of the last signature below ("Effective Date").

Thank you for working with Western Governors University (WGU) for the placement of student teachers. Our goal is to establish a relationship of collaboration that benefits your district/school and WGU Teacher Candidates, and that allows us to work together for continuous improvement. We look forward to working together for the benefit of your future educators.

WGU is regionally accredited by the Northwest Commission on Colleges and Universities (NWCCU), and the WGU Teacher Education programs are further accredited by the Council for the Accreditation of Educator Preparation (CAEP) and the Association for Advancing Quality in Educator Preparation (AAQEP). WGU represents that each Teacher Candidate assigned to the District for Student Teaching is validly enrolled in an approved WGU credentialing program and meets the District's background requirements.

A. Mutual Expectations

A Primary Partner is a district/school where WGU places Teacher Candidates for a Field Experience with Cooperating Teachers, with an aim to co-construct a mutually beneficial arrangement for clinical preparation and the continuous improvement of Teacher Candidates, and to share accountability for Teacher Candidate outcomes. The school administrator and Cooperating Teacher will have the opportunity to provide critical feedback to inform program improvement through surveys at the end of each cohort.

B. Definitions

For the purposes of this Agreement, capitalized terms will have the following meanings:

- Teacher Candidate refers to a student enrolled in a WGU program leading to an education credential.
- Cooperating Teacher (or host teacher) refers to a District employee who is the teacher-of-record in the classroom where the Teacher Candidate is assigned. A Cooperating Teacher may or may not be a Clinical Supervisor.
- Clinical Supervisor refers to a present or former employee of District, retired educator, or any other individual meeting the criteria of "supervisor" established by WGU for this position, and engaged by WGU or District, to supervise a Teacher Candidate's progress during a minimum of six observations. WGU shall be responsible for the selection, assignment, training, and compensation of Clinical Supervisors. WGU welcomes nominations of Clinical Supervisors by the District/school.
- Preclinical Experience refers to the active participation by a Teacher Candidate in a wide range of in-classroom experiences in order to develop the skills and confidence necessary to be an effective teacher and prepare for Student Teaching. Students reflect on and document at least 75 hours of in-classroom observations (15 hours of which must involve direct engagement with students in a classroom) leading up to Student Teaching.
- Student Teaching (or demonstration teaching) refers to the greater of the then-current WGU full-time and continuous requirement of 12 weeks (16 weeks for special education) or the State's and/or District's minimum requirement for Student Teaching. Student Teaching shall satisfy all applicable WGU and State requirements.
- Field Experience refers collectively to the Preclinical Experience and Student Teaching.

C. Cooperating Teacher Standards

District, with the input of WGU, will provide the Teacher Candidate with a Student Teaching assignment in a school and classes of District under the direct supervision and instruction of a Cooperating Teacher that meets the following minimum requirements:

- Holds a teaching credential or license for the subject area and/or grade level being taught;
- Has a minimum of three years of teaching experience, five years preferred, with two or more years teaching in the placement school and/or District, and have strong evaluations;
- Evidence of positive impact on student learning in the classroom as demonstrated by ratings at or above effective when a state, district, or school provides such ratings;
- Successfully and with positive impact mentored student teachers, colleagues, and/or other adults;
- Competently uses technology for communicating via email and completing online evaluation forms; and
- Consistently models the dispositions and ethical considerations expected of WGU Teacher

Candidates:

- Caring and considerate
- Affirming of diversity and cross-culturally competent
- Reflective practitioner
- Equitable and fair
- Committed to the belief that all students can learn
- Collaborative
- Technologically proficient
- Professional leadership

D. WGU Responsibilities

WGU will:

- Select qualified Teacher Candidates who have been prepared with the appropriate educational background, knowledge, skills, and professional disposition to participate in Field Experience.
- Pay an honorarium per Teacher Candidate, either directly to the Cooperating Teacher or to the District, for the Cooperating Teacher's services. The Cooperating Teacher may also receive professional development hours connected to the successful completion of WGU Cooperating Teacher training.
- Require Teacher Candidates to have completed a background check acceptable to District prior to participating in Field Experience activities.
- Provide opportunities for feedback regarding improvement of WGU Teacher Candidate preparation.
- Provide professional development training to Cooperating Teachers regarding WGU processes and procedures.
- Maintain an online site for support, resources, and training for Cooperating Teachers.
- Facilitate a cohort seminar in which Teacher Candidates will participate with a community of peers to receive support during Student Teaching and the final performance assessment.

E. District Responsibilities

District, or school administrator, will:

- Nominate one or more qualified Cooperating Teacher(s) by providing a completed copy of the Student Teacher Acceptance Form to the WGU Field Placement Team.

- Allow the Clinical Supervisor access to the host school and classroom for the specific purpose of observing Teacher Candidates.
- Provide Teacher Candidates with any District policies and procedures to which they are expected to adhere to during the Field Experience and while on District premises.
- Through the involvement of the Cooperating Teacher, participate with the Clinical Supervisor and Teacher Candidates in two evaluations: one mid-way through Student Teaching, and a Final Evaluation at the end of Student Teaching. WGU shall be responsible for the format of the evaluations.
- Provide Teacher Candidates opportunities to observe, assist, tutor, instruct, implement effective teaching strategies, and conduct research, as appropriate, during the Field Experience.
- Provide, when possible, opportunities for Teacher Candidates to use technology to enhance student learning and monitor student progress and growth.
- Provide, when possible, opportunities for Teacher Candidates to experience working with diverse student populations including English Language Learners and Students with Exceptional Learning Needs.
- Encourage Cooperating Teachers to participate in WGU's training, held for each cohort (Fall or Spring) when a new Teacher Candidate is assigned, to understand WGU's policies, processes, procedures, and how to mentor adult learners.
- Encourage administrators and Cooperating Teachers to participate in WGU's Feedback Surveys (offered at the end of the Spring and Fall Cohorts) to report on Teacher Candidate quality and preparation and to provide program feedback to WGU for continuous improvement.

F. Additional Terms

- **Term.** This Agreement shall commence on the Effective Date and shall continue for one (1) year from the Effective Date, or until such time as either party gives the other party thirty (30) days advance written notice of its intent to terminate the Agreement; provided, however, that all Teacher Candidates at District as of the date of such notice shall be permitted to complete their Student Teaching.
- **Points of Contact.** Each party shall designate a point of contact between the parties for communication and coordination of Student Teaching. Contact information is set forth following the signature block.
- **Education Records.**
 - District acknowledges that the education records of assigned Teacher Candidates are protected by the Family Educational Rights and Privacy Act (FERPA), and agrees to comply with FERPA and limit access to those employees or agents with a need to know. Pursuant to FERPA, and for the purposes of this Agreement, WGU hereby designates District as a "school official" with a legitimate educational interest in such records.
 - WGU shall instruct Teacher Candidates of the necessity of maintaining the confidentiality of all District student records. District shall not grant Teacher Candidates or WGU employees access to individually identifiable student information unless the affected student's parent or guardian has first given written consent using a form approved by District that complies with FERPA and other applicable law.
- **Video Recordings.**

During Student Teaching, Teacher Candidates complete a teacher performance assessment, which measures Teacher Candidate readiness to teach. A teacher performance assessment is designed for Teacher Candidates to submit real artifacts—lesson plans, video, and student work samples—to show the authenticity of the local teaching context and the way the Teacher Candidates respond to students when teaching in a real setting. In order to collect artifacts required for a teacher performance assessment, Teacher Candidates may be required to submit video recordings of themselves teaching in the classroom.

Additionally, recordings provide WGU an avenue to evaluate the performance of Teacher Candidates, and the Teacher Candidates with opportunities to evaluate themselves, reflect, and improve their instruction.

WGU provides the following guidelines to Teacher Candidates. District understands that Teacher Candidates are not employees or agents of WGU and that any further precautions regarding the privacy of the District's students should be agreed directly between the District and Teacher Candidates.

Teacher Candidate Guidelines

- Secure appropriate permission from the parents/guardians of your students and from adults who appear in the video recording.
 - To protect confidentiality, remove your name and use pseudonyms or general references (e.g., "the district") for your state, school, district, and cooperating teacher. Mask or remove all names on any typed or written material (e.g., commentaries, lesson plans, student work samples) that could identify individuals or educator preparation programs. During video recording, use only the first names of students.
 - You must follow appropriate protocol to submit recordings to WGU.
 - You may not display the video publicly (i.e., personal websites, YouTube, Facebook).
 - You may not use any part of the recordings for any personal or professional purposes outside of performance evaluation.
 - You must destroy all video recordings once the evaluation is complete.
- **Right to Accept or Terminate a Placement.** District may refuse to accept for placement, or may terminate the placement, of any Teacher Candidate based upon its good faith determination that the Teacher Candidate is not meeting performance standards or is otherwise deemed unacceptable to District. In such cases, District shall notify WGU in writing and shall state the reasons for such decision.
 - **WGU Insurance.** WGU warrants and represents that it provides and maintains general liability insurance with limits of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate and, upon District's request, shall provide a certificate of insurance as evidence of coverage. WGU shall maintain, at its sole expense, workers' compensation insurance as required by law.
 - **Professional Liability Insurance.** Teacher Candidates will be responsible for procuring and maintaining, at their own expense, professional liability insurance for the duration of the Field Experience with minimum limits of either: (i) \$1,000,000 per occurrence and \$3,000,000 annual aggregate, or (ii) \$2,000,000 per occurrence and \$2,000,000 annual aggregate.
 - **Status of Parties.** Nothing in this Agreement is intended to or shall be construed to constitute an agency, employer/employee, partnership, or fiduciary relationship between the parties. Neither party will have the authority to, and will not, act as agent for or on behalf of the other party or represent or bind the other party in any manner.
 - **Non-Discrimination.** Both parties agree to fully comply with all applicable non-discrimination laws of District's state and municipality, and of the United States. Both parties will accept, assign, supervise and evaluate qualified Teacher Candidates regardless of race, sex, sexual orientation, creed, national origin, age, disability, veteran status, or any other basis protected by law.
 - **Entire Agreement.** This Agreement represents the entire understanding between the parties and supersedes all prior oral or written agreements, and no modification shall be valid unless in writing and signed by both parties. No Teacher Candidate or other third party shall be a beneficiary of, or have any right to enforce the terms of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

WGU

DISTRICT

By: _____

By: _____

Title: Director, Field Experience, Teachers College

Title: _____

Date: _____

Point of Contact:

Email: _____
Phone: 866-889-0132 (Option 1)

For notice purposes:

General Counsel
Western Governors University
4001 South 700 East, Suite 700
Salt Lake City, UT 84107-2533

Date: _____

Point of Contact:

Email: _____
Phone: _____

For notice purposes:

MEMORANDUM OF UNDERSTANDING
Between
MARION COUNTY BOARD OF EDUCATION
and
TAYLOR COUNTY BOARD OF EDUCATION

This Memorandum of Understanding (“MOU”) sets forth the terms and understanding between Marion County Board of Education (“Service Provider”) and Taylor County Board of Education (“Client”) to employ an Audiologist and provide Audiology services to qualifying students beginning on July 1, 2022 and ends on June 30, 2023.

Background

The Service Provider agrees to provide audiology services as are attached hereto and incorporated by reference as though set forth herein, in compliance with Titles 18 and 19 of the Social Security Act intermediary requirements.

Purpose

The purpose of this MOU will allow the Client to provide Audiology Services in an economically and organized manner to ensure qualifying student’s audiology needs are being addressed to enable them to function successfully in schools and communities.

Responsibilities

This will be accomplished by undertaking the following activities:

1. The Service Provider will employ an Audiologist.
2. The Audiologist will operate under the Marion County School’s Calendar.
3. Audiologist services will be provided to the Client based on student needs and at locations agreed upon.
4. The Audiologist will observe, record, and report the subject’s responses to treatment and changes in the subject’s conditions. If indicated, the Audiologist will make recommendation for the provision of more extensive evaluation or treatment.
5. The Audiologist will record evaluation and treatment sessions, as appropriate, on the progress notes for inclusion in the composite Client record including Medicaid reports. This information will be kept current so that it will be available to other members of the health team per facility requirements.
6. The Audiologist will meet all minimum credentials and requirements as specified by the West Virginia Department of Education for Audiologists.
7. The Client will receive services as determined by the number of days anticipated to address the Audiology needs for the Client, effective for the 2022-2023 school year. This

- will be adjusted annually based on students' needs no later than the first of April each year.
8. The Client will be responsible for paying the Audiologist based on a contracted daily rate.
 9. The Client agrees to compensate the Service Provider for those contracted days plus travel, and any other costs that are approved by the Client.
 10. The Client will provide the Audiologist with adequate work areas and equipment as deemed necessary for the Audiologist to perform his/her job.
 11. The Client shall have the right to maintain the number of days contracted and have the right to request additional days to be contracted. However, there is no guarantee that the Service Provider will be able to grant additional days.
 12. The Client will be billed by the Marion County Board of Education quarterly for the amount of contracted days provided. Payments shall be provided within 30 days of receiving an invoice.
 13. Workers Compensation claims shall be determined on the following:
 - a. If Audiologist services are being provided to the Client, the Client shall be responsible for administering any claims that may occur in the course of providing said services.
 - b. In a claim subject to Worker's Compensation occurs while the Audiologist is en route to the Client, the Client shall be responsible providing the accident did not occur on the premises of the Service Provider.
 14. Evaluations: Evaluations as per West Virginia Board of Education Policy 5310, will be completed by the Director of Special Education of the Marion County Board of Education with input from the Client.

Provision

The Client is electing to contract for up to 7 days with the Service Provider for the period of July 1, 2022 thru June 30, 2023. The contracted daily rate for the audiologist for this service period will be \$400.00 per day based on the Marion County Board of Education's Professional Pay Scale.

Duration

This MOU shall become effective upon signature by the authorized officials from the Marion County Board of Education and Taylor County Board of Education and will remain in effect for the entire term of the MOU. This MOU may be modified by mutual consent of all authorized officials from the Marion County Board of Education and Taylor County Board of Education. This MOU will be reviewed no later than June 1st of each calendar year and renewed on an annual basis no later than July 1st of each calendar year.

This agreement entered into this _____ day of _____, 2022 by and between Marion County Board of Education and Taylor County Board of Education shall become effective on July 1, 2022 and end of June 30, 2023.

Marion County Board of Education
Donna Hage, Superintendent

Signature

Date

Marion County Board of Education
Scott Reider, Treasurer

Signature

Date

Taylor County Board of Education
Christine Miller, Superintendent

Signature

Date

Taylor County Board of Education
Jonathon Dolan, Treasurer

Signature

Date

LearnWell

TO: Gia Deasy
INSTRUCTION FOR:
ADMISSION DATE: 10/3/2022
SERVICES TO BEGIN: 10/3/2022
LOCATION: The Emily Program - Columbus Residential
INSTRUCTION (hrs/wk): 7.5
File Number:

Additional Notes:

LearnWell will perform the following specific actions to support your student:

1. 7.5 hours of educational services per week, delivered individually or in a classroom setting, by a certified teacher who is a direct employee of LearnWell
2. Ongoing communication via phone, fax, or e mail, with the applicable school officer to receive, complete and return the student's school work.
3. A Session Report that documents details of each teaching session (i.e. length of session, goals, student's attitude, etc.) will accompany all invoices, upon request.

Absence Policy: Our policy is to ensure all students that are cleared and capable of being seen in class sessions, are seen with 95% accountability.

Your signature below authorizes instruction to the student named above at the rate of \$45.00 per hour of instruction. Each hour of instruction delivered in any setting requires administrative and preparation time, and LearnWell bills an additional 33% for those services (i.e., each 3 hours of teaching generates one (1) hour of admin/prep time cost).

APPROVAL SIGNATURE: _____

PRINT NAME: _____

AFTER SIGNING, PLEASE RETURN THIS PAGE VIA FAX (508-732-9998) or EMAIL (intel@learnwelleducation.com).

**A COLLABORATIVE AGREEMENT
BETWEEN
COLLEGE OF EDUCATION
FROSTBURG STATE UNIVERSITY
AND
MARION COUNTY SCHOOLS
OF WEST VIRGINIA
MEMORANDUM OF UNDERSTANDING TO CREATE A
PROFESSIONAL PARTNERSHIP**

The College of Education, Frostburg State University, and Marion County School District enter into a collaborative Partnership to combine expertise and professionalism for the purpose of preparing future educators.

OBJECTIVES of the Collaborative Agreement: through collaboration, the Partners will cooperatively design and implement the clinical component of educator preparation.


TERMS of the Collaborative Agreement: FSU College of Education and Marion County Public School District assume, jointly and separately, certain responsibilities leading to providing exceptional clinical experiences for educator preparation that represent best professional practices. (The specifics of the Partnership are stated and included as a part of this Agreement).

College of Education will: schedule and host meetings for the purpose of planning and developing clinical experiences.


Marion County School District will: name a representative, Melissa DeWitt, Principal of East Dale Elementary School, to serve as Liaison to the College of Education. The Liaison will participate in planning and implementation of partnership activities.

GENERALLY, the Partners agree to: mutually plan and develop approaches to implementing clinical experiences that are professionally appropriate and reflect best practices.

Date : Wednesday, September 7, 2022



**Dr. Boyce Williams, Dean
College of Education**



**Dr. Donna Hage, Superintendent
Marion County Schools**

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 15th day of September, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Young Guns (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Pleasant Valley Elementary,

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

- I. Organization Name Young Guns
- II. Contact Name Josh Kiser
- III. Address 457 Long Run Rd Fairmont, WV
- IV. Phone Number 304-669-6791
- V. The MCBOE covenants and agrees that it shall, from September 15th, 2022 through June 30, 2023, make available to the Josh Kiser the Young Guns for the purpose of Athletic Instruction (basketball) 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 92-0291083 (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 Pleasant Valley School 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 usage in addition to a \$ 0 custodial fee per usage.
(Additional fees may apply depending on facility) \$ 50 for practice/instruction.

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: American Youth Sports Athletic Assoc. (AYSAA)

Policy Number 2BBWV099528

*****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 Pleasant Valley 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 September 15th, 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.

[Signature]
Representative of Organization

9-15-2022
Date

[Signature]
Principal or Designee

9-15-2022
Date

[Signature]
Administrative Assistant of Maintenance Facilities and Athletics

9-29-22
Date

Superintendent

Date

Board President

Date

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



American Youth Sports Athletic Association Membership Card	
Young Guns	
Membership ID	<u>2BBWV099528</u>
Effective Date	<u>09/16/2022</u>
Expiration Date	<u>09/16/2023</u>
Director's Signature	<u><i>S. Lewis</i></u>
3100 Five Forks Trickum Road Suite 101 Lilburn, Georgia 30047	678-205-8055 770-978-2780 www.aysaa.com

Welcome to American Youth Sports Athletic Association! This is your membership card and your assigned ID. Please print and retain this as proof of membership.

We have added you to our mailing list and as we develop and add member benefits to our program you will be updated.

Thank You

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 Road Ste 101 Lilburn, GA 30047		CONTACT NAME: Desirae Bohannon PHONE (A/C, No. Ext): (678) 205-8055 FAX (A/C, No): (678) 205-8045 E-MAIL ADDRESS: desirae@AYSAA.com	
INSURED Young Guns 457 Long Run Rd Fairmont, WV 26554 A Member of the Sports, Leisure & Entertainment RPG		INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Mutual Insurance Company INSURER B: INSURER C: INSURER D:	NAIC # 23787

COVERAGES CERTIFICATE NUMBER: 2BBWV099528-1 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		6B RPG 0000077477-00	09/16/2022 12:01 AM	09/16/2023 12:01 AM	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	\$5,000,000
							PRODUCTS-COMP/OP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	\$1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Not provided while in Hawaii			6B RPG 0000077477-00	09/16/2022 12:01 AM	09/16/2023 12:01 AM	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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 Y/N <input type="checkbox"/> N/A						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6B RPG 0000077477-00	09/16/2022 12:01 AM	09/16/2023 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Legal Liability to Participants (LLP) limit is a per occurrence limit
 Sport(s): Youth Basketball Age(s): 12 and Under
 The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.
 Membership ID: 2BBWV099528

CERTIFICATE HOLDER Evidence of Coverage Marion County Schools 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 
--	--

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Joshua Dennis Kerner

2 Business name/disregarded entity name, if different from above
Young Guns

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) ▶ _____

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.
457 Long Run Rd

6 City, state, and ZIP code
Fairmont WV 26554

7 List account number(s) here (optional)

Requester's name and address (optional)

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

9	2	-	0	2	9	1	0	8	3
---	---	---	---	---	---	---	---	---	---

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 ▶ *Joshua Dennis Kerner*

Date ▶ *9-15-2022*

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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/15/2022

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...

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 Road, Ste 101, Lilburn GA 30047. CONTACT NAME: Desirae Bohannon, PHONE: (678) 205-8055, FAX: (678) 205-8045, E MAIL ADDRESS: desirae@AYSAA.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Nationwide Mutual Insurance Company, NAIC #: 23787.

COVERAGES CERTIFICATE NUMBER: 25BWV099528 EOC 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YY), POLICY EXP (MM/DD/YY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Medical Payments for Participants.

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (ACORD 101. Additional Remarks Schedule may be attached if more space is required). Legal Liability to Participants (LLP) limit is a per occurrence limit. Sports: Youth Basketball. Age s: 12 and Under. The certificate holder is added as an additional insured, but only for liability caused in whole or in part, by the acts or omissions of the named insured. Membership ID: 25BWV099528.

CERTIFICATE HOLDER: Evidence of Coverage Marion County School, 1516 MaryLou Rolton 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: Scott Amundson.

2BBWV099528: Young Guns

PLAYER WAIVER & RELEASE AGREEMENT

In consideration of my child participating in any way in the American Youth Sports Athletic Association, Inc related events and activities, the undersigned acknowledges that the risk of injury to my child ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury will always exist. Realizing that risks cannot be eliminated, I agree to the following:

I, FOR MYSELF, SPOUSE, AND CHILD, AND TO THE GREATEST EXTENT ALLOWED BY LAW, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY TO MY CHILD, both known and unknown and, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below) or others (including fellow players), and assume full responsibility for my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation in the Program or in the Program itself, I will remove my child from participation and bring such to the attention of the nearest Program official immediately; and,

I, for myself, my spouse, my child, and on behalf of my our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Sports Athletic Association its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program (referred to in this Agreement as "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property arising out of or related to my child's involvement or participation in these Programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my our heirs, assigns, personal representatives and next of kin, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities arising out of or related incident to our involvement or participation in these Programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE BEEN ADVISED TO CONSULT AN ATTORNEY BEFORE SIGNING THIS AGREEMENT.

Name of Player	Parent's Signature for Player

You must have your players' parents sign this form and keep it on file. You DO NOT need to submit these waivers to AYSAA.

2BBWV099528: Young Guns

COACH WAIVER & RELEASE AGREEMENT

IN CONSIDERATION OF myself participating in any way in the American Youth Sports Athletic Association, Inc related events and activities, the undersigned acknowledges that the risk of injury to myself from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury will always exist. Realizing that risks cannot be eliminated, I agree to the following:

I, FOR MYSELF, AND TO THE GREATEST EXTENT ALLOWED BY LAW, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY TO MYSELF, both known and unknown and, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below) or others (including fellow players), and assume full responsibility for my participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation in the Program or in the Program itself, I will remove myself from participation and bring such to the attention of the nearest Program official immediately; and,

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Sports Athletic Association its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program (referred to in this Agreement as "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property arising out of or related to my involvement or participation in these Programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities arising out of or related incident to my involvement or participation in these Programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE BEEN ADVISED TO CONSULT AN ATTORNEY BEFORE SIGNING THIS AGREEMENT.

Name of Coach	Coach's Signature

**You must have your coaches sign this form and keep it on file.
You DO NOT need to submit these waivers to AYSAA.**

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the Aug 12th day of 1st, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Fairview 5th/6th girls basketball (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Fairview Middle Gymnasium.

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

- I. Organization Name Fairview 5th/6th Grade Girls Basketball
- II. Contact Name Chris Freeman
- III. Address 93 Cameron Dr Farmington, W 24571
- IV. Phone Number 304-365-0249
- V. The MCBOE covenants and agrees that it shall, from Aug 1st, 2022 through Nov 1st, 2022 make available to the Fairview 5th/6th girls basketball the practice and games for the purpose of practice and games. 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? NO

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 _____ (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 _____ 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 \$ NOT per NOT in addition to a \$ NOT custodial fee per NOT (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 Marion County Parks Department

Policy Number 6BRPE000007482900

.....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 Francisco State College grounds 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 August 2007 until the Nov 1st 2012 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.

[Signature]

Representative of Organization

[Signature]

Principal or Designee

[Signature]

Administrative Assistant of Maintenance, Facilities and Athletics

Superintendent

Board President

Sept 14th 2022

Date

9/15/22

Date

10.10.22

Date

Date

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

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

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

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.
2 Business name (disregarded entity name, if different from above)
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.



West

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/02/2021

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 have ADDITIONAL INSURED provisions or 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).

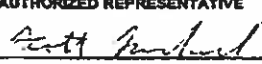
PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: Mass Merchandising Underwriting	
	PHONE (A/C, No, Ext): 1-800-426-2889	FAX (A/C, No): 1-260-459-5105
	E-MAIL ADDRESS: info@sportsinsurance-kk.com	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Marion County Youth Basketball DBA: Marion County 4th/5th/6th Grades 109 Glenwood St Fairmont, WV 26554 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W02048353 **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.

RISR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		66RPG000007482900	11/06/2021 12:01 AM EDT	11/06/2022 12:01 AM	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 \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> NOT PROVIDED WHILE IN HAWAII			66RPG000007482900	11/06/2021 12:01 AM EDT	11/06/2022 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N 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
A	MEDICAL PAYMENTS FOR PARTICIPANTS			66RPG000007482900	11/06/2021 12:01 AM EDT	11/06/2022 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability to Participants (LLP) limit is a per occurrence limit.
Sport(s): Basketball Age(s): 12 and under; Cheerleading Youth Age(s): 12 and under
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.
See Attached Additional Remarks Schedule

CERTIFICATE HOLDER Marion County BOE 1516 Mary Lou Retton Dr Fairmont, WV 26554 (Owner/Lessor of Premises)	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 
---	---

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

AGENCY CUSTOMER ID:
LOC #

ACORDTM

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		NAMED INSURED Marion County Youth Basketball DBA: Marion County 4th/5th/6th Grades
POLICY NUMBER 6BRPG0000007482900		
CARRIER Nationwide Mutual Insurance Company	NAIC CODE 23787	EFFECTIVE DATE: 11/06/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE Certificate of Liability Insurance

Sport(s): Cheerleading - Youth
Limited Coverage for "Brain Injury" endorsement applies. Brain Injury Limit: \$1,000,000 occurrence/\$1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/\$1,000,000 aggregate. "Brain Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 29 day of September, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Little Huskies Football (hereafter known as Organization).

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

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

- I. Organization Name Little Huskies Football
- II. Contact Name Janie DeVaul / Johnna Biggie
- III. Address 5702 Field St. Farmington
- IV. Phone Number 304-657-3764 - 681-443-9706
- V. The MCBOE covenants and agrees that it shall, from November 15, 2022 through November 15, 2022, make available to the Little Huskies Football team the Blackshere gym for the purpose of Homecoming dance. 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? NON-Profit

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 77-0719794 (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 Blacksheep 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 _____
(Additional fees may apply depending on facility) \$ Waived 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 18LB3869-52704

.....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 Blackshear Elem. 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 NOV. 15, 2022 until the NOV. 15, 2022 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.

John Biggie
Representative of Organization

9-27-22
Date

Jamie McVaul
Principal or Designee

9-27-22
Date

Andy Spivey
Administrative Assistant of Maintenance, Facilities and Athletics

10-5-22
Date

Superintendent

Date

Board President

Date

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

Marion County Schools – BOOSTER INFO / 2022-2023

School White Hall Elementary

Booster Group White Hall 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: White Hall PTO

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

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

4) Date of the election of booster officers: 9-7-22

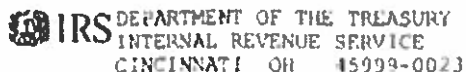
5) Name of booster President: Maria Ammons Phone # (304) 290-6721

6) Name of booster Vice President: Erica Watkins Phone # (304) (205) 527-214

7) Name of booster Secretary: Jennifer Evans Phone # (304) 363-1242

8) Name of booster Treasurer: Patricia Riley Phone # (304) 288-7589

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



Date of this notice: 09-06-2019

Employer Identification Number:
84-2963986

Form: SS-4

Number of this notice: CP 575 E

WHITE HALL ELEMENTARY PTO
CURRENT TREASURER
PO BOX 15
KINGMONT, WV 26578

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

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 84-2963986. 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.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is WHIT. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

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

999999999

Your Telephone Number: _____
Best Time to Call: _____
() - _____

DATE OF THIS NOTICE: 09-06-2019
EMPLOYER IDENTIFICATION NUMBER: 84-2963986
FORM: 55-4 NOB00

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
██

WHITE HALL ELEMENTARY PTO
▲ CURRENT TREASURER
PO BOX 15
KINGMONT, WV 26578



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2022

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 FAX (A/C, No): 304-363-4216 E-MAIL ADDRESS: rodney@dickmooreagency.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B: Nationwide Life Insurance Company</td> <td>66869</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund Insurance Company	21873	INSURER B: Nationwide Life Insurance Company	66869	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Fireman's Fund Insurance Company	21873													
INSURER B: Nationwide Life Insurance Company	66869													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED White Hall Elementary PTO PO Box 15 Kingmont, WV 26578														

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	ADDITIONAL COVERAGES	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 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 NANPO0056733	9/12/2022	9/12/2023	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 - COM/POP 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 <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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers		NPODO0084083	9/12/2022	9/12/2023	\$1,000,000
A	Sexual Misconduct Liability		NANPO0056733	9/12/2022	9/12/2023	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: PTO Start Date: 9/12/2022 End Date: 9/12/2023

CERTIFICATE HOLDER

Marlon 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

© 1988-2010 ACORD CORPORATION. All rights reserved.

White Hall PTO Fundraisers 2022-2023

White Hall Apparel- September/October

Halloween walkathon- October

Christmas Shop- December

Sarris Chocolate- March/April

~~2021-2022~~
ANNUAL FINANCIAL REPORT ~~2021-2022~~ 2021-2022

SCHOOL White Hall ~~Elementary~~ Elementary

Booster Group White Hall PTO

Reconciled Beginning Balance as of July 1, 2021	10,254.37
Total Annual Income	<u>23,743.35</u> ADD
Total Annual Expenses	<u>29,292.28</u> SUBTRACT
Reconciled Ending Balance as of June 30, 2022	<u>4,705.44</u>

Booster President Signature Maura Cummins Date 9-7-22

Booster Treasurer Signature Patricia Riley Date 9-7-22

*pls. prepare,
Place on the agenda
for board approval.
Thank you*

overnight

15-2109
SEP 30 2022
By ROV 9-30-22

Marion County Board of Education
(please submit one field trip form per bus needed)

Please follow the instructions in the Administrative Manual Section 2.115. 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 the county office for approval.

WFM S 9/26/22 Aimee Williams 1
School Date Submitted Sponsor Sub Needed

Student Council 10/16 to 10/19 Sean Hoskinson 1
Group Date of Trip Chaperone(s) Sub Needed

14 Jacksons Mill (western)
Total Number to be Transported Destination

Purpose of activity State Student Council - Fall convention

Number of School Days Lost 2 Approximate Cost 0 Source of Funding Student payment

Transportation Information

Time bus to be loaded 11 am/pm Approximate time to return 1 pm

Type of Transportation Private Auto Parent drop off/pick up
 Commercial Carrier List carrier _____
 Marion County School Bus # _____ Driver _____

Is School to pay driver? N/A Yes _____ No _____

Approved (granted/denied) Principal Tyler Ph... Date 9-26-22
 Approved (granted/denied) Central Office Ch... Date 9-30-2022
 Approved (granted/denied) Transportation _____ Date _____

Driver's Trip Report

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

Times: Pre-trip _____ am/pm
 Bus Available to load students _____ am/pm
 Depart on trip _____ am/pm
 Bus return from trip _____ am/pm
 Completion of bus cleanup _____ am/pm

Office use only

Sponsor/Chaperon (signature verifies loading, departure and return times) _____ Driver's Signature _____

Name of substitute covering run _____ Mileage _____ Fuel _____

please place original name agenda for approval. Thank you.

15-2170
REGULATIVE
OCT 04 2022
By

see Attached
overweight
agenda
times etc.

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.

Rivesville 9/30/2022 Patricia Desmuke YES
School Date Submitted Sponsor(s) Sub Needed

Student Council 10/16-10/18 _____
Group Date of Trip Chaperone(s) Sub Needed

13 Jackson's Mill
Number to be transported Destination

WV Student Council Fall Convention
Purpose of activity

2 \$2340 Rivesville Student Council/Student
Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

meet at camp @ 1pm Parent pick up at camp between 12-1230
Time bus to be loaded am / pm Approximate time to return am / pm

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 10/3/2022
Approval (granted / denied) County Office [Signature] Date 10/7/2022
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

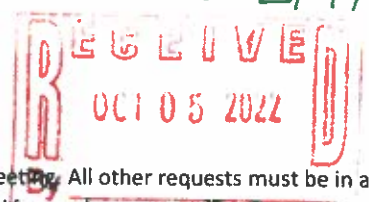
Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

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

*Mrs. Nangle,
To be placed on the
agenda for board
approval.
C. Nangle
Thank you.*

15-2191

**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.

Riversville 9-28-22 Bambart no
 School Date Submitted Sponsor(s) Sub Needed

1st Grade 10-26-22 Clevenger no
 Group Date of Trip Chaperone(s) Sub Needed

50 Richs Farm Smithfield, PA
 Number to be transported Destination

To conclude Pumpkin Unit s.l.GS.7
 Purpose of activity

1 \$150 POIS + students
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 8:45 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 John Gann Date 9/29/2022
 Approval (granted / denied) County Office Charla Nangle Date 10/5/2022
 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

Student/Chaperone List

Rivesville First Grade Field Trip

Rich's Farm October 26, 2022

Alaya Bartges	Chloe Binotto	Trina Clevenger (teacher)
Clayton Benson	Leah Binotto	Jillian Barnhart (teacher)
Zane Bingamon	Silas Boord	Erika Corwin (parent)
Laikyn Buby	Alexander Bucan	Andrew Zicafoose (parent)
Remington Caswell	Zachary Corwin	Melissa Clelland (parent)
Jaylin Clelland	Braxton Davis	Autumn Wikle (parent)
Kathleen Dewitt	Owen Dunn	Courtney Corwin (parent)
Kingston Ford	Madalyn Eddy	Kelly Mininger (parent)
Sadie Glover	Kaden Harper	Jennifer Eddy (parent)
Grayson Gober	Riley Harper	Allison Smith (parent)
Evangaline Johnson	Porter Hess	
Darrell Ledsome	Galaxie Jefferson	
Aria Sheets	Aspen Miniger	
Easton Smith	Jaxson Pagan	
Paisley Teets	Kendall Shearer	
Temperance Wikle	Peyton Short	
Clairah Zicafoose	Bentlee Sigley	
Julianne Zicafoose	Joslynn Styles	
	Declan Wise	

2019. Blanket,
 Please place
 the copies for
 board approval.
 Thank you C.

Marion County Board of Education Field Trip Request Form

15-2192
 REGISTRATION
 09/08/2022
 By
 RAV
 12/4/22
 RT1

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 09/14/22 2nd/3rd Grade none
 School Date Submitted Sponsor(s) Sub Needed

2nd/3rd 10/28/22 Missy Kucish, Rick Sell, Leann Lutz None
 Group Date of Trip Chaperone(s) Sub Needed

63 The Spring House - Washington, PA
 Number to be transported Destination

Purpose of activity To learn about and explore the workings of a farm

Number of School Days Lost 1 Approximate Cost \$15 per person Source of Funding parents

Transportation Information

Time bus to be loaded 8:30 am / pm ? Approximate time to return 2:30 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 Dicki Bousard Date 09/27/22
 Approval (granted) / denied) County Office Chad W. Date 10/4/2022
 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

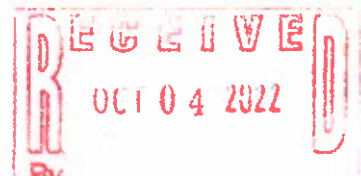
Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

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

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

10-4496

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 9/14/22 3rd/4th grade none
 School Date Submitted Sponsor(s) Sub Needed

3rd / 4th grade 10/28/22 Erin Price, Natalie Campbell
 Group Date of Trip Chaperone(s) Sub Needed

56 The Spring House - Washington, PA
 Number to be transported Destination

Purpose of activity To learn about and explore the workings of a farm

Number of School Days Lost 1 Approximate Cost \$15 per person Source of Funding parents

Transportation Information

Time bus to be loaded 8:30 am / pm Approximate time to return 2:30 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 Dicki Bombard Date 09/27/22
 Approval (granted / denied) County Office Chadi Date 10/4/2022
 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

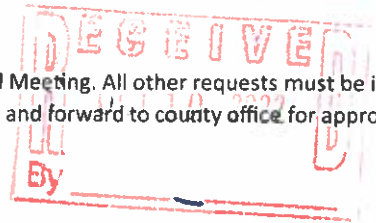
Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

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

etc. Night,
Please place on the
agenda for board approval
(overnight) Thank you. C -

Marion County Board of Education
Field Trip Request Form

15.2195
* overnight



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 29 Aug 2022 Mark Offitt
 School Date Submitted Sponsor(s) Sub Needed
 Girl's Cross Country 29 Oct 2022 - -
 Group Date of Trip Chaperone(s) Sub Needed
 7 Cabell Midland H.S.
 Number to be transported Destination
 Purpose of activity State XC Meet
 Number of School Days Lost 1/2 Approximate Cost 700 Source of Funding boosters

Transportation Information

Time bus to be loaded 12:00 Friday 10:00 Saturday
 Approximate time to return 10:00 am pm
 Type of Transportation Private Auto riding w/ approved list
 Commercial Carrier List Carrier
 Marion County School Bus Number Driver
 Is School to pay driver? Yes No
 Approval (granted / denied) Principal [Signature] Date 10/9/22
 Approval (granted / denied) County Office [Signature] Date 10/10/2022
 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

Mr Green,

Here is a list of approved chaperones and drivers for the State Meet on the weekend of October 28-29, 2022:

- Chris Premo
- Sarah Episcopo
- Freda White
- Natalie Feltz
- Breein Sisk
- Rebecca Hamilton

Here is a list of approved chaperones for the State Meet on the weekend of October 28-29, 2022:

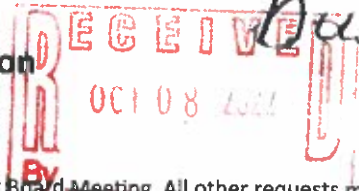
- Heather Awbrey
- Diana Logue

2 buses

15-2194 Bus #:

Marion County Board of Education

Field Trip Request Form



Mrs. Nusselt,

Please place on the agenda for board approval. c.n.s.

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.

School Blackshere Date Submitted 10-6-22 Sponsor(s) School Sub Needed [Signature]

Group 4th Grade Date of Trip 10-20-22 Chaperone(s) Staff/Nurse Sub Needed 1 Nurse

Number to be transported 45 Destination Springhouse Farms, WA. PA

Purpose of activity Secondary Farm, how to milk cows, Tour bottling plant

Number of School Days Lost 0 Approximate Cost _____ Source of Funding School

Transportation Information

Time bus to be loaded 9:00 am/pm am Approximate time to return 2:00 am/pm 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 10-6-22
 Approval (granted / denied) County Office [Signature] Date 10-7-2022
 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

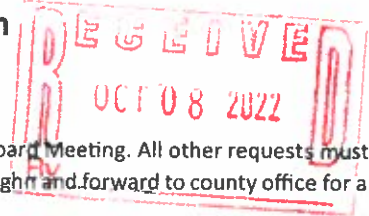
Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

2 Buses

Doc # 1

Marion County Board of Education

Field Trip Request Form



Mr. Naught, to be placed on the agenda for board approval. Thank you C. Naught

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.

Blackshere 10-6-22 School

4th Grade 10-20-22 Staff/Nurse

75 Springhouse Farms - WA, PA

See dairy farm, how to milk cows, Tour the bottling factory

Number of School Days Lost 0 Approximate Cost Source of Funding School

Transportation Information

Time bus to be loaded 8:00 am/pm Approximate time to return 2:00 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 Date 10-6-22 County Office Date 10-7-2022 Transportation Date

Driver's Trip Report

Bus Number Bus Capacity Total Number Transported

Destination Date of Trip Day of Week

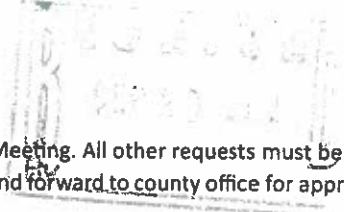
Times: Day One Day Two Pre-Trip Bus available to load Departure Time Return Time Completion of bus cleanup

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

15-2195

3 Ms. Wright,
The principal
the board approve
for approval. C. [Signature]

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.

East Park Sept. 28, 2022 EP-PTO No
School Date Submitted Sponsor(s) Sub Needed

Preschool Oct. 26, 2022 1 per student No
Group Date of Trip Chaperone(s) Sub Needed

4 teachers, up to 31 students, 31 chaperones Rich Farm, 2034 Springhill Furnace Rd. Smithfield
Number to be transported Destination

Field Trip
Purpose of activity

1 \$300.00 Parents/Guardians
Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 9:30 am / pm Approximate time to return 2:30 pm / am
* leave Rich Farms @ 1:30pm

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 9/28/2022
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 _____

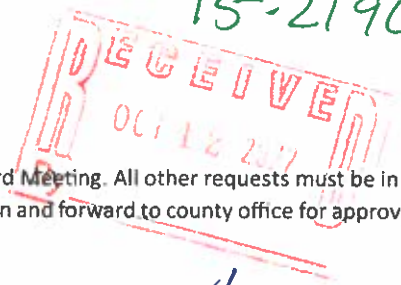
Times: Day One Day Two
Pre-Trip _____ am / pm _____ am / pm
Bus available to load _____ am / pm _____ am / pm
Departure Time _____ am / pm _____ am / pm
Return Time _____ am / pm _____ am / pm
Completion of bus cleanup _____ am / pm _____ am / pm

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

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

15-2196

Ms. Naught,
To be placed on the Marion County Board of Education
BOARD agenda for approval. Field Trip Request Form
Thank you. C. Newman



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 10/11/22 E. WRIGHT N/A
School Date Submitted Sponsor(s) Sub Needed

EFHS Soccer 11/3 - 11/5 E. WRIGHT NO
Group Date of Trip Chaperone(s) Sub Needed

55 BECKLEY, WV
Number to be transported Destination

Purpose of activity STATE Soccer TOURNAMENT

Number of School Days Lost 1.5 Approximate Cost TBD 500.00 Source of Funding school boosts

Transportation Information

Time bus to be loaded T.B.D. am / pm Approximate time to return T.B.D. 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 10/11/22
Approval (granted / denied) County Office [Signature] Date 10/12/2022
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

Eric Wright

East Fairmont High School – Girls & Boys Soccer

WVSSAC State Soccer Tournament

Games to be played Friday Nov 4 & Saturday Nov 5.

We will be traveling down on Thursday Nov 3, to check into our hotel and get in a practice at the soccer complex.

*Exact times are To Be Determined, once we know the state tournament schedule and the practice times we are given.

Funding will be through the school and our soccer boosters.

Boosters will organize hotel and food arrangements.

Transportation will be Marion County School Bus.

Please let men know any questions you may have.

Thank you,

Eric Wright

304-612-6204

livinlifewright@hotmail.com

Chaperones

Katey Sharpe

Brea Wright

Kira Hill

Xyru Miller

Ms. Haught,
To be placed on the
agenda for board
approval.
Thank you
C. Neenan

10-219 /
Overnight
RECEIVED
OCT 12 2022

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.

Fairmont Sr. HS 10/11/22 Dayton McVicker N/A
School Date Submitted Sponsor(s) Sub Needed

Boys Cross Country 10/28-29/22 Scott & Denise Morris N/A
Group Date of Trip Chaperone(s) Sub Needed

10 Cabell Midland HS
Number to be transported Destination

Purpose of activity State Championship

Number of School Days Lost .5 Approximate Cost N/A Source of Funding _____

Transportation Information

Time bus to be loaded 12 am/pm Approximate time to return 6 am/pm

Type of Transportation Private Auto riding w/ own parents
_____ Commercial Carrier List Carrier _____
_____ Marion County School Bus Number _____ Driver _____

Is School to pay driver? _____ Yes _____ No

Approval (granted) / denied) Principal [Signature] Date 10/12/22
Approval (granted) / denied) County Office [Signature] Date 10/12/2022
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

State meet itinerary (Boys Cross Country)

Friday 10/28-

- **12:00** leave from FSHS
- **3:30** arrive at Cabell Midland HS (Race Site) and practice
- **5:00** Go to hotel and clean up
- **7:00** Dinner

Saturday 10/29-

- **8:00** wake up / breakfast
- **11:00** head to Cabell Midland HS
- **2:00** Race
- **7:00** Return to FSHS

**CLIENT SERVICES AGREEMENT**

Soliant Health, LLC (hereafter referred to as "Soliant"), and _____
whose primary location is _____ (hereafter referred
to as "Client") enter into this non-exclusive Client Services Agreement for the purpose of referring and placing its employees
("Consultants") with Client. This Agreement shall govern the overall terms of the relationship, while a separate Assignment
Confirmation (Addendum A) for each placement will outline specifics as to bill rates, personnel, and assignment lengths.

1. Scope of Services.

Soliant, a licensed staffing agency in the business of providing supplemental staffing to the public and private education sector and not a healthcare provider, will use its commercially reasonable efforts to provide Consultants for assignment with Client. Soliant will be responsible for payment of each Consultant's wages and applicable payroll taxes, deductions, and insurance, including workers' compensation, general liability and professional liability coverage for the benefit of the Consultants. If a Consultant is unable to complete the specified assignment, Soliant will use its commercially reasonable efforts to find a replacement in a timely manner.

2. Independent Contractor.

The parties hereto specify and intend that the relationship of each to the other is that of an independent contractor, that each Consultant shall be an employee of Soliant and that no qualified Consultant shall at any time be an employee of Client, unless the parties shall otherwise agree in writing. Soliant agrees to provide and maintain all payroll services for any qualified Consultant placed with Client, to maintain payroll records and to withhold and remit all payroll taxes and social security payments. Soliant does not ordinarily use subcontractors in providing services. Should the need to use a separate staffing firm or independent contractor arise, Soliant will notify Client in advance of the assignment in order to receive approval of this arrangement.

3. Telepractice Services.

Soliant, at Client's specific request, may provide telepractice services through VocoVision. Should utilization of VocoVision occur, Client shall, at that time, receive in addition to Addendum A – Client Assignment Confirmation, an Addendum B – Teleservices Provisions, Addendum C – Duties and Responsibilities and Addendum D – VocoVision Equipment Policies which, collectively, outline specific terms and conditions regarding VocoVision's telepractice services.

4. Insurance.

Soliant will maintain at least the following minimum amounts of insurance:

General Liability - \$2,000,000 per occurrence and \$4,000,000 aggregate.

Workers Compensation - in accordance with state regulations.

Employer's Liability - \$1,000,000.

Excess Liability over General Liability and Employer's Liability - \$5,000,000 per occurrence and \$5,000,000 aggregate.

Professional Liability - \$1,000,000 per occurrence and \$3,000,000 aggregate.

Sexual Abuse and Molestation - \$1,000,000 per occurrence and \$3,000,000 aggregate

5. Competency and Licensing.

Soliant will conduct comprehensive pre-employment screening to provide licensed Consultants who meet applicable professional standards. Soliant will endeavor to present only Consultant s who are qualified for Client's open position(s) on job requirements established by Client either verbally or in writing. While Soliant will make every effort to pre-screen job candidates based on these requirements, Client acknowledges the candidate assignment decision is ultimately the responsibility of the Client. To this end, Soliant will make available to Client all appropriate Consultant records that Soliant may permissibly disclose and will facilitate an interview between Client and Consultant in order to assist Client in the hiring decision. Soliant will do its due diligence to ascertain the professional and applicable Department of Education licensing and certification requirements for the Consultant discipline placed with Client, however, it is ultimately the responsibility of the Client to approve the Consultant's licensure and certifications as acceptable.

6. On-Site Responsibility.

Client is responsible for providing all orientation, support, facilities, training, direction, and means for the Consultant to complete the assignment. Client acknowledges that Soliant is not providing nursing or healthcare services, but rather is providing candidate identification and placement services. As such, Client is responsible for the Consultant's adherence to the applicable standard of practice and acknowledges that Soliant is not responsible for the Consultant's on-site performance given that Soliant does not have the capacity to provide direct, on-site supervision of daily activity. Client acknowledges that any deviation of the Client's policies and procedures as orientated to Soliant's Consultant should be reported in writing and directly to Soliant immediately so that Soliant may be provided an opportunity to offer correction and/or counseling of unacceptable practices by Consultant. Client warrants that its facilities and operations will comply at all times with all federal, state and local safety and health laws, regulations and standards, including OSHA standards, and that Client will be responsible for providing all safety training and equipment, and for each Consultant's compliance with health and safety requirements, including those instituted by Client.



CLIENT SERVICES AGREEMENT

7. Employment of Consultants.

Client agrees that it will not directly or indirectly, personally or through an agent or agency, contract with or employ any Consultant introduced or referred by Soliant for a period of one year after the latest date of introduction, referral, placement, or end of the contract assignment. If Client or its affiliate enters into such a relationship or refers Consultant to a third party for employment, Client agrees to pay an amount equal to \$21,500 or thirty-five (35) percent (whichever is greater) of the Consultant's first year's annual salary, including any signing bonus, as agreed upon at the time of hiring. Payment is due and payable to Soliant upon start date.

8. Equal Opportunity.

It is the policy of Soliant to provide equal opportunity to all Consultants for employment. Soliant and Client will screen based on merit only. All Consultants will be free from discrimination due to race, religion, color, sex, national origin, age, or disability.

9. Timekeeping and Invoicing.

Client will ensure that Consultants accurately record the start and stop times for all hours worked, in accordance with the Client's policies utilizing the Client designated method which may include the submission of Soliant's timesheet. Timesheets and/or timesheet approvals are due weekly by 12:00 PM on the Monday following the end of Client's designated workweek.

Soliant will generate an invoice for Client based on timesheets submitted. Client must review the invoice and notify Soliant of any errors, including billed hours or improper rates, within thirty (30) days of the date of invoice. Soliant shall resolve any error and provide corrected invoice mutually acceptable to both parties within a reasonable period. In the event client fails to dispute or report any errors within thirty (30) days, errors shall not be accepted as a disputed charge and invoices will be due and payable in full.

10. Payment Terms.

Client will be billed on a weekly basis for all services provided during the previous week. Client will pay Soliant based on the service charges specified in the Consultant Assignment Confirmation included as an addendum to this Agreement. All hours worked over forty (40) hours in a one-week work period will be billed at one and one-half times the regular bill rate. It is Client's responsibility to notify Soliant if pre-approval is required for any or all overtime hours prior to any such hours being worked. **Payment is due within fifteen (15) days of receipt of invoice.**

11. Default Charges.

Invoices shall be considered past due if not paid by the agreed-upon due date. Client agrees to pay all necessary collection costs of amounts past due, including reasonable attorney's fees and costs. Additionally, Soliant reserves the right to approve or to discontinue any extension of credit and the terms governing such credit.

12. Limitation of Liability.

NEITHER PARTY SHALL BE LIABLE TO THE OTHER WHATSOEVER FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT, EXEMPLARY OR PUNITIVE DAMAGES, INCLUDING ANY DAMAGES ON ACCOUNT OF LOST PROFITS, LOST DATA, LOSS OF USE OF DATA, OR LOST OPPORTUNITY, WHETHER OR NOT PLACED ON NOTICE OF ANY SUCH ALLEGED DAMAGES AND REGARDLESS OF THE FORM OF ACTION IN WHICH SUCH DAMAGES MAY BE SOUGHT. THE FEES AND BILLINGS DUE UNDER THIS AGREEMENT ARE NOT CONSIDERED SPECIAL DAMAGES OR LOST PROFITS AND SHALL NOT BE LIMITED BY THESE PROVISIONS.

13. Administrative Responsibilities.

Client shall be responsible for orienting Consultant to Client's policies and procedures regarding the submission of any requisite paperwork which must be tendered for reimbursement by funding entities such as Medicare, Medicaid, or health insurance. Such paperwork may include, but is not limited to, patient care plans, comprehensive patient histories, individual education plans, or Client specific program plans. During the contracted assignment, should Consultant fail to submit paperwork as required per Client's policies and procedures, Client must notify Soliant in writing within three (3) business days of alleged failure. Failure to notify Soliant before assignment ends shall negate any Client claim to withhold payment due to untimely work and/or paperwork non-compliance by Consultant. Client agrees that all approved time sheets by Client's assigned representative are not subjected to billing dispute if Client fails to notify Soliant of time sheet and work performed discrepancies.

14. Incident and Error Tracking.

Client will report to Soliant any performance issues, incidents, errors and other events related to the care and services provided by Soliant employees. Soliant will document reported incidents in employee's personnel file and track all such events for quality assurance purposes. All supporting documentation is required within seventy-two (72) hours of the occurrence.

15. Reporting of Work-Related Injuries.

Client will maintain a safe working environment and provide all appropriate personal protective equipment as deemed appropriate for unit to which Soliant's Consultant has been assigned. Client ensures compliance with all applicable OSHA or state Department of Labor obligations to include general training on the reporting of work-place injuries, incidents, and



CLIENT SERVICES AGREEMENT

occupational exposure to bloodborne pathogens occurring at Client facility. Records of such occurrences must be maintained by the Client and accessible to Soliant within guidelines set forth by governing entities. In the event of work-place injury, incident or exposure, each affected Consultant will contact their immediate Client-appointed supervisor and report to the applicable treating department as per Client protocol. Consultant shall also report work-place injury, incident or exposure to Soliant concurrently with Client for the purpose of reporting such event to Soliant's workers compensation carrier. If Client's reporting requirements change during the term of this Agreement, Client is responsible for written notification of such information to both Soliant and Soliant's Consultant.

16. Termination of Contracted Assignment with Cause.

Immediately upon occurrence, Client has the obligation to report each deviation from the accepted standard of practice, policies and procedures as orientated to Consultant, behavior, and or any incident that would be considered adverse to the overall operation of Client. Client may request that Soliant facilitate the immediate removal of Consultant due to any of the issues preceding with written and/or verbal notice. The Client, however, may not immediately terminate a Consultant unless Soliant has been notified prior to final incident or unless a single incident warrants immediate dismissal prior to Soliant's notification. All supporting documentation specifying the reasons and facts of the termination is required within forty-eight (48) hours of termination. If the Client does not report such deviation(s) and subsequently terminates Consultant or if Client does not provide required documentation following a termination within the required timeframe, Client will be assessed as liquidated damages and not as a penalty, an amount equal to one (1) week of billing. The parties agree that Soliant's Consultants are an integral part of its operation and a resource that may have been developed over a number of years. Any delay or absence of a written and verbal notice could result in lost revenue or other consequences not foreseen at this time and therefore the liquidated damages are not unreasonable to the probable loss to be suffered by Soliant in the event of your breach of this provision. Client will be responsible for all professional fees (and expenses if applicable) up to the point of termination. Termination with cause must be documented prior to termination in accordance with the Incident and Error Tracking procedures set forth in paragraph 14 of this agreement. Soliant shall have five (5) business days to refill the position in the event of termination with cause. Should Soliant identify a suitable Consultant, Client agrees to original terms or extended terms of the terminated Consultant's assignment.

17. Termination of Contracted Assignment without Cause.

Client may cancel an assignment with thirty (30) days written notice. Client is responsible for all charges and fees prior to cancellation date and through the 30-day period of notice. In the event Client is unable to provide thirty (30) days' notice of termination, Client will be billed for thirty (30) days at the agreed upon regular bill rate and minimum hours. In the event of termination without cause, Client will be responsible for any housing and travel costs actually incurred by Soliant as a result of such cancellation.

18. Guaranteed Minimum Hours.

Client agrees to provide Consultant the guaranteed number of work hours per week specified in the attached Assignment Confirmation Addendum A. Cancellation of prescheduled workdays or reduction in work hours by Client will be billed reflecting the guaranteed minimum work hours. Minimum work hours shall be reduced to reflect scheduled school closings for holidays and planning days.

19. Paid Sick Leave.

For those jurisdictions that have passed or will pass legislation requiring Paid Sick Leave, Paid Sick Time will be billed back to Client at the straight-time bill rate for all hours taken by any Consultant assigned to Client. This section is not applicable until the effective date of such legislation has been reached.

20. Unscheduled Facility Closure Policy.

Soliant will incur fixed expenses over the entire course of a Consultant's contract assignment with Client related to the Consultant's housing and per diem costs. The parties agree that in the event of an unforeseen or unexpected interruption in a Consultant's assignment resulting from an unscheduled closure, complete or partial, of Client's facilities due to natural or manmade disasters, such as, and without limiting the generality of the foregoing, fire, storms, flooding, earthquake, labor unrest, riots, and/or acts of terrorism or war (each an "Unscheduled Closure"), Client will transition to virtual services for all Consultants whose services can be performed in such a setting. Client shall be billed for services performed at the regular contracted hourly bill rate for all hours worked by Consultant. Virtual service hours shall be entered and processed according to the normal time submittal and approval process unless otherwise requested by Client and agreed upon by Soliant. Soliant and Client will mutually determine which contracted disciplines qualify for virtual services. For contracted services not eligible for virtual services, Client will be invoiced and shall pay for each such affected Consultant's services at the reduced rate of \$200 per day for each day that the Consultant(s) is unable to work by virtue of such Unscheduled Closure.

21. Multiple Locations.

If client requires Consultant to travel to and perform services at more than one location, Client will compensate Soliant for travel time between facilities at the regular hourly bill rate and for mileage not to exceed the current acceptable IRS reimbursement rate.



CLIENT SERVICES AGREEMENT

22. Issue Resolution.

In the event Client encounters an issue that is not satisfactorily resolved by its Soliant representative, Client should escalate the issue to the appropriate Soliant manager by calling 800-849-5502. Please ask for your account representative's manager.

23. Indemnification.

To the extent permitted by law, each party will indemnify, defend and hold harmless the other against third party claims arising from breaches of the parties' respective obligations under this Agreement.

24. Confidentiality.

Each party acknowledges that as a result of this Agreement, they will learn confidential information of the other party. Confidential information is defined as that information which is private to each party but is shared by one to the other party as required to accomplish this Agreement and **includes bill rates, fees for permanent placements and terms and conditions of this Agreement**. It is agreed that neither party will disclose any confidential information of the other party to any person or entity. Neither will it permit any person nor entity to use said confidential information.

Disclosures required by law including properly executed Freedom of Information Act requests and information shared to the appropriate individuals within the respective organizations as necessary to execute this Agreement, shall be the only exceptions permitted under this Agreement.

Confidential Information of Soliant shall include, but is not limited to, any and all unpublished information owned or controlled by Soliant and/or its employees, that relates to the clinical, technical, marketing, business or financial operations of Soliant and which is not generally disclosed to the public including but not limited to employee information, technical data, policies, financial data and information to include contract terms and provisions, billing rates, permanent placement fees whether disclosed orally, in writing or by inspection. If the receiving party shall attempt to use or dispose of any of the Confidential Information, or any duplication or modification thereof, in any manner contrary to the terms of the foregoing, the disclosing party shall have the right, in addition to such other remedies which may be available to it, to obtain an injunctive relief enjoining such acts or attempts as a court of competent jurisdiction may grant, it being acknowledged that legal remedies are inadequate.

25. Family Education Rights and Privacy Act.

Soliant shall comply with all laws, rules and regulations pursuant to the Family Educational Rights and Privacy Act, 20 USC 1232g ("FERPA") and acknowledges that certain information about the Client's students is contained in records maintained by Soliant and the Consultant and that this information can be confidential by reason of FERPA and related Client policies. Both parties agree to protect these records in accordance with FERPA and Client policy. To the extent permitted by law, nothing contained herein shall be construed as precluding either party from releasing such information to the other so that each can perform its respective responsibilities. As it applies, Consultant s assigned to Client will execute a FERPA Statement of Understanding outlining appropriate guidelines.

26. State Retirement System Notice.

This notice is intended to clarify the manner of payment in contemplation of a Consultant's mandatory or permissive participation in a state teacher retirement system, school employees' retirement system, and/or any similar or successor system applicable to the professionals provided by Soliant. Client acknowledges and agrees that if formal notice is required to be given to any Consultant that participation in any such retirement system/pension is either: 1) permitted by Consultant's election; or 2) is required by law, then Client is solely responsible for providing such notice to Consultant s and fulfilling all associated administrative duties. Client shall immediately notify Soliant if any Consultant is required to, or voluntarily elects to participate in any such system. In such event, Client shall advise Soliant of the withholding obligation percentages (both employer and employee share) so that invoices to Client and payment to the Consultant may be adjusted accordingly. The parties agree that Client shall withhold and pay to the retirement/pension both the employee and employer shares. The parties agree that the applicable employee and employer shares paid to the system by the Client shall be deducted from the amount owed to Soliant by the Client hereunder. The parties agree that the applicable employee share paid to the system by the Client shall be deducted from the amount due the Consultant by Soliant. The Client and Soliant expressly acknowledge and agree that if any Consultant is required to, or elects to participate in a retirement system/pension, the Client shall be solely responsible for: 1) creating an account for Consultant with the appropriate retirement system/pension; 2) all present and/or future obligations to make employee and employer cash payments/ contributions to the retirement system/pension as required by law and/or set by the retirement system/pension; and 3) otherwise administering all employer obligations pertaining to the Consultant's interest in retirement system/pension.

27. Conflicts of Interest.

The parties acknowledge their respective obligation to report any conflict of interest and/or apparent conflict of interest that may interfere with their ability to perform their obligations hereunder objectively and effectively. To that end, the Parties hereby certify and represent that their officials, employees and agents do not have any significant financial or other pecuniary interest in the other party's business enterprise, and that no inducements of monetary or other value were offered or given to any officer, employee or agent of the other party. Each party agrees to promptly notify the other in the event it becomes aware of any conflict of interest or apparent conflict of interest.



CLIENT SERVICES AGREEMENT

28. Survival.

The parties' obligations under this Agreement which by their nature continue beyond termination, cancellation or expiration of this Agreement, shall survive termination, cancellation or expiration of this Agreement.

29. Governing Law.

This Agreement shall be governed by the laws of the state of Delaware.

30. Notices.

All notices required to be given in writing will be sent to the names/addresses listed below.

Soliant Health LLC
Contract Department
5550 Peachtree Parkway
Suite 500
Peachtree Corners, GA 30092
ContractDepartment@soliant.com

To Client
Attention:
Address:

Email:

With a copy to:
General Counsel
ContractNotices@soliant.com

With a copy to:
Attention:
Address:

Email:

31. Modification of Agreement.

This Agreement may not be modified, amended, suspended, or waived, except by the mutual written agreement of the Parties who are authorized to execute the agreement.

32. Entire Agreement.

This Agreement represents the entire agreement between the parties and supersedes any prior understandings or agreements whether written or oral between the parties respecting the subject matter herein. This Agreement may only be amended in a writing specifically referencing this provision and executed by both parties. This Agreement shall inure to the benefit of and shall be binding upon the parties hereto and their respective heirs, personal representatives, successors and assigns, subject to the limitations contained herein. The unenforceability, invalidity or illegality of any provision of this Agreement shall not render any other provision unenforceable, invalid or illegal and shall be subject to reformation to the extent possible to best express the original intent of the parties. This Agreement and attached Assignment Confirmation contain terms that may only be altered when agreed upon in writing by both parties.

This Agreement and attached Assignment Confirmation contain terms that may only be altered when agreed upon in writing by both parties. ***(Please return all pages of this Client Services Agreement)***

CLIENT

SOLIANT HEALTH LLC

Signature Date

Signature Date

Printed Name

Printed Name

Title

Title



CLIENT INFORMATION REQUEST

CLIENT

School, District or Business Name: _____

Billing Address: _____

City, State, Zip: _____

Contact Name to Receive Invoice: _____

Invoice Email: _____

Invoice Email CC, if applicable: _____

Contact Phone: _____

In an effort to increase efficiency for our Clients, Soliant Health will email service invoices. Should you wish to opt out of this process, please check here

Invoice Follow-up Contact: Name: _____

same as above Email: _____

Phone: _____

Payment Inquiry Contact: Name: _____

same as above Email: _____

Phone: _____

SOLIANT HEALTH, LLC

Correspondence Address

Correspondence, Contracts, Contract Addendums, Notices, etc.

5550 Peachtree Parkway, Suite 500
Peachtree Corners, GA 30092
Fax Number: 877-831-8511

Remittance Address

Only payments should be sent to this address

PO Box 934411
Atlanta, GA 31193-4411

Account Representative

Name: Sarah Zuern

Email: sarah.zuern@soliant.com

Telephone: 678-538-6747

Billing Disputes, Purchase Orders, W-9 Requests

Email: billing@soliant.com

Fax: 877-831-8511

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 10 day of October, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Blackshere PTO (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 Blackshere PTO
- II. Contact Name Rhonda Smith
- III. Address PO Box 43 Mannington, WV 26582
- IV. Phone Number _____
- V. The MCBOE covenants and agrees that it shall, from Sat. Oct. 22, 2022 through Sat. Oct. 22, 2022, make available to the Blackshere PTO the Blackshere Campus for the purpose of Fall Fest. 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? ~~No~~ 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 84-3000568 (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 Blackshere Campus 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 Waived
(Additional fees may apply depending on facility) \$ Waived

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: Erie Insurance
Policy Number Q 355400043

*****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 _____ 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 _____, until the _____ 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.

Cynthia Miller
Representative of Organization

10/10/22
Date

Karen DeVaul
Principal or Designee

10-10-22
Date

Cheryl [Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

10-13-22
Date

Superintendent

Date

Board President

Date

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

DECLARATIONS



ERIE INS PROP/CAS CO
GENERAL LIABILITY POLICY

REVISED DECLARATIONS

REASON FOR AMENDMENT - REVISED POLICY

Agent	ITEM 2. Policy Period	Policy Number
EE1212 UNITED SECURITY AGENCY	11/04/21 TO 11/04/22	Q35 5400043 W

ITEM 1. Named Insured and Address
BLACKSHERE ELEMENTARY PTO
PO BOX 43
MANNINGTON WV 26582-0043

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 INSUREDS	\$ 35.

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

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

See Reverse Side

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.
Blackshere Elementary Parent Teacher Organization

2 Business name/disregarded entity name, if different from above

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

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

Other (see instructions) ▶ **Non-Profit**

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.
PO Box 43

6 City, state, and ZIP code.
Mannington, WV 26582

7 List account number(s) here (optional)

Requester's name and address (optional)

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	4	-	3	0	0	6	5	6	8
---	---	---	---	---	---	---	---	---	---

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 ▶ **[Signature]** Date ▶ **10/10/22**

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.



REVISED DECLARATIONS

REASON FOR AMENDMENT - REVISED POLICY

Agent	ITEM 2. Policy Period	Policy Number
EE1212 UNITED SECURITY AGENCY	11/04/21 TO 11/04/22	Q35 5400043 W

ITEM 1. Named Insured and Address
 BLACKSHERE ELEMENTARY PTO
 PO BOX 43
 MANNINGTON WV 26582-0043

ITEM 3. Other Interest

RECORD OF ADDITIONAL INSUREDS - MANAGERS OR LESSORS OF PREMISES

MARION COUNTY BOARD OF
 EDUCATION
 1516 MARY LOU RETTON DR
 FAIRMONT WV 26554-2204

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Blackshere Elementary Parent Teacher Organization

2 Business name/disregarded entity name, if different from above

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 another LLC that is not 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) ▶ **Non-Profit**

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.
PO Box 43

6 City, state, and ZIP code.
Mannington, WV 26582

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				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
Employer identification number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">84</td> <td style="width: 25%;">-3</td> <td style="width: 25%;">006</td> <td style="width: 25%;">568</td> </tr> </table>	84	-3	006	568
84	-3	006	568	

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 ▶ 10/10/22
------------------	----------------------------	------------------------

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.

15-2200

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA G702

Page one of 1 pages 2

OWNER: Marion County Schools
1516 Mary Lou Retton Drive
Fairmont, WV 26554

PROJECT: East Dale Elementary School Addition

CONTRACTOR: Veritas Contracting LLC
246 Business Drive
Fairmont, WV 26554

APPLICATION NUMBER: 21039-14
PURCHASE ORDER NUMBER: Contract

ARCHITECT: Omni Associates-Architects, Inc
207 Jefferson Street
Fairmont, WV 26554

PERIOD FROM: 08/25/2022 - 10/07/2022

CONTRACT FOR: General Construction Contract

CONTRACT DATE: 6/22/2021

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment as shown below in connection with the Contract Continuation Sheet Form G703 is attached

1. Original Contract Sum **\$ 3,576,689.00**

2. Net change by Change Orders **\$ 415,420.63**

3. Contract Sum to Date (Line 1+2) **\$ 3,992,109.63**

4. Total completed stored to date **\$ 3,552,402.04**
(Column G on G703)

5. Retainage: a 5 % of work completed **\$ 177,620.10**
(columns D+E on G703)

b 5 % of stored material **\$ -**
(column F on G703)

Total Retainage (Line 5a + 5b) **\$ 177,620.10**

6. Total Earned Less Retainage **\$ 3,374,781.94**
(Line 4 less line 5)

7. Less Previous Certificates for Payment **\$ 2,999,449.37**
(Line 6 from prior Certificate)

8. Current Payment Due **\$ 375,332.57**
(Line 6 from prior Certificate)

9. Balance to finish, including retainage **\$ 617,327.69**
(Line 3 less line 6)

Change order summary	Additions	Deletions
Total changes approved previous by owner	\$ 467,925.64	\$ 42,989.04
Total approved this month	\$ 4,603.97	\$ 14,119.94
TOTALS	\$ 472,529.61	\$ 57,108.98

The undersigned Contractor certifies that to the best of the contractor's knowledge information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents. That all amounts have been paid by the Contractor for Work for which Previous Certificates for Payment were issued and payments received from the Owner and that current payment shown herein is now due

CONTRACTOR: Veritas Contracting LLC

By: Jesse L. Ayers II
State of West Virginia
County of MARION

Subscribed and sworn to before me this 10 day of October 2022

Notary Public
My Commission expires 9-14-210

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application. The Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated. The quality of the Work is in accordance with the Contract Documents and the Contractor is entitled to payment of the Amount Certified **\$ 375,332.57**

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT
By: *[Signature]* Date: 10/11/22

This Certificate is not negotiable. The Amount Certified is payable only to the contractor named herein. Payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this contract.

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-14

AIA Document G 703 APPLICATION AND CERTIFICATE FOR PAYMENT
 Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO: 08/25/2022 - 10/07/2022
 ARCHITECTS' PROJECT NO:

A	B	C	D	E	F	G	H	I
ITEM NO	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED	THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN DORE)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	BALANCE TO FINISH (C-G)	RETAINAGE
			FROM PREVIOUS APPLICATIONS (D-E)					5%
1	Mobilization and Layout	\$ 39,680.00	\$39,680.00	\$0.00	\$0.00	\$39,680.00	\$0.00	\$1,984.00
2	Insurance and Bonding	\$ 76,845.00	\$76,845.00	\$0.00	\$0.00	\$76,845.00	\$0.00	\$3,842.25
3	Site Supervision Working Formen General Requirment	\$ 207,209.00	\$181,390.00	\$12,909.00	\$0.00	\$194,299.00	\$12,910.00	\$9,714.95
4	Construction Aid, Equipment and Storage	\$ 150,893.00	\$131,922.00	\$9,485.00	\$0.00	\$141,407.00	\$9,486.00	\$7,070.35
5	Temporary Construction & Safety Fencing	\$ 3,892.00	\$3,406.00	\$486.00	\$0.00	\$3,892.00	\$0.00	\$194.60
6	Demolition	\$ 13,654.00	\$13,654.00	\$0.00	\$0.00	\$13,654.00	\$0.00	\$682.70
7	E&S Controls/Survey/Site Demolition	\$ 39,425.00	\$39,425.00	\$0.00	\$0.00	\$39,425.00	\$0.00	\$1,971.25
8	Earthwork	\$ 68,600.00	\$68,600.00	\$0.00	\$0.00	\$68,600.00	\$0.00	\$3,430.00
9	Fencing	\$ 26,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,600.00	\$0.00
10	Utilities/Sanitary Sewer and Stormwater	\$ 116,930.00	\$116,930.00	\$0.00	\$0.00	\$116,930.00	\$0.00	\$5,846.50
11	Separation Fabric & 6" Aggregate Base	\$ 36,871.00	\$36,871.00	\$0.00	\$0.00	\$36,871.00	\$0.00	\$1,843.55
12	Form and Pour Trench Box	\$ 4,080.00	\$4,080.00	\$0.00	\$0.00	\$4,080.00	\$0.00	\$204.00
13	Landscape - Material	\$ 7,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$0.00
14	Landscape - Labor	\$ 2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00
15	Asphalt Pavement and Striping	\$ 101,000.00	\$40,000.00	\$35,800.00	\$0.00	\$75,800.00	\$25,200.00	\$3,790.00
16	Concrete Curbs - Material	\$ 18,602.00	\$9,102.00	\$9,500.00	\$0.00	\$18,602.00	\$0.00	\$930.10
17	Concrete Curbs - Labor	\$ 41,472.00	\$21,000.00	\$20,472.00	\$0.00	\$41,472.00	\$0.00	\$2,073.60
18	Concrete Sidewalks - Material	\$ 27,922.00	\$5,923.00	\$0.00	\$0.00	\$5,923.00	\$21,999.00	\$296.15
19	Concrete Sidewalks - Labor	\$ 20,346.00	\$4,318.00	\$0.00	\$0.00	\$4,318.00	\$16,028.00	\$215.90
20	Flag & Light Pole Foundations	\$ 2,410.00	\$1,450.00	\$0.00	\$0.00	\$1,450.00	\$960.00	\$72.50
21	Building Foundation & Piers - Material	\$ 22,596.00	\$22,596.00	\$0.00	\$0.00	\$22,596.00	\$0.00	\$1,129.80
22	Building Foundation & Piers - Labor	\$ 21,242.00	\$21,242.00	\$0.00	\$0.00	\$21,242.00	\$0.00	\$1,062.10
23	Slab on Grade - Material	\$ 44,600.00	\$44,600.00	\$0.00	\$0.00	\$44,600.00	\$0.00	\$2,230.00
24	Slab on Grade - Labor	\$ 25,063.00	\$25,063.00	\$0.00	\$0.00	\$25,063.00	\$0.00	\$1,253.15
25	ICF Walls - Material	\$ 93,718.00	\$93,718.00	\$0.00	\$0.00	\$93,718.00	\$0.00	\$4,685.90
26	ICF Walls - Labor	\$ 65,608.00	\$65,608.00	\$0.00	\$0.00	\$65,608.00	\$0.00	\$3,280.40
27	Damproofing & Backfill - Material	\$ 19,009.00	\$19,009.00	\$0.00	\$0.00	\$19,009.00	\$0.00	\$950.45
28	Damproofing & Backfill - Labor	\$ 13,740.00	\$13,740.00	\$0.00	\$0.00	\$13,740.00	\$0.00	\$687.00
29	Masonry - Material	\$ 79,100.00	\$79,100.00	\$0.00	\$0.00	\$79,100.00	\$0.00	\$3,955.00
30	Masonry - Labor	\$ 77,171.00	\$77,171.00	\$0.00	\$0.00	\$77,171.00	\$0.00	\$3,858.55

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-14

AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT.
 Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO: 08/25/2022 - 10/07/2022

ARCHITECTS' PROJECT NO:

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)		G TOTAL COMPLETED AND STORED TO DATE (D+E+F)		H BALANCE TO FINISH (C-G)	I RETAINAGE 5%
			FROM PREVIOUS APPLICATIONS (D+E)					% (G/C)			
31	Structural Steel - Material	\$ 144,450.00	\$144,450.00	\$0.00	\$0.00	\$0.00	\$144,450.00	100.00%	\$0.00	\$7,222.50	
32	Structural Steel - Labor	\$ 71,989.00	\$71,989.00	\$0.00	\$0.00	\$0.00	\$71,989.00	100.00%	\$0.00	\$3,599.45	
33	Ext. Mill Studding & Sheathing - Material	\$ 13,247.00	\$13,247.00	\$0.00	\$0.00	\$0.00	\$13,247.00	100.00%	\$0.00	\$662.35	
34	Ext. Mill Studding & Sheathing - Labor	\$ 13,848.00	\$13,848.00	\$0.00	\$0.00	\$0.00	\$13,848.00	100.00%	\$0.00	\$692.40	
35	Rough Carpentry - Material	\$ 4,787.00	\$4,787.00	\$0.00	\$0.00	\$0.00	\$4,787.00	100.00%	\$0.00	\$239.35	
36	Rough Carpentry - Labor	\$ 2,366.00	\$2,366.00	\$0.00	\$0.00	\$0.00	\$2,366.00	100.00%	\$0.00	\$118.30	
37	Framing and Drywall Systems - Material	\$ 55,287.00	\$55,287.00	\$0.00	\$0.00	\$0.00	\$55,287.00	100.00%	\$0.00	\$2,764.35	
39	Framing and Drywall Systems - Labor	\$ 101,034.00	\$89,008.00	\$9,026.00	\$0.00	\$0.00	\$98,034.00	97.03%	\$3,000.00	\$4,901.70	
40	Roofing, Flashing and Coping - Material	\$ 163,445.00	\$158,944.00	\$0.00	\$0.00	\$0.00	\$158,944.00	97.25%	\$4,501.00	\$7,947.20	
41	Canopy, Flashing and Coping - Veritas	\$ 7,922.00	\$5,800.00	\$1,500.00	\$0.00	\$0.00	\$7,300.00	92.15%	\$622.00	\$365.00	
42	Metal Siding and Trm - Material	\$ 3,360.00	\$3,360.00	\$0.00	\$0.00	\$0.00	\$3,360.00	100.00%	\$0.00	\$168.00	
43	Metal Siding and Trm - Labor	\$ 2,549.00	\$1,655.00	\$0.00	\$0.00	\$0.00	\$1,655.00	64.93%	\$894.00	\$82.75	
44	Ext Door Canopy - Material	\$ 8,025.00	\$8,025.00	\$0.00	\$0.00	\$0.00	\$8,025.00	100.00%	\$0.00	\$401.25	
45	Ext Door Canopy - Labor	\$ 2,510.00	\$2,510.00	\$0.00	\$0.00	\$0.00	\$2,510.00	100.00%	\$0.00	\$125.50	
46	HMI Frames and Doors - Material	\$ 53,488.00	\$52,845.00	\$643.00	\$0.00	\$0.00	\$53,488.00	100.00%	\$0.00	\$2,674.40	
47	HMI Frames and Doors - Labor	\$ 7,593.00	\$5,094.00	\$499.00	\$0.00	\$0.00	\$5,593.00	73.66%	\$2,000.00	\$279.65	
48	Door Hardware - Material	\$ 296.00	\$296.00	\$0.00	\$0.00	\$0.00	\$296.00	100.00%	\$0.00	\$14.80	
49	Door Hardware - Labor	\$ 12,062.00	\$1,125.00	\$997.00	\$0.00	\$0.00	\$2,062.00	17.10%	\$10,000.00	\$103.10	
50	Alum. Doors and Windows	\$ 99,000.00	\$58,545.00	\$30,555.00	\$0.00	\$0.00	\$89,100.00	90.00%	\$9,900.00	\$4,455.00	
51	Casework, Tops and Window Sills - Material	\$ 58,443.00	\$0.00	\$58,443.00	\$0.00	\$0.00	\$58,443.00	100.00%	\$0.00	\$2,922.15	
52	Casework, Tops and Window Sills - Labor	\$ 22,691.00	\$0.00	\$17,591.00	\$0.00	\$0.00	\$17,591.00	77.52%	\$5,100.00	\$879.55	
53	Painting and Fire Caulking	\$ 28,752.00	\$2,045.00	\$14,725.00	\$0.00	\$0.00	\$16,770.00	58.31%	\$11,982.00	\$838.50	
54	Acoustical Grid & Tie - Material	\$ 31,227.00	\$14,217.00	\$9,010.00	\$0.00	\$0.00	\$23,227.00	74.38%	\$8,000.00	\$1,161.35	
55	Acoustical Grid & Tie - Labor	\$ 18,373.00	\$2,940.00	\$2,433.00	\$0.00	\$0.00	\$5,373.00	29.24%	\$13,000.00	\$268.65	
56	Flooring Coverngs	\$ 125,000.00	\$100,133.50	\$16,093.00	\$0.00	\$0.00	\$116,226.50	92.98%	\$8,773.50	\$5,811.33	
57	Toilet Accessories and Partitions - Material	\$ 3,868.00	\$3,868.00	\$0.00	\$0.00	\$0.00	\$3,868.00	100.00%	\$0.00	\$193.40	
58	Toilet Accessories and Partitions - Labor	\$ 4,123.00	\$2,700.00	\$0.00	\$0.00	\$0.00	\$2,700.00	65.49%	\$1,423.00	\$135.00	
59	Classroom Furnishings - Material	\$ 67,515.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$67,515.00	\$0.00	
60	Classroom Furnishings - Labor	\$ 7,868.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$7,868.00	\$0.00	

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-14

AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT.
 Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO: 08/25/2022 - 10/07/2022
 ARCHITECTS' PROJECT NO:

A	B	C	D	E	F	G	H	I
ITEM NO	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED	THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	BALANCE TO FINISH (C-G)	RETAINAGE %
61	Door Signage and Fire Exi	\$ 3,888.00	\$3,558.00	\$0.00	\$0.00	\$3,558.00	\$330.00	\$177.90
62	Sprinkler System- Material	\$ 18,392.00	\$14,394.00	\$2,998.00	\$0.00	\$17,392.00	\$1,000.00	\$669.60
63	Sprinkler System- Labor	\$ 17,308.00	\$12,738.00	\$2,250.00	\$0.00	\$14,988.00	\$2,320.00	\$749.40
64	Electrical - Mobilization/Demo	\$ 12,500.00	\$12,500.00	\$0.00	\$0.00	\$12,500.00	\$0.00	\$625.00
65	Electrical - Lighting Material	\$ 67,500.00	\$67,500.00	\$0.00	\$0.00	\$67,500.00	\$0.00	\$3,375.00
66	Electrical - Lighting Labor	\$ 18,500.00	\$14,500.00	\$0.00	\$0.00	\$14,500.00	\$4,000.00	\$725.00
67	Electrical - Power Distribution Material	\$ 94,500.00	\$32,715.00	\$14,535.00	\$0.00	\$47,250.00	\$47,250.00	\$2,362.50
68	Electrical - Power Distribution Labor	\$ 18,000.00	\$4,500.00	\$4,500.00	\$0.00	\$9,000.00	\$9,000.00	\$450.00
69	Electrical - Wiring Devices Material	\$ 13,000.00	\$7,910.00	\$5,090.00	\$0.00	\$13,000.00	\$0.00	\$650.00
70	Electrical - Wiring Devices Labor	\$ 25,000.00	\$14,112.00	\$5,888.00	\$0.00	\$20,000.00	\$5,000.00	\$1,000.00
71	Electrical-HVAC Materials	\$ 12,000.00	\$7,125.00	\$1,275.00	\$0.00	\$8,400.00	\$3,600.00	\$420.00
72	Electrical-HVAC Labor	\$ 12,000.00	\$6,000.00	\$0.00	\$0.00	\$6,000.00	\$6,000.00	\$300.00
73	Electrical- Data Materials	\$ 29,500.00	\$14,750.00	\$5,900.00	\$0.00	\$20,650.00	\$8,850.00	\$1,032.50
74	Electrical- Data Labor	\$ 5,000.00	\$1,000.00	\$3,500.00	\$0.00	\$4,500.00	\$500.00	\$225.00
75	Electrical- Security/Access Materials	\$ 23,000.00	\$2,300.00	\$11,500.00	\$0.00	\$13,800.00	\$9,200.00	\$690.00
76	Electrical- Security/Access Labor	\$ 2,500.00	\$250.00	\$1,750.00	\$0.00	\$2,000.00	\$500.00	\$100.00
77	Electrical- Fire Alarm Materials	\$ 8,000.00	\$2,400.00	\$4,400.00	\$0.00	\$6,800.00	\$1,200.00	\$340.00
78	Electrical- Fire Alarm Labor	\$ 2,000.00	\$500.00	\$500.00	\$0.00	\$1,000.00	\$1,000.00	\$50.00
81	Plumbing- Mobilization	\$ 2,400.00	\$2,400.00	\$0.00	\$0.00	\$2,400.00	\$0.00	\$120.00
82	Plumbing- General Conditions	\$ 2,400.00	\$2,400.00	\$0.00	\$0.00	\$2,400.00	\$0.00	\$120.00
83	Plumbing- Exterior Sanitary UG	\$ 5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$250.00
84	Plumbing- Interior Sanitary UG	\$ 42,000.00	\$42,000.00	\$0.00	\$0.00	\$42,000.00	\$0.00	\$2,100.00
85	Plumbing- Interior Wager AG	\$ 54,000.00	\$47,345.00	\$4,575.00	\$0.00	\$51,920.00	\$2,080.00	\$2,596.00
86	Plumbing- Interior Sanitary AG	\$ 35,000.00	\$33,209.00	\$0.00	\$0.00	\$33,209.00	\$0.00	\$1,660.45
87	Plumbing- Gas Line	\$ 12,000.00	\$7,812.00	\$3,100.00	\$0.00	\$10,912.00	\$1,088.00	\$545.60
88	Plumbing- Fixtures	\$ 30,000.00	\$16,803.00	\$3,200.00	\$0.00	\$20,003.00	\$9,997.00	\$1,000.15
89	Plumbing- Rain Water	\$ 22,625.00	\$22,625.00	\$0.00	\$0.00	\$22,625.00	\$0.00	\$1,131.25
90	HVAC-RTU-1 Roofcurb Crane	\$ 168,900.00	\$153,900.00	\$15,000.00	\$0.00	\$168,900.00	\$0.00	\$8,445.00

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-14

AIA Document G 703 APPLICATION AND CERTIFICATE FOR PAYMENT.
 Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO: 08/25/2022 - 10/07/2022
 ARCHITECTS: PROJECT NO:

A	B	C	D	E	F	G	H	I	
ITEM NO	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E)	THIS PERIOD	MATERIALS STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	BALANCE TO FINISH (C-G)	RETAINAGE 5%
91	HVAC-RTU-1 Roofturb. Crane-Labor	\$ 9,000.00	\$6,350.00	\$2,650.00	\$0.00	\$9,000.00	100.00%	\$0.00	\$450.00
92	HVAC-Electric VAV's, Electric Heater	\$ 58,300.00	\$43,700.00	\$14,600.00	\$0.00	\$58,300.00	100.00%	\$0.00	\$2,915.00
93	HVAC- Elect VAV's Electric Heater- Labor	\$ 5,000.00	\$2,400.00	\$2,600.00	\$0.00	\$5,000.00	100.00%	\$0.00	\$250.00
94	HVAC- Registers, Grills and Exhaust Fans	\$ 20,000.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00	100.00%	\$0.00	\$1,000.00
95	HVAC- Reg. Grills, Exhaust Fans- Labor	\$ 6,850.00	\$4,000.00	\$0.00	\$0.00	\$4,000.00	58.39%	\$2,850.00	\$200.00
96	SFC-1 Minn Split	\$ 8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	100.00%	\$0.00	\$400.00
97	SFC-1 Minn Split- Labor	\$ 2,500.00	\$1,380.00	\$525.00	\$0.00	\$1,905.00	76.20%	\$595.00	\$95.25
98	Duct Work, Insulation	\$ 45,000.00	\$41,000.00	\$4,000.00	\$0.00	\$45,000.00	100.00%	\$0.00	\$2,250.00
99	Duct Work, Insulation-Labor	\$ 39,000.00	\$35,255.00	\$3,745.00	\$0.00	\$39,000.00	100.00%	\$0.00	\$1,950.00
100	Certified Test and Balance-Labor	\$ 10,569.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$10,569.00	\$0.00
101	Certified Test and Balance-Labor	\$ 1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$1,500.00	\$0.00
102	Progressive and Final Cleaning	\$ 11,650.00	\$7,015.00	\$1,650.00	\$0.00	\$8,665.00	74.38%	\$2,985.00	\$433.25
103	Change Order 1 - Contingency Allowance	\$ 50,000.00	\$28,743.00	\$14,119.94	\$0.00	\$42,862.94	85.73%	\$7,137.06	\$2,143.15
104	Change Order 2 - Temp Parking & Gas Line	\$ 42,034.00	\$42,034.00	\$0.00	\$0.00	\$42,034.00	100.00%	\$0.00	\$2,101.70
105	Change Order 3 - Canopy	\$ 99,955.00	\$65,751.00	\$24,175.00	\$0.00	\$89,926.00	89.98%	\$10,019.00	\$4,496.80
106	Change Order 4 - Addition Paving & Concrete	\$ 35,828.20	\$25,750.20	\$0.00	\$0.00	\$25,750.20	71.87%	\$10,078.00	\$1,287.51
107	Change Order 5 - HVAC Control Credit	\$ (42,989.04)	(\$17,650.00)	-\$17,650.00	\$0.00	(\$35,300.00)	82.11%	(\$7,689.04)	(\$1,785.00)
108	Change Order 6 - Contract Time Increased	\$ -	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00
109	Change Order 7 - Water Line Addition	\$ 43,421.40	\$43,421.40	\$0.00	\$0.00	\$43,421.40	100.00%	\$0.00	\$2,171.07
110	Change Order 8 - Apron, Storm, Gas Line & Toilet P	\$ 8,502.40	\$4,397.40	\$0.00	\$0.00	\$4,397.40	51.72%	\$4,105.00	\$219.87
111	Change Order 9 - Design Change	\$ 133,373.67	\$133,373.67	\$0.00	\$0.00	\$133,373.67	100.00%	\$0.00	\$6,668.68
112	Change Order 10 - Fence, Over-X, Roof Drains	\$ 20,419.65	\$17,178.65	\$0.00	\$0.00	\$17,178.65	84.13%	\$3,241.00	\$858.93
113	Change Order 11 - Breakers in Existing Switchgear	\$ 7,267.95	\$4,428.88	\$0.00	\$0.00	\$4,428.88	60.94%	\$2,839.07	\$221.44
114	Change Order 12 - Multiple	\$ 13,003.43	\$13,003.43	\$0.00	\$0.00	\$13,003.43	100.00%	\$0.00	\$650.17
115	Change Order 13 - Metal Siding Panels	\$ 14,119.94	\$0.00	\$14,119.94	\$0.00	\$14,119.94	100.00%	\$0.00	\$706.00
116	Change Order 13 - Metal Siding Panels Deleted	\$ (14,119.94)	\$0.00	-\$14,119.94	\$0.00	(\$14,119.94)	100.00%	\$0.00	(\$706.00)
117	Change Order 14 - Purchase of New Flagpole	\$ 4,603.97	\$0.00	\$4,603.97	\$0.00	\$4,603.97	100.00%	\$0.00	\$230.20
		\$ -	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00
		\$ 3,992,108.63	\$ 3,157,315.13	\$395,086.91	\$0.00	\$3,552,402.04	88.99%	\$439,706.59	\$177,620.10

NOTE: THIS SCHEDULE OF VALUES IS SOLEY FOR THE PURPOSE OF CHECKING MONTHLY APPLICATIONS FOR PAYMENT

U.S. Department of Labor

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NAME OF CONTRACTOR OR SUBCONTRACTOR
Veritas Contracting, LLC

ADDRESS
246 Business Park Drive
Fairmont WV 26554

OMB No.
Expires

PAYROLL NO 55 FOR WEEK ENDING 9/3/2022 12:00:00 AM PROJECT AND LOCATION East Dale Elementary 57 East Dale Rd Fairmont WV 26554 PROJECT OR CONTRACT NO

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO OF WHI EXEMP TIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE	OTHER		TOTAL DEDUCTIONS
			28	29	30	31	1	2	3										
Mr Nathanael Z Blosser 183 E Hale Drive Morantown WV 26508 XXX XX-8493	0	Skilabo	0	5	10.00	10.00	10.00	10.00	40.00	20.00	800.00	47.57	78.07	30.20	11.12	63.65	230.61	569.39	
Mr Shawn M Dalton 129 Nicholson Loop Road Morantown WV 26508 XXX XX-4817	0	Skilabo	0	5	10.00	10.00	10.00	10.00	40.00	19.00	760.00	45.09	73.27	28.40	10.54	34.80	192.10	567.90	
Mr Mark A Malbie 272 Majestic View Drive Kinwood WV 26537 XXX XX-5031	0	Skilabo	0	5	10.00	10.00	10.00	10.00	30.00	26.00	780.00	48.36	79.61	30.93	11.31	2.00	172.21	607.79	
Mr Matthew A Malbie 272 Majestic View Drive Kinwood WV 26537 XXX XX-7479	0	Skilabo	0	5	10.00	10.00	10.00	10.00	40.00	21.84	873.60	50.17	78.08	30.20	11.73	74.78	244.96	595.04	
Mr Clarence E Phares 236 Meadowlane Ave Fairmont WV 26554 XXX XX-3779	1	Skilabo	0	5	10.00	10.00	10.00	10.00	40.00	17.00	680.00	42.16	57.69	26.27	9.86		135.98	544.02	
Mr Tyler C Rudash 472 Mendan Street Morantown WV 26505 XXX XX-0206	0	Skilabo	0	5	10.00			10.00	10.00	26.00	897.00	54.19	90.89	36.58	12.67	24.99	219.32	677.68	
Mr Robert C Sawicki 327 Ice Run Road Fairmont WV 26554	0	Skilabo	0	5	10.00	5.00	10.00	10.00	35.00	21.00	735.00	43.54	70.27	77.27	10.18	32.80	184.06	550.94	

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR		OR SUBCONTRACTOR	ADDRESS	PROJECT OR CONTRACT NO
Veritas Contracting, LLC			246 Business Park Drive Farmport WV 26554	
PAYROLL NO	FOR WEEK ENDING	IDENTIFYING NUMBER	PROJECT AND LOCATION	
55	9/2/2022 12 00 00 AM		East Dale Elementary 57 East Dale Rd Farmport WV 26554	
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION	AMOUNT	
Mr Mark A Mabie	XXX-XX-5031	LIT - FAIRMONT LOCAL	2.00	
		TOTAL	2.00	
Mr Matthew A Mabie	XXX-XX-7479	401K Retirement Plan	42.00	
		VRTSDENTAL SINGLE	7.79	
		LIT - FAIRMONT LOCAL	2.00	
		VRTSHLTH PLN A SINGLE	22.99	
		TOTAL	74.78	
Mr Tyler C Rudash	XXX-XX-8206	LIT - FAIRMONT LOCAL	2.00	
		VRTSHLTH PLN A SINGLE	22.99	
		TOTAL	24.99	
Mr Shawn M Dalton	XXX-XX-4817	VRTSDENTAL SINGLE	7.79	
		LIT - FAIRMONT LOCAL	2.00	
		VRTSHLTH PLN A SINGLE	22.99	
		VRTSVISION SINGLE	2.02	
		TOTAL	34.80	
Mr Robert C Sawitski	XXX-XX-8776	VRTSDENTAL SINGLE	7.79	
		VRTSHLTH PLN A SINGLE	22.99	
		VRTSVISION SINGLE	2.02	
		TOTAL	32.80	
Mr Nathanael Z Blosser	XXX-XX-8493	Child Support - WV	28.85	
		VRTSDENTAL SINGLE	7.79	
		LIT - FAIRMONT LOCAL	2.00	
		VRTSHLTH PLN A SINGLE	22.99	
		VRTSVISION SINGLE	2.02	
		TOTAL	63.85	

U.S. Department of Labor

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use: See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NAME OF CONTRACTOR OR SUBCONTRACTOR: **Ventus Contracting LLC** ADDRESS: **246 Business Park Drive Fairmont WV 26554** OMB No Expires

PAYROLL NO: **54** FOR WEEK ENDING: **9/10/2022 12:00:00 AM** PROJECT AND LOCATION: **East Dale Elementary 57 East Dale Rd Fairmont WV 26554** PROJECT OR CONTRACT NO:

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF W/HP EXEMP. TONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITHHOLDING TAX	STATE WITHHOLDING TAX	MEDICARE	OTHER		TOTAL DEDUCTIONS FOR WEEK
			4	5	6	7	8	9	10										
Mr Norman P Baro III 21 Skaline Drive Morgantown WV 26508 XXX XX 3095	2	Skilled			8:00	6:50				14.50	23.92	346.84	31.60	6.84	14.35	7.39	90.20	150.38	367.12
Mr Nathaniel Z Blosser 183 Estate Drive Morgantown WV 26508 XXX XX 8493	0	Skilled					8:00			8.00	30.00	400.00	62.45	118.89	44.57	14.60	63.65	304.16	735.84
Mr Nathan A Cramer 16772 Brandomme Pike Buckerton Mills WV 26575 XXX XX 4828	0	Skilled			8:00	3:00				11.00	21.74	239.15	39.09	57.67	22.55	9.14	67.83	196.28	468.72
Mr Roger L Dalton Jr 100 Grandview Avenue Morgantown WV 26501 XXX XX 8326	0	Skilled			8:00	8:00				25.00	27.00	675.00	68.63	94.94	50.55	16.05	2.00	232.17	874.83
Mr Jason A Harvey 515 Tyone Avey Rd Morgantown WV 26508 XXX XX 9341	1	Skilled						8:00		8.00	27.73	221.87	59.97	86.15	36.86	14.02	134.81	311.81	668.19
Mr Matthew A Mahle 277 Marjorie View Drive Kingwood WV 26537 XXX XX 7479	0	Skilled						8:00		8.00	32.42	960.96	65.80	118.76	44.53	15.39	87.38	331.86	760.14
Mr Clarence E Pheares 286 Meadowlark Ave Fairmont WV 26554 XXX XX 3779	1	Skilled			8:00	8:00	5:00			21.00	17.00	357.00	30.57	35.25	17.86	7.15		90.83	402.17
Mr Tyler C Rudash 417 Meridian Street Morgantown WV 26505 XXX XX 8206	0	Skilled			8:00	8:00				16.00	26.00	416.00	63.05	121.05	45.16	14.75	24.99	269.00	711.00
Mr Robert C Sawitski 127 Hies Run Road Fairmont WV 26554	0	Skilled			8:00	8:00	8:00	8:00	8:00	8.00	31.50	934.00	45.62	130.11	47.69	15.36	37.80	291.85	890.15

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR OR SUBCONTRACTOR		ADDRESS	
Veritas Contracting LLC		246 Business Park Drive Fairmont WV 26554	
PAYROLL NO	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO
56	9/10/2022 12:00:00 AM	East Dale Elementary 57 East Dale Rd Fairmont WV 26554	
NAME OF WORKER	DENYING NUMBER	DEDUCTION	AMOUNT
Mr Jason A Harvey	XXX-XX-9341	401K Retirement Plan	50.00
		Child Support - WV	52.01
		VRTSDENTAL SINGLE	7.79
		VRTSHLTH PLN A SINGLE	22.99
		VRTSVISION SINGLE	2.02
		TOTAL	134.81
Mr Nathan A Cramer	XXX-XX-4878	401K Retirement Plan	33.25
		VRTSHLTH PLN A E&CHILD	32.56
		VRTSVISION SINGLE	2.02
		TOTAL	67.83
Mr Norman P Barb III	XXX-XX-3095	401K Retirement Plan	25.88
		Child Support - WV	54.53
		VRTSDENTAL SINGLE	7.79
		LIT - FAIRMONT LOCAL	2.00
		TOTAL	90.20
Mr Roger L Dallon Jr	XXX-XX-8326	LIT - FAIRMONT LOCAL	2.00
		TOTAL	2.00
Mr Matthew A Mabie	XXX-XX-7479	401K Retirement Plan	54.60
		VRTSDENTAL SINGLE	7.79
		LIT - FAIRMONT LOCAL	2.00
		VRTSHLTH PLN A SINGLE	22.99
		TOTAL	87.38
Mr Tyler C Rudash	XXX-XX-8206	LIT - FAIRMONT LOCAL	2.00
		VRTSHLTH PLN A SINGLE	22.99
		TOTAL	24.99
Mr Robert C Sawitski	XXX-XX-6776	VRTSDENTAL SINGLE	7.79
		VRTSHLTH PLN A SINGLE	22.99
		VRTSVISION SINGLE	2.02
		TOTAL	32.80
Mr Nathanael Z Blosser	XXX-XX-8493	Child Support - WV	28.85
		VRTSDENTAL SINGLE	7.79

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR — OR SUBCONTRACTOR —
 Veritas Contracting LLC

PAYROLL NO 56 FOR WEEK ENDING 9/10/2022 12:00:00 AM

ADDRESS 248 Business Park Drive
 Fairmont WV 26554

PROJECT AND LOCATION East Dale Elementary
 57 East Dale Rd
 Fairmont WV 26554

NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION	PROJECT OR CONTRACT NO	AMOUNT
		LT - FAIRMONT LOCAL		2.00
		VRTSHL TH PLN A SINGLE		22.99
		VRTSVISION SINGLE		2.02
		TOTAL		63.65

U.S. Department of Labor

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/vwh347instr.htm)

PAYROLL

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NAME OF CONTRACTOR OR SUBCONTRACTOR: Veritas Contracting LLC
 ADDRESS: 246 Business Park Drive, Fairmont WV 26554
 PROJECT AND LOCATION: East Dale Elementary, 57 East Dale Rd, Fairmont WV 26554
 PAYROLL NO: 57
 FOR WEEK ENDING: 9/17/2022 12:00:00 AM
 OMB No. Expires: PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO OF W/H EXEMP TIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED /PERIOD	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK											
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITHH. HOLDING TAX	STATE WITHH. HOLDING TAX	MEDICARE	OTHER		TOTAL DEDUCTIONS										
			11	12	13	14	15	16	17																				
Mr. Roger D Kennedy Jr 157 Mountaineer Village Martinsburg WV 26508 XXX XX 1916	0	1000 Skillabo	0									20.00	24.88	497.61	770.00		45.60	69.64	27.03	10.66	76.08	229.01	540.99						
Mr. Matthew A Hubble 272 Majestic View Drive Kingwood WV 26537 XXX XX 7479	0	1000 Skillabo	0									8.00	32.41	1,135.68	1,092.00		65.80	118.76	44.53	15.39	87.38	311.86	760.14						
Mr. Clarence E Phares 236 Middledown Ave Fairmont WV 26554 XXX XX 3779	1	1000 Skillabo	0									5	10.00	40.00	680.00		42.16	57.69	26.27	9.86	22.99	135.88	544.02						
Mr. Grayson S Ralshnyder 360 N. Bonner Ridge Road Fairmont WV 26554 XXX XX 4482	0	1000 Skillabo	0									5	10.00	32.00	779.00	911.00		56.30	97.07	38.62	13.17	22.99	228.15	702.85					
Mr. Robert C Sawitzki 127 Lees Run Road Fairmont WV 26554 XXX XX 6776	0	1000 Skillabo	0									5	8.00	40.00	966.00	966.00		57.86	102.61	40.13	13.51	32.80	246.93	719.07					
Mr. Charles E Spears 98 Frisbie Drive Jane Lew WV 26378 XXX XX 3403	0	1000 Skillabo	0									5	10.00	10.00	230.00	920.00		53.30	89.18	35.72	12.47	273.60	464.27	455.73					
Total for Project East Dale Elementary														28.00	40.00	49.00	60.00	19.00	4.00	200.00	4,288.29	5,359.00	321.02	534.95	212.30	75.08	492.85	1,636.20	3,722.80

Within completion of Form WH-347 is optional. It is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. § 3.5. The Contractor and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of a payroll to the Federal agency contracting for or financing the construction project accompanied by a signed "Statement of Compliance" indicating that the payroll are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, NW, Washington, DC 20210.

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS	
Veritas Contracting LLC				246 Business Park Drive Farmont WV 26554	
PAYROLL NO	FOR WEEK ENDING	PROJECT AND LOCATION		PROJECT OR CONTRACT NO	
57	9/17/2022 12:00:00 AM	East Dale Elementary 57 East Dale Rd Farmont WV 26554			
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION	AMOUNT		
Mr Roger D Kennedy Jr	XXX-XX-1916	401K Retirement Plan	38.50		
		VRTSHLTH PLN A E&CHILD	32.56		
		LIT - Morgantown - Local Tax	3.00		
		VRTSVISION SINGLE	2.02		
		TOTAL	76.08		
Mr Matthew A Mabie	XXX-XX-7479	401K Retirement Plan	54.60		
		VRTSDENTAL SINGLE	7.79		
		LIT - FAIRMONT LOCAL	2.00		
		VRTSHLTH PLN A SINGLE	22.99		
		TOTAL	87.38		
Mr Charles E Spears	XXX-XX-3403	Child Support - WV	211.34		
		VRTSDENTAL EMP&CHILD	13.89		
		LIT - FAIRMONT LOCAL	2.00		
		VRTSHLTH PLN A E&CHLRN	42.52		
		VRTSVISION EMP&CHILD	3.85		
		TOTAL	273.60		
Mr Graydon S Ralphsnyder	XXX-XX-4492	VRTSHLTH PLN A SINGLE	22.99		
		TOTAL	22.99		
Mr Robert C Sawilski	XXX-XX-6776	VRTSDENTAL SINGLE	7.79		
		VRTSHLTH PLN A SINGLE	22.99		
		VRTSVISION SINGLE	2.02		
		TOTAL	32.80		

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR	OR SUBCONTRACTOR	ADDRESS	PROJECT OR CONTRACT NO
Veritas Contracting LLC		246 Business Park Drive Fairmont WV 26554	
PAYROLL NO	FOR WEEK ENDING	PROJECT AND LOCATION	
58	9/24/2022 12:00:00 AM	East Dale Elementary 57 East Dale Rd Fairmont WV 26554	
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION	AMOUNT
Mr Jason A Harvey	XXX-XX-9341	401K Retirement Plan	37.50
		Child Support - WV	52.01
		VRTSDENTAL SINGLE	7.79
		VRTSHLTH PLN A SINGLE	22.99
		VRTSVISION SINGLE	2.02
		TOTAL	122.31
Mr Michael T Waits	XXX-XX-1383	401K Retirement Plan	24.96
		VRTSHLTH PLN A &CHILD	32.56
		TOTAL	57.52
Mr Matthew A Mabie	XXX-XX-7479	401K Retirement Plan	54.60
		VRTSDENTAL SINGLE	7.79
		LIT - FAIRMONT LOCAL	2.00
		VRTSHLTH PLN A SINGLE	22.99
		TOTAL	87.38
Mr Tyler C Rudash	XXX-XX-8206	LIT - FAIRMONT LOCAL	2.00
		VRTSHLTH PLN A SINGLE	22.99
		TOTAL	24.99
Mr Charles E Spears	XXX-XX-3403	Child Support - WV	211.34
		VRTSDENTAL EMP&CHILD	13.89
		LIT - FAIRMONT LOCAL	2.00
		VRTSHLTH PLN A &CHILD	42.52
		VRTSVISION EMP&CHILD	3.85
		TOTAL	273.60
Mr Shawn M Dallon	XXX-XX-4817	VRTSDENTAL SINGLE	7.79
		LIT - FAIRMONT LOCAL	2.00
		VRTSHLTH PLN A SINGLE	22.99
		VRTSVISION SINGLE	2.02
		TOTAL	34.80

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NAME OF CONTRACTOR OR SUBCONTRACTOR: Veritas Contracting LLC
 ADDRESS: 246 Business Park Drive, Fairmont WV 26554
 PROJECT AND LOCATION: East Dale Elementary, 57 East Dale Rd, Fairmont WV 26554
 OMB No: Expires:

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF W/H EXEMP TIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED /PERIOD	(9) DEDUCTIONS					(8) NET WAGES PAID FOR WEEK		
			OT OR ST	Sun	Mon	Tue	Wed	Thu	Fri				Sat	FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE		OTHER	TOTAL DEDUCTIONS
Mr. Nathanael Z Blosser 183 Estate Drive Hogantown WV 26508 XXX XX 8493	0	Skilled	0		10.00	10.00	10.00	10.00	10.00	8.00	40.00	20.00	1,040.00	67.45	118.89	44.57	14.60	61.65	304.16	735.84
Mr. Shawn M Dalton 129 Nicholson Loop Road Marigantown WV 26508 XXX XX 4817	0	Skilled	0		2.00	8.00	10.00	10.00	10.00	8.00	30.00	19.00	570.00	13.31	50.47	19.85	7.79	34.80	146.22	423.78
Mr. Matthew A Noble 272 Majestic View Drive Kingwood WV 26537 XXX XX 7479	0	Skilled	0		10.00	10.00	10.00	10.00	10.00	8.00	40.00	21.91	1,092.00	65.80	118.76	44.53	15.39	87.38	331.86	760.14
Mr. Clarence E Phares 2716 Meadowlane Ave Fairmont WV 26554 XXX XX 3279	1	Skilled	0		10.00	10.00	10.00	10.00	10.00	8.00	38.00	17.00	646.00	40.05	53.61	24.74	9.37		127.77	518.23
Mr. Robert C Sawicki 322 Lees Run Road Fairmont WV 26554 XXX XX 6276	0	Skilled	0		10.00	10.00	10.00	10.00	10.00	8.00	40.00	21.00	1,092.00	65.67	130.33	47.69	15.36	32.80	291.85	800.15
Totals for Project East Dale Elementary					32.00	48.00	50.00	50.00	50.00	32.00	212.00		4,483.68	267.28	472.06	181.38	62.51	218.61	1,201.86	3,281.84

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. (U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 541.10(a) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies, including the information review, the information that employees have received initially required wages and fringe benefits.

Public Burden Statement

The valuable time it will take an average of 55 minutes to complete this collection, including time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR OR SUBCONTRACTOR		ADDRESS		PROJECT OR CONTRACT NO	
Veritas Contracting LLC		246 Business Park Drive Fairmont WV 26554			
ROLL NO	FOR WEEK ENDING	PROJECT AND LOCATION			
54	8/21/2027 12:00:00 AM	East Dale Elementary 57 East Dale Rd Fairmont WV 26554			
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION	AMOUNT		
Mr Matthew A Mabie	XXX-XX-7479	401K Retirement Plan	54.60		
		VRTSDENTAL SINGLE	7.79		
		LIT - FAIRMONT LOCAL	2.00		
		VRTSHLTH PLN A SINGLE	22.99		
		TOTAL	87.38		
Mr Shawn M Dalton	XXX-XX-4817	VRTSDENTAL SINGLE	7.79		
		LIT - FAIRMONT LOCAL	2.00		
		VRTSHLTH PLN A SINGLE	22.99		
		VRTSVISION SINGLE	2.02		
		TOTAL	34.80		
Mr Robert C Sawiski	XXX-XX-6776	VRTSDENTAL SINGLE	7.79		
		VRTSHLTH PLN A SINGLE	22.99		
		VRTSVISION SINGLE	2.02		
		TOTAL	32.80		
Mr Nathanael Z Blosser	XXX-XX-8493	Child Support - WV	28.85		
		VRTSDENTAL SINGLE	7.79		
		LIT - FAIRMONT LOCAL	2.00		
		VRTSHLTH PLN A SINGLE	22.99		
		VRTSVISION SINGLE	2.02		
		TOTAL	63.65		

15-3011

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12621.431.002.0000.0000.00	ADAMS OFFICE SUPPLY CO.	757.80	10/07/22	236696
11.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	1,075.60	10/03/22	236605
11.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	3,552.37	10/03/22	236605
61.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	31.94	10/03/22	236605
61.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	158.55	10/03/22	236605
11.00000.00476.004.000.0000.0000.00	AIG VALIC	203.50	10/03/22	236615
11.00000.12621.431.211.0000.0000.00	ALASKY'S INC.	3,030.00	10/04/22	236659
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	15.33	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	21.72	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	30.77	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	44.29	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	45.25	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	54.30	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	58.48	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	59.20	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	60.87	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	67.44	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	74.00	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	74.86	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	86.30	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	106.86	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	111.24	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	118.77	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	148.42	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	149.18	10/03/22	236603
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	264.62	10/03/22	236603
11.00000.11111.241.306.0000.0000.00 NEW	ALLISON LAMPINEN	335.00	10/07/22	236686
11.00000.12321.611.001.0000.0000.00	ALPHA CARD	167.96-	10/11/22	236711
11.00000.12321.611.001.0000.0000.00	ALPHA CARD	167.96	10/11/22	236711
11.00000.12321.611.001.0000.0000.00	ALPHA CARD	207.91	10/11/22	236711
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	13,597.84	10/03/22	236618
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	28,605.43	10/03/22	236618
61.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	1,555.06	10/03/22	236618
61.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	2,792.44	10/03/22	236618
71.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	406.13	10/03/22	236618
71.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	724.87	10/03/22	236618
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE CO	382.50	10/03/22	236620
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY FLEX	6,142.75	10/03/22	236627
61.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY FLEX	326.25	10/03/22	236627
71.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY FLEX	405.00	10/03/22	236627
11.00000.00476.004.000.0000.0000.00	AMERIPRISE FINANCIAL SERVICES	50.00	10/03/22	236610
11.00000.12651.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	15.72	10/04/22	236660
11.00000.12651.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	46.31	10/04/22	236660
11.00000.12651.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	242.36	10/04/22	236660
11.00000.12651.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	246.71	10/04/22	236660
11.00000.12651.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	346.77	10/04/22	236660
11.00000.12791.667.003.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	12.11-	10/05/22	236676
11.00000.12791.667.003.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	104.48	10/05/22	236676
11.00000.12791.667.003.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	147.97	10/05/22	236676
11.00000.12791.667.003.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	218.51	10/05/22	236676
11.00000.12791.667.003.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	265.46	10/05/22	236676
11.00000.12621.431.002.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	926.54	10/04/22	236661
11.00000.12791.667.003.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	49.38	10/05/22	236677

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12621.431.000.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	357.00	10/07/22	236697
11.00000.12621.431.101.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	209.99	10/07/22	236697
11.00000.12621.431.205.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	483.40	10/07/22	236697
11.00000.12621.431.501.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	235.42	10/07/22	236697
11.00000.11111.611.306.2320.0000.00	BANDLAND, LLC	109.98	10/11/22	236721
61.05210.31391.582.701.0000.0000.00	BARBARA HAUGHT	552.09	9/30/22	236580
61.43110.21210.641.001.0000.0000.00	BARNES & NOBLE BOOKSELLERS	303.80	10/07/22	236698
61.43110.21210.641.001.0000.0000.00	BARNES & NOBLE BOOKSELLERS	467.40	10/07/22	236698
61.43110.21210.641.001.0000.0000.00	BARNES & NOBLE BOOKSELLERS	2,272.50	10/07/22	236698
61.08340.76351.845.101.0000.0000.00 NEV	BARRACKVILLE ELEMENTARY/	10,800.00	10/04/22	236635
11.00000.12611.421.101.0000.0000.00	BARRACKVILLE GARBAGE SERVICE	500.00	10/04/22	236634
61.08340.76351.845.216.0000.0000.00 NEV	BLACKSHERE ELEMENTARY SCHOOL	10,400.00	10/04/22	236636
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	204.86	10/05/22	236678
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	305.77	10/05/22	236678
11.00000.12611.831.002.0000.0000.00	BONNIE TOOTHMAN	4,537.50	10/04/22	236645
11.00000.12711.831.002.0000.0000.00	BONNIE TOOTHMAN	1,512.50	10/04/22	236645
11.00000.11111.241.001.0000.0000.00 NEV	CHERIE EARLS	539.00	10/07/22	236687
11.00000.00479.004.000.0000.0000.00	CHILD SUPPORT ENFORCEMENT DIV	1,013.43	10/03/22	236606
11.00000.12791.669.003.0000.0000.00	CINTAS CORPORATION	137.08	10/11/22	236728
11.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	954.40	10/03/22	236621
61.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	103.97	10/03/22	236621
71.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	25.82	10/03/22	236621
11.00000.00479.004.000.0000.0000.00	CONTINENTAL GENERAL INS. CO.	40.13	10/03/22	236619
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	110.70	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	130.13	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	154.87	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	203.35	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	213.84	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	225.20	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	227.14	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	244.99	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	263.25	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	274.59	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	322.48	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	327.43	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	334.33	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	378.35	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	540.78	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	543.05	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	559.30	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	708.34	10/03/22	236597
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	1,235.03	10/03/22	236597
61.40210.12213.331.001.0000.0000.00	CURRICULUM ASSOCIATES, LLC	8,750.00	10/11/22	236712
61.40210.12213.331.001.0000.0000.00	CURRICULUM ASSOCIATES, LLC	8,750.00	10/11/22	236712
61.41240.12213.331.214.0000.0000.00	CURRICULUM ASSOCIATES, LLC	1,750.00	10/11/22	236712
11.00000.14711.451.205.0000.0000.00	DAVID BRAD STRAIGHT	3,053.60	10/04/22	236637
11.00000.12220.611.211.2140.0000.00	DEMCO, INC.	206.26	10/11/22	236713
11.00000.12621.431.503.0000.0000.00	DEP WATER & WASTE MANAGEMENT	100.00	10/04/22	236662
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	480.00	10/11/22	236732
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	480.00	10/11/22	236732
61.41210.12170.571.206.0000.0000.00	DOMINO'S PIZZA	89.85	10/11/22	236722
11.00000.11111.582.001.0000.0000.00	DONALD R. NEAL, JR.	123.75	9/30/22	236582
11.00000.12321.582.001.0000.0000.00	DONNA HAGE	176.25	9/30/22	236581

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12321.321.001.0000.0000.00	DONNA JO METZ	1,055.79	10/07/22	236688
61.88310.13121.431.006.0000.0000.00	DUNN'S REFRIGERATION &	800.00	10/03/22	236598
61.88310.13121.431.101.0000.0000.00	DUNN'S REFRIGERATION &	945.00	10/03/22	236598
61.88310.13121.431.206.0000.0000.00	DUNN'S REFRIGERATION &	474.00	10/03/22	236598
61.88310.13121.431.206.0000.0000.00	DUNN'S REFRIGERATION &	770.00	10/03/22	236598
61.88310.13121.431.214.0000.0000.00	DUNN'S REFRIGERATION &	430.00	10/03/22	236598
61.88310.13121.431.303.0000.0000.00	DUNN'S REFRIGERATION &	520.00	10/03/22	236598
61.88310.13121.431.306.0000.0000.00	DUNN'S REFRIGERATION &	135.00	10/03/22	236598
61.88310.13121.431.402.0000.0000.00	DUNN'S REFRIGERATION &	120.00	10/03/22	236598
61.08340.76351.845.205.0000.0000.00 NEV	EAST DALE ELEMENTARY SCHOOL	11,200.00	10/04/22	236638
61.08340.76351.845.501.0000.0000.00 NEV	EAST FAIRMONT HIGH SCHOOL	19,600.00	10/04/22	236639
61.08340.76351.845.402.0000.0000.00 NEV	EAST FAIRMONT MIDDLE SCHOOL	19,600.00	10/04/22	236640
61.61320.61691.582.716.0000.0000.00	EMILY THOMPSON	349.67	9/30/22	236583
11.00000.00476.004.000.0000.0000.00	EQUITABLE	5,088.00	10/03/22	236607
61.00000.00476.004.000.0000.0000.00	EQUITABLE	50.00	10/03/22	236607
71.00000.00476.004.000.0000.0000.00	EQUITABLE	150.00	10/03/22	236607
11.00000.12611.831.005.0000.0000.00	ERIC EFAW	500.00	10/04/22	236641
61.43110.21221.431.001.0000.0000.00	E3 GORDON STOWE	4,849.00	10/07/22	236700
61.43110.21221.651.001.0000.0000.00	E3 GORDON STOWE	190.00	10/07/22	236700
11.00000.12321.611.001.0000.0000.00	FAIR MOUNTAIN ARTS LLC	3,698.75	10/11/22	236733
61.08340.76351.845.502.0000.0000.00 NEV	FAIRMONT SENIOR HIGH SCHOOL	20,400.00	10/04/22	236642
61.08340.76351.845.207.0000.0000.00 NEV	FAIRVIEW ELEMENTARY SCHOOL	5,200.00	10/04/22	236643
61.08340.76351.845.302.0000.0000.00 NEV	FAIRVIEW MIDDLE SCHOOL	6,800.00	10/04/22	236644
11.00000.11111.432.306.2320.0000.00	FAWLEY MUSIC COMPANY	353.00	10/11/22	236723
11.00000.12621.431.002.0000.0000.00	GALFORD TOOLS, LLC	259.00	10/04/22	236663
11.00000.12791.667.003.0000.0000.00	GALFORD TOOLS, LLC	107.50	10/05/22	236679
11.00000.12791.667.003.0000.0000.00	GALFORD TOOLS, LLC	293.00	10/05/22	236679
11.00000.00479.004.000.0000.0000.00	GREAT-WEST TRUST COMPANY, LLC	40.00	10/03/22	236626
61.00000.00479.004.000.0000.0000.00	GREAT-WEST TRUST COMPANY, LLC	20.00	10/03/22	236626
11.00000.12791.667.003.0000.0000.00	GWYNN TIRE SERVICE INC	523.99	10/05/22	236680
11.00000.12791.667.003.0000.0000.00	GWYNN TIRE SERVICE INC	774.00	10/05/22	236680
61.05210.31351.611.701.0000.0000.00	HARVEY AUTO SALES	800.00	10/11/22	236714
61.41210.11111.611.001.0000.0000.00	HEINEMANN PROFESSIONAL	5,775.91	10/11/22	236715
61.41210.11111.611.001.0000.0000.00	HEINEMANN PROFESSIONAL	5,775.91	10/11/22	236724
11.00000.00479.004.000.0000.0000.00	HELEN M. MORRIS, TRUSTEE	90.00	10/03/22	236631
11.00000.00479.004.000.0000.0000.00	HELEN M. MORRIS, TRUSTEE	280.00	10/03/22	236629
11.00000.12621.431.206.0000.0000.00	HELMICK CORPORATION	1,124.98	10/04/22	236664
61.88310.13121.431.206.0000.0000.00	HOBART SALES & SERVICE	322.00	10/03/22	236600
61.88310.13121.431.304.0000.0000.00	HOBART SALES & SERVICE	268.60	10/03/22	236600
61.88310.13121.431.402.0000.0000.00	HOBART SALES & SERVICE	974.44	10/03/22	236600
61.88310.13121.431.402.0000.0000.00	HOBART SALES & SERVICE	1,055.97	10/03/22	236600
11.00000.00476.004.000.0000.0000.00	HORACE MANN LIFE INS CO	870.00	10/03/22	236608
11.00000.00479.004.000.0000.0000.00	HORACE MANN LIFE INS CO	100.00	10/03/22	236632
61.00000.00476.004.000.0000.0000.00	HORACE MANN LIFE INS CO	285.00	10/03/22	236608
61.00000.00479.004.000.0000.0000.00	HORACE MANN LIFE INS CO	226.67	10/03/22	236632
11.00000.12621.431.002.0000.0000.00	HOTSY EQUIPMENT COMPANY	230.52	10/04/22	236665
61.88310.13121.636.006.0000.0000.00	HPS, LLC	3,275.00	10/03/22	236599
61.88310.13121.636.006.0000.0000.00	IDENTIMETRICS	1,099.00	10/04/22	236646
11.00000.12621.542.011.0000.0000.00	J.D. SIGNS, INC.	5,767.10	10/04/22	236666
61.08340.76351.845.209.0000.0000.00 NEV	JAYENNE ELEMENTARY SCHOOL	9,200.00	10/04/22	236647
11.00000.11111.241.205.0000.0000.00	JESSICA FORD	570.00	10/07/22	236689
11.00000.12791.611.003.0000.0000.00	JOSEPH BOSNICK	268.75	10/11/22	236716
61.05210.31391.582.701.0000.0000.00	KEVIN MORRIS	175.00	9/30/22	236584

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.43110.21210.611.215.0000.0000.00	LAKESHORE LEARNING MATERIALS	1,396.88	10/07/22	236702
11.00000.00479.004.000.0000.0000.00	LEGAL SHIELD	485.52	10/03/22	236625
11.00000.12651.431.002.0000.0000.00	LKQ CORPORATION	435.50	10/04/22	236667
11.00000.12621.431.503.0000.0000.00	LOWE'S	617.30	10/04/22	236668
61.43110.21210.641.001.0000.0000.00	LRP PUBLICATIONS, INC.	304.50	10/07/22	236701
61.08340.76351.845.303.0000.0000.00 NEW	MANNINGTON MIDDLE SCHOOL	9,200.00	10/04/22	236648
11.00000.11111.611.018.2280.0000.00	MARGIE SUDER	336.64	9/30/22	236585
11.00000.11111.212.001.0000.0000.00	MARION COUNTY DENTAL/VISION	5,190.33	10/03/22	236594
11.00000.11111.213.001.0000.0000.00	MARION COUNTY DENTAL/VISION	964.00	10/03/22	236594
11.00000.11111.212.001.0000.0000.00	MARION COUNTY DENTAL/VISION	10,364.92	10/07/22	236690
11.00000.11111.213.001.0000.0000.00	MARION COUNTY DENTAL/VISION	2,952.00	10/07/22	236690
11.00000.12661.341.001.0000.0000.00	MARION COUNTY POLICE RESERVES	200.00	10/03/22	236595
11.00000.12661.341.001.0000.0000.00	MARION COUNTY POLICE RESERVES	200.00	10/03/22	236595
11.00000.12661.341.501.0000.0000.00	MARION COUNTY POLICE RESERVES	1,078.00	10/03/22	236595
11.00000.12661.341.501.0000.0000.00	MARION COUNTY POLICE RESERVES	2,520.00	10/03/22	236595
11.00000.12661.341.502.0000.0000.00	MARION COUNTY POLICE RESERVES	896.00	10/03/22	236595
11.00000.12661.341.502.0000.0000.00	MARION COUNTY POLICE RESERVES	1,680.00	10/03/22	236595
11.00000.12721.341.102.0000.0000.00	MARION COUNTY POLICE RESERVES	294.00	10/03/22	236595
11.00000.12721.341.205.0000.0000.00	MARION COUNTY POLICE RESERVES	346.50	10/03/22	236595
11.00000.12721.341.206.0000.0000.00	MARION COUNTY POLICE RESERVES	266.00	10/03/22	236595
11.00000.12721.341.212.0000.0000.00	MARION COUNTY POLICE RESERVES	308.00	10/03/22	236595
11.00000.12721.341.214.0000.0000.00	MARION COUNTY POLICE RESERVES	280.00	10/03/22	236595
11.00000.12721.341.215.0000.0000.00	MARION COUNTY POLICE RESERVES	308.00	10/03/22	236595
11.00000.12721.341.306.0000.0000.00	MARION COUNTY POLICE RESERVES	140.00	10/03/22	236595
11.00000.12721.341.402.0000.0000.00	MARION COUNTY POLICE RESERVES	294.00	10/03/22	236595
11.00000.12721.341.501.0000.0000.00	MARION COUNTY POLICE RESERVES	434.00	10/03/22	236595
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVES	308.00	10/03/22	236595
11.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOYEE	54,477.31	10/03/22	236609
61.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOYEE	8,523.44	10/03/22	236609
71.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOYEE	1,036.75	10/03/22	236609
61.08340.76351.845.701.0000.0000.00 NEW	MARION COUNTY TECHNICAL CENTER	6,000.00	10/04/22	236649
11.00000.12621.431.701.0000.0000.00	MARION COUNTY TECHNICAL CENTER	43.99	10/07/22	236699
61.88310.13121.582.006.0000.0000.00	MARLENA EFAW	28.75	9/30/22	236586
61.05210.31344.611.701.0000.0000.00	MATHESON TRI-GAS, INC.	113.73	10/11/22	236739
11.00000.00479.004.000.0000.0000.00	MATRIX TRUST COMPANY	1,315.00	10/03/22	236628
71.43280.21210.643.001.0000.0000.00	MCGRAW-HILL SCHOOL EDUCATION	989.80	10/11/22	236731
71.43280.21210.643.001.0000.0000.00	MCGRAW-HILL SCHOOL EDUCATION	2,006.60	10/11/22	236731
11.00000.00476.004.000.0000.0000.00	METROPOLITAN LIFE	280.83	10/03/22	236611
61.05210.31391.582.701.0000.0000.00	MICHAEL FOLEY	636.50	9/30/22	236587
11.00000.12651.431.002.0000.0000.00	MIDDLETOWN TRACTOR SALES	219.00	10/04/22	236669
11.00000.12651.431.002.0000.0000.00	MIDDLETOWN TRACTOR SALES	3,107.15	10/11/22	236725
11.00000.00476.004.000.0000.0000.00	MIDLAND NATIONAL ANNUITY	50.00	10/03/22	236622
61.43110.21219.112.001.0000.0000.00	MILESTONES & MUSIC, LLC	300.00	10/07/22	236704
11.00000.12621.431.402.0000.0000.00	MILLER'S HARDWARE, LLC	679.90	10/07/22	236705
11.00000.12621.431.503.0000.0000.00	MILLER'S HARDWARE, LLC	32.97	10/07/22	236705
11.00000.11111.611.701.2760.0000.00	MILLER'S HARDWARE, LLC	415.60	10/11/22	236717
61.05310.31391.431.701.0000.0000.00	MILLER'S HARDWARE, LLC	57.55	10/11/22	236717
11.00000.12611.622.205.0000.0000.00	MON POWER	285.61	10/11/22	236710
11.00000.12611.622.303.0000.0000.00	MON POWER	571.14	10/11/22	236710
61.08340.76351.845.211.0000.0000.00 NEW	MONONGAH ELEMENTARY SCHOOL	7,600.00	10/04/22	236650
61.88310.13121.634.006.0000.0000.00	MONTCROFT FARMS, LLC	1,443.00	10/03/22	236601
61.88310.13121.634.006.0000.0000.00	MONTCROFT FARMS, LLC	1,480.00	10/03/22	236601
11.00000.12651.431.002.0000.0000.00	MOUNTAIN TOP SMALL ENGINE	90.89	10/04/22	236670

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.636.006.0000.0000.00	MPB PRINT & SIGN SUPERSTORE	546.42	10/03/22	236602
11.00000.12791.611.003.0000.0000.00	MPB PRINT & SIGN SUPERSTORE	355.00	10/05/22	236681
61.05210.31391.582.701.0000.0000.00	NANCY RIGGS	337.98	9/30/22	236588
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	201.01	10/05/22	236682
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	412.50	10/05/22	236682
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	465.52	10/05/22	236682
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	477.36	10/05/22	236682
61.08340.76351.845.503.0000.0000.00 NEV	NORTH MARION HIGH SCHOOL	18,800.00	10/04/22	236651
61.43210.21211.653.001.0000.0000.00	N2Y, LLC	26,323.50	10/07/22	236691
61.43210.22213.331.001.0000.0000.00	N2Y, LLC	3,250.00	10/07/22	236691
11.00000.12621.431.003.0000.0000.00	O.C. CLUSS LUMBER COMPANY	50.40	10/04/22	236671
11.00000.12621.431.503.0000.0000.00	O.C. CLUSS LUMBER COMPANY	7.80	10/04/22	236671
11.00000.12621.431.503.0000.0000.00	O.C. CLUSS LUMBER COMPANY	296.40	10/04/22	236671
11.00000.12791.667.003.0000.0000.00	O'REILLY AUTO PARTS	222.09	10/11/22	236726
11.00000.12791.667.003.0000.0000.00	O'REILLY AUTO PARTS	500.00	10/11/22	236726
61.43210.21221.652.001.0000.0000.00	PHONAK LLC	2,250.00	10/11/22	236727
61.43210.21221.652.001.0000.0000.00	PHONAK LLC	3,645.00	10/11/22	236727
61.08340.76351.845.212.0000.0000.00 NEV	PLEASANT VALLEY ELEMENTARY	6,400.00	10/04/22	236652
11.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	200.00	10/03/22	236613
61.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	250.00	10/03/22	236613
11.00000.00476.004.000.0000.0000.00	RELIASTAR LIFE INSURANCE CO.	48.00	10/03/22	236612
61.08340.76351.845.102.0000.0000.00 NEV	RIVESVILLE ELEMENTARY/	10,800.00	10/04/22	236653
11.00000.12321.582.001.0000.0000.00	ROBIN HAUGHT	1,138.29	9/30/22	236589
11.00000.12621.431.002.0000.0000.00	SAM'S CLUB DIRECT	747.42	10/07/22	236693
61.02210.21210.611.001.0000.0000.00	SAM'S CLUB DIRECT	149.92	10/07/22	236693
61.43210.21210.581.001.0000.0000.00	SARAH WHITE	119.64	9/30/22	236590
61.43210.22213.331.001.0000.0000.00	SARAH WHITE	304.48	9/30/22	236590
61.41210.12170.611.001.0000.0000.00	SCHOLASTIC, INC.	1,292.02	10/11/22	236729
61.41210.12170.611.216.0000.0000.00	SCHOLASTIC, INC.	828.40	10/11/22	236718
11.00000.12510.582.001.0000.0000.00	SCOTT REIDER	160.00	9/30/22	236591
11.00000.00479.004.000.0000.0000.00	SECURITY FIRST GROUP	1,044.50	10/03/22	236617
61.00000.00479.004.000.0000.0000.00	SECURITY FIRST GROUP	223.50	10/03/22	236617
11.00000.12321.524.001.0000.0000.00	SMITH-CARPENTER AGENCY, INC.	595.00	9/30/22	236592
11.00000.12321.611.001.0000.0000.00	SOURCE 4	375.00	10/04/22	236654
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	41.19	10/11/22	236735
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	58.41	10/11/22	236735
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	120.34	10/11/22	236735
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	126.21	10/11/22	236735
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	134.04	10/11/22	236735
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	211.13	10/11/22	236735
11.00000.11111.611.502.2760.0000.00	SOUTH FAIRMONT PRICE CUTTER	218.13	10/11/22	236735
61.43110.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	39.95	10/07/22	236706
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	5.99	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	5.99	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	5.99	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	5.99	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	10.00	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	10.00	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	10.00	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	10.00	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	10.00	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	11.98	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	11.98	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	15.99	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	15.99	10/11/22	236736

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	15.99	10/11/22	236736
11.00000.12321.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	21.98	10/11/22	236736
61.02210.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	21.98	10/11/22	236736
61.43210.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	5.99	10/11/22	236736
61.43210.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	11.98	10/11/22	236736
61.43210.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	21.98	10/11/22	236736
11.00000.12611.441.303.0000.0000.00	ST. PATRICK CATHOLIC CHURCH	200.00	10/04/22	236655
61.88310.13121.636.102.0000.0000.00	STOUT COMPANY, INC.	105.70	10/03/22	236604
61.88310.13121.636.207.0000.0000.00	STOUT COMPANY, INC.	90.95	10/03/22	236604
61.88310.13121.636.215.0000.0000.00	STOUT COMPANY, INC.	24.60	10/03/22	236604
11.00000.12611.431.304.0000.0000.00	TATE COMMUNICATIONS, LLC	444.50	10/04/22	236656
61.43110.21210.611.001.0000.0000.00	TEACHERS PAY TEACHERS	102.99	10/07/22	236708
61.43110.22150.611.001.0000.0000.00	TEACHERS PAY TEACHERS	1,802.99	10/07/22	236708
71.43280.21210.611.215.0000.0000.00	TEACHERS PAY TEACHERS	102.99	10/11/22	236737
61.88310.13121.582.001.0000.0000.00	TERRI ATHA	28.75	9/30/22	236593
61.05210.31391.657.701.0000.0000.00	TESTOUT CORPORATION	2,850.00	10/11/22	236738
11.00000.00479.004.000.0000.0000.00	TEXAS LIFE INSURANCE CO.	7,172.12	10/03/22	236623
61.00000.00479.004.000.0000.0000.00	TEXAS LIFE INSURANCE CO.	1,017.49	10/03/22	236623
71.00000.00479.004.000.0000.0000.00	TEXAS LIFE INSURANCE CO.	113.72	10/03/22	236623
61.43110.21210.551.206.0000.0000.00	THE OP SHOP, INC.	604.17	10/07/22	236703
61.02210.21210.611.207.0000.0000.00	THE OP SHOP, INC.	1,355.52	10/11/22	236734
61.43210.21210.551.001.0000.0000.00	THE OP SHOP, INC.	115.00	10/11/22	236734
11.00000.12510.541.001.0000.0000.00	TIMES WEST VIRGINIAN	1,650.83	10/07/22	236694
11.00000.83332.341.001.0000.0000.00	TINA COWGER	454.90	10/07/22	236695
11.00000.12621.431.002.0000.0000.00	TNT INDUSTRIAL SUPPLY LLC	84.72	10/04/22	236672
11.00000.12621.431.002.0000.0000.00	TNT INDUSTRIAL SUPPLY LLC	655.71	10/04/22	236672
11.00000.12621.431.002.0000.0000.00	TNT INDUSTRIAL SUPPLY LLC	72.54	10/07/22	236707
11.00000.12621.431.002.0000.0000.00	TOOTHMAN & SOWERS FORD	41.82	10/04/22	236673
11.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	106.70	10/03/22	236630
61.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	11.46	10/03/22	236630
71.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	3.58	10/03/22	236630
11.00000.12791.667.003.0000.0000.00	TRANSPORTATION ACCESSORIES CO	784.90	10/05/22	236684
61.61320.61691.531.716.0000.0000.00	U.S. POSTAL SERVICE	580.00	10/07/22	236692
11.00000.00479.004.000.0000.0000.00	UHC, C/O EDWARD L. HARMAN, JR.	269.90	10/03/22	236633
11.00000.11111.611.001.2320.0000.00	UNITED SOUND & ELECTRONICS	599.95	10/11/22	236730
11.00000.00479.004.000.0000.0000.00	UNITED WAY OF MARION AND	332.39	10/03/22	236614
61.00000.00479.004.000.0000.0000.00	UNITED WAY OF MARION AND	7.50	10/03/22	236614
11.00000.12621.431.001.0000.0000.00	V & W ELECTRICAL SALES & SERV.	107.19	10/04/22	236674
11.00000.12621.431.011.0000.0000.00	V & W ELECTRICAL SALES & SERV.	248.60	10/04/22	236674
11.00000.12621.431.011.0000.0000.00	V & W ELECTRICAL SALES & SERV.	297.24	10/04/22	236674
11.00000.12621.431.402.0000.0000.00	V & W ELECTRICAL SALES & SERV.	876.75	10/04/22	236674
11.00000.12621.431.502.0000.0000.00	V & W ELECTRICAL SALES & SERV.	994.84	10/04/22	236674
11.00000.12621.431.503.0000.0000.00	V & W ELECTRICAL SALES & SERV.	247.26	10/04/22	236674
11.00000.12621.431.503.0000.0000.00	V & W ELECTRICAL SALES & SERV.	447.02	10/04/22	236674
11.00000.12621.431.002.0000.0000.00	V & W ELECTRICAL SALES & SERV.	718.66	10/07/22	236709
11.00000.12621.431.503.0000.0000.00	V & W ELECTRICAL SALES & SERV.	723.27	10/07/22	236709
11.00000.00479.004.000.0000.0000.00	VOYA INSTITUTIONAL TRUST CO.	125.00	10/03/22	236624
11.00000.00479.004.000.0000.0000.00	WASHINGTON NATIONAL INS. CO.	599.83	10/03/22	236616
61.00000.00479.004.000.0000.0000.00	WASHINGTON NATIONAL INS. CO.	265.72	10/03/22	236616
61.08340.76351.845.214.0000.0000.00	NEW WATSON ELEMENTARY SCHOOL	10,800.00	10/04/22	236657
61.08340.76351.845.306.0000.0000.00	NEW WEST FAIRMONT MIDDLE SCHOOL	19,600.00	10/04/22	236658
11.00000.12621.431.002.0000.0000.00	WHOLESALE CARPET OUTLET, INC.	928.11	10/04/22	236675
11.00000.12661.341.001.0000.0000.00	WV POLICE RESERVE INC	200.00	10/03/22	236596

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12661.341.001.0000.0000.00	WV POLICE RESERVE INC	200.00	10/03/22	236596
11.00000.12661.341.211.0000.0000.00	WV POLICE RESERVE INC	1,050.00	10/03/22	236596
11.00000.12661.341.304.0000.0000.00	WV POLICE RESERVE INC	1,050.00	10/03/22	236596
11.00000.12661.341.503.0000.0000.00	WV POLICE RESERVE INC	924.00	10/03/22	236596
11.00000.12661.341.503.0000.0000.00	WV POLICE RESERVE INC	1,680.00	10/03/22	236596
11.00000.12721.341.101.0000.0000.00	WV POLICE RESERVE INC	308.00	10/03/22	236596
11.00000.12721.341.211.0000.0000.00	WV POLICE RESERVE INC	280.00	10/03/22	236596
11.00000.12721.341.503.0000.0000.00	WV POLICE RESERVE INC	1,232.00	10/03/22	236596
11.00000.12791.667.003.0000.0000.00	WV SPRING & RADIATOR, INC.	517.14	10/05/22	236683
11.00000.12311.581.001.0000.0000.00	WVSBA	7,611.00	10/11/22	236719
11.01000.11111.831.701.0000.0000.00	XEROX FINANCIAL SERVICES	587.45	10/11/22	236720
11.00000.12791.667.003.0000.0000.00	ZEP SALES & SERVICE	848.89	10/05/22	236685

15-3012

DATE - 10/12/22
 TIME - 8:23:02
 PROG - GNL.520

MARION COUNTY SCHOOLS
 JOURNAL ENTRY LISTING

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0001	61.14310.11111.611.000.0000.0000.00 GENERAL SUPPLIES	10,000.00	
0002	61.14310.11119.611.000.0000.0000.00 GENERAL SUPPLIES	49,000.00	
0003	61.14310.12110.611.000.0000.0000.00 GENERAL SUPPLIES	2,000.00	
0004	61.14310.12213.112.000.0000.0000.00 PROFESSIONAL SUPP SALARY	13,500.00	
0005	61.14310.12213.221.000.0000.0000.00 SOCIAL SECURITY	1,032.75	
0006	61.14310.12213.231.000.0000.0000.00 TEACHERS RETIREMENT	1,215.00	
0007	61.14310.12213.261.000.0000.0000.00 WORKERS COMPENSATION	33.75	
0008	61.14310.12213.331.000.0000.0000.00 EMPLOYEE TRAINING SVC	3,000.00	
0009	61.14310.12213.611.000.0000.0000.00 GENERAL SUPPLIES	5,489.50	
0010	61.14310.03211.009.000.0000.0000.00 REVENUE		85,271.00
0011	TO SUPPLEMENT BUDGET FOR EARLY LITERACY		
	* J/E TOTALS	85,271.00	85,271.00
0001	61.43310.04511.009.000.0000.0000.00 REVENUE		1,968,901.00
0002	61.43310.76321.845.000.0000.0000.00 FOR FACULTY SENATE		1,968,901.00
0003	61.43310.21210.111.000.0000.0000.00 PROFESSIONAL REG SALARY	602,557.35	
0004	61.43310.21210.112.000.0000.0000.00 PROFESSIONAL SUPP SALARY	10,500.00	
0005	61.43310.21210.122.000.0000.0000.00 SERVICE SUPPLEMENT SALARY	20,000.00	
0006	61.43310.21210.131.000.0000.0000.00 PROF SUB REGULAR SALARY	60,000.00	
0007	61.43310.21210.141.000.0000.0000.00 SER SUB REGULAR SALARY	5,412.00	
0008	61.43310.21210.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	54,041.00	
0009	61.43310.21210.212.000.0000.0000.00 DENTAL INSURANCE	15,627.60	

MONTH - SEPTEMBER NUMBER - 00015 ENTRY DATE 9/28/22
 TO SUPPLEMENT BUDGET FOR SPECIAL ED.

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0010	61.43310.21210.218.000.0000.0000.00 OPER	4,464.00	
0011	61.43310.21210.221.000.0000.0000.00 SOCIAL SECURITY	53,284.41	
0012	61.43310.21210.232.000.0000.0000.00 RETIREMT CONTR PLAN II	5,849.04	
0013	61.43310.21210.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	40,712.40	
0014	61.43310.21210.261.000.0000.0000.00 WORKERS COMPENSATION	2,158.70	
0015	61.43310.21210.331.000.0000.0000.00 EMPLOYEE TRAINING SVC	5,000.00	
0016	61.43310.21210.341.000.0000.0000.00 OTHER PROFESSIONAL SVC	121,100.00	
0017	61.43310.21210.432.000.0000.0000.00 REPAIR/MAINT SVC-TECH REL	1,500.00	
0018	61.43310.21210.531.000.0000.0000.00 POSTAL COMMUNICATION SVC	1,000.00	
0019	61.43310.21210.551.000.0000.0000.00 PRINTING/BINDING	10,000.00	
0020	61.43310.21210.581.000.0000.0000.00 IN COUNTY	10,000.00	
0021	61.43310.21210.582.000.0000.0000.00 OUT OF COUNTY	6,300.00	
0022	61.43310.21210.583.000.0000.0000.00 OUT OF STATE TRAVEL	12,000.00	
0023	61.43310.21210.611.000.0000.0000.00 GENERAL SUPPLIES	43,012.60	
0024	61.43310.21210.642.000.0000.0000.00 LIBRARY BOOKS	7,000.00	
0025	61.43310.21210.643.000.0000.0000.00 SUPPLEMENTAL	6,000.00	
0026	61.43310.21210.651.000.0000.0000.00 TECH RELATED SUPPLIES	10,000.00	
0027	61.43310.21210.652.000.0000.0000.00 HARDWARE SUPPLIES	36,000.00	
0028	61.43310.21210.653.000.0000.0000.00 SUPPLIES - SOFTWARE	62,336.00	
0029	61.43310.21210.656.000.0000.0000.00 COMPUTER SOFTWARE	19,500.00	
0030	61.43310.21210.657.000.0000.0000.00 COMPUTER SUPPLIES/STAFF	3,129.00	
0031	61.43310.21210.734.000.0000.0000.00 TECHNOLOGY HARDWARE	6,800.00	
0032	61.43310.21211.653.000.0000.0000.00 SUPPLIES - SOFTWARE	29,648.95	
0033	61.43310.21215.111.000.0000.0000.00 PROFESSIONAL REG SALARY	67,515.00	
0034	61.43310.21215.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	24.00	
0035	61.43310.21215.221.000.0000.0000.00 SOCIAL SECURITY	5,164.88	

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0036	61.43310.21215.232.000.0000.0000.00 RETIREMT CONTR PLAN II	5,063.62	
0037	61.43310.21215.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	5,063.62	
0038	61.43310.21215.261.000.0000.0000.00 WORKERS COMPENSATION	155.27	
0039	61.43310.21219.112.000.0000.0000.00 PROFESSIONAL SUPP SALARY	16,848.00	
0040	61.43310.21219.122.000.0000.0000.00 SERVICE SUPPLEMENT SALARY	11,916.60	
0041	61.43310.21219.221.000.0000.0000.00 SOCIAL SECURITY	1,696.70	
0042	61.43310.21219.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	1,996.12	
0043	61.43310.21219.261.000.0000.0000.00 WORKERS COMPENSATION	68.03	
0044	61.43310.21221.341.000.0000.0000.00 OTHER PROFESSIONAL SVC	2,000.00	
0045	61.43310.21221.611.000.0000.0000.00 GENERAL SUPPLIES	4,900.80	
0046	61.43310.21223.652.000.0000.0000.00 HARDWARE SUPPLIES	3,600.00	
0047	61.43310.21231.111.000.0000.0000.00 PROFESSIONAL REG SALARY	66,486.10	
0048	61.43310.21231.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	24.00	
0049	61.43310.21231.221.000.0000.0000.00 SOCIAL SECURITY	5,083.25	
0050	61.43310.21231.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	4,986.45	
0051	61.43310.21231.261.000.0000.0000.00 WORKERS COMPENSATION	152.90	
0052	61.43310.21282.611.000.0000.0000.00 GENERAL SUPPLIES	10,000.00	
0053	61.43310.22150.111.000.0000.0000.00 PROFESSIONAL REG SALARY	62,827.00	
0054	61.43310.22150.112.000.0000.0000.00 PROFESSIONAL SUPP SALARY	3,629.76	
0055	61.43310.22150.112.000.0000.0000.00 PROFESSIONAL SUPP SALARY	2,400.00	
0056	61.43310.22150.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	11,100.00	
0057	61.43310.22150.212.000.0000.0000.00 DENTAL INSURANCE	1,180.20	
0058	61.43310.22150.218.000.0000.0000.00 OPERB	576.00	
0059	61.43310.22150.221.000.0000.0000.00 SOCIAL SECURITY	4,473.10	
0060	61.43310.22150.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	4,712.02	
0061	61.43310.22150.261.000.0000.0000.00 WORKERS COMPENSATION	144.49	

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0062	61.43310.22150.581.000.0000.00 IN COUNTY	4,000.00	
0063	61.43310.22150.582.000.0000.0000.00 OUT OF COUNTY	2,000.00	
0064	61.43310.22150.611.000.0000.0000.00 GENERAL SUPPLIES	7,600.00	
0065	61.43310.22150.651.000.0000.0000.00 TECH RELATED SUPPLIES	9,500.00	
0066	61.43310.22211.111.000.0000.0000.00 PROFESSIONAL REG SALARY	77,478.79	
0067	61.43310.22211.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	8,325.00	
0068	61.43310.22211.218.000.0000.0000.00 OPER	432.00	
0069	61.43310.22211.221.000.0000.0000.00 SOCIAL SECURITY	5,927.13	
0070	61.43310.22211.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	5,810.91	
0071	61.43310.22211.261.000.0000.0000.00 WORKERS COMPENSATION	193.70	
0072	61.43310.22213.114.000.0000.0000.00 PROF PERSONAL LEAVE-SICK	103,986.09	
0073	61.43310.22213.221.000.0000.0000.00 SOCIAL SECURITY	7,954.94	
0074	61.43310.22213.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	7,898.96	
0075	61.43310.22213.241.000.0000.0000.00 TUITION REIMBURSEMENT	7,500.00	
0076	61.43310.22213.261.000.0000.0000.00 WORKERS COMPENSATION	260.01	
0077	61.43310.22213.331.000.0000.0000.00 EMPLOYEE TRAINING SVC	8,700.00	
0078	61.43310.22711.122.000.0000.0000.00 SERVICE SUPPLEMENT SALARY	6,006.00	
0079	61.43310.22711.221.000.0000.0000.00 SOCIAL SECURITY	459.45	
0080	61.43310.22711.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	540.55	
0081	61.43310.22711.261.000.0000.0000.00 WORKERS COMPENSATION	428.15	
0082	61.43310.22911.121.000.0000.0000.00 SERVICE REGULAR SALARY	84,295.17	
0083	61.43310.22911.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	16,260.00	
0084	61.43310.22911.212.000.0000.0000.00 DENTAL INSURANCE	2,360.40	
0085	61.43310.22911.218.000.0000.0000.00 OPER	1,152.00	
0086	61.43310.22911.221.000.0000.0000.00 SOCIAL SECURITY	5,941.14	
0087	61.43310.22911.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	6,322.09	

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0088	61.43310.22911.261.000.0000.0000.00 WORKERS COMPENSATION	193.85	
0089	61.43310.51510.111.000.0000.0000.00 PROFESSIONAL REG SALARY	12,565.20	
0090	61.43310.51510.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	2,220.00	
0091	61.43310.218.000.0000.0000.00 OPEB	115.20	
0092	61.43310.51510.221.000.0000.0000.00 SOCIAL SECURITY	961.24	
0093	61.43310.51510.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	942.39	
0094	61.43310.51510.261.000.0000.0000.00 WORKERS COMPENSATION	31.41	
0095	61.43310.76191.911.000.0000.0000.00 FUND TRANSFERS OUT	47,013.27	
0096	61.43310.04511.009.000.0000.0000.00 REVENUE		2,014,096.00
0097	TO SUPPLEMENT BUDGET FOR SPECIAL ED.		
* J/E TOTALS		3,982,997.00	3,982,997.00

MONTH - SEPTEMBER NUMBER - 00016 ENTRY DATE 9/29/22
 TO SUPPLEMENT BUDGET FOR IDEA PRESCHOOL GRANT

0001	61.43320.21282.111.000.0000.0000.00 PROFESSIONAL REG SALARY	47,988.00	
0002	61.43320.21282.211.000.0000.0000.00 HEALTH/ACCIDENT INSURANCE	5,160.00	
0003	61.43320.21282.218.000.0000.0000.00 OPEB	576.00	
0004	61.43320.21282.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	3,599.08	
0005	61.43320.21282.261.000.0000.0000.00 WORKERS COMPENSATION	110.34	
0006	61.43320.21282.611.000.0000.0000.00 GENERAL SUPPLIES	2,708.20	
0007	61.43320.76191.911.000.0000.0000.00 FUND TRANSFERS OUT	1,437.38	
0008	61.43320.04511.009.000.0000.0000.00 REVENUE		61,579.00
* J/E TOTALS		61,579.00	61,579.00

MONTH - SEPTEMBER NUMBER - 00017 ENTRY DATE 9/29/22
 TO SUPPLEMENT BUDGET FOR 21ST CENTURY

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0001	61.46310.11111.111.000.0000.0000.00	139,200.00	
	PROFESSIONAL REG SALARY		
0002	61.46310.11111.221.000.0000.0000.00	10,649.00	
	SOCIAL SECURITY		
0003	61.46310.11111.261.000.0000.0000.00	321.00	
	WORKERS COMPENSATION		
0004	61.46310.12213.582.000.0000.0000.00	235.32	
	OUT OF COUNTY		
0005	61.46310.76191.911.000.0000.0000.00	3,594.68	
	FUND TRANSFERS OUT		
0006	61.46310.04511.009.000.0000.0000.00		154,000.00
	REVENUE		
0007	TO SUPPLEMENT 21ST CENTURY GRANT		
	* J/E TOTALS	154,000.00	154,000.00

MONTH - SEPTEMBER NUMBER - 00018 ENTRY DATE 9/29/22
 TO SUPPLEMENT BUDGET FOR STATE SPECIAL ED GRANT

0001	61.02310.21210.441.000.0000.0000.00	3,000.00	
	RENTAL OF LAND/BUILDINGS		
0002	61.02310.21210.531.000.0000.0000.00	1,500.00	
	POSTAL COMMUNICATION SVC		
0003	61.02310.21210.551.000.0000.0000.00	15,000.00	
	PRINTING/BINDING		
0004	61.02310.21210.611.000.0000.0000.00	34,127.00	
	GENERAL SUPPLIES		
0005	61.02310.21210.642.000.0000.0000.00	3,000.00	
	LIBRARY BOOKS		
0006	61.02310.21210.643.000.0000.0000.00	5,000.00	
	SUPPLEMENTAL		
0007	61.02310.41471.581.000.0000.0000.00	2,250.00	
	IN COUNTY		
0008	61.02310.41471.611.000.0000.0000.00	2,250.00	
	GENERAL SUPPLIES		
0009	61.02310.41471.652.000.0000.0000.00	6,000.00	
	HARDWARE SUPPLIES		
0010	61.02310.03211.009.000.0000.0000.00		72,127.00
	REVENUE		
0011	TO SUPPLEMENT BUDGET FOR STATE SPECIAL		
0012	ED GRANT		
	* J/E TOTALS	72,127.00	72,127.00

MONTH - SEPTEMBER NUMBER - 00019 ENTRY DATE 9/30/22
 TO SUPPLEMENT BUDGET FOR SPEC ED GRAD INITIATIVES

DATE - 10/12/22 MARION COUNTY SCHOOLS
 TIME - 8:23:02 JOURNAL ENTRY LISTING
 PROG - GNL.520

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0001	61.43330.21210.611.000.0000.0000.00 GENERAL SUPPLIES	500.00	
0002	61.43330.21210.114.000.0000.0000.00 PROF PERSONAL LEAVE-SICK	13,414.00	
0003	61.43330.21210.221.000.0000.0000.00 SOCIAL SECURITY	1,240.00	
0004	61.43330.21210.233.000.0000.0000.00 SUPPLEMENTAL PLAN PREM.	1,216.00	
0005	61.43330.21210.261.000.0000.0000.00 WORKERS COMPENSATION	339.60	
0006	61.43330.04511.009.000.0000.0000.00 REVENUE		16,709.60
* J/E TOTALS		16,709.60	16,709.60

MONTH - SEPTEMBER NUMBER - 00020 ENTRY DATE 9/30/22
 TO TRANSFER FUNDS FOR LOCAL PROFESSIONAL DEVELOP

0001	11.00000.11111.131.000.2240.0000.00 NEW PROF SUB REGULAR SALARY	5,000.00	
0002	11.00000.11111.112.000.2240.0000.00 PROFESSIONAL SUPP SALARY		5,000.00
0003	TO TRANSFER FUNDS FOR PROFESSIONAL DEVELOPMENT PAID BY LOCAL FUNDS TO PAY SUBS FOR MATH TEACHERS TO ATTEND 3 DAY CONFERENCE.		
* J/E TOTALS		5,000.00	5,000.00

MONTH - SEPTEMBER NUMBER - 00021 ENTRY DATE 9/30/22
 TO TRANSFER FUNDS TO PAY STIPENDS

0001	11.00000.12120.114.000.2400.0000.00 PROF PERSONAL LEAVE-SICK	360.00	
0002	11.00000.12120.221.000.2400.0000.00 NEW SOCIAL SECURITY	27.54	
0003	11.00000.12120.233.000.2400.0000.00 NEW SUPPLEMENTAL PLAN PREM.	27.00	
0004	11.00000.12120.261.000.2400.0000.00 NEW WORKERS COMPENSATION	.90	
0005	11.00000.12120.611.000.2400.0000.00 GENERAL SUPPLIES		415.44
0006	TO TRANSFER FUNDS FOR ATTENDING A DISCOVERING YOUR FUTURE CTE TRAINING.		
0007			

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0008	11.00000.11111.114.000.2160.0000.00 PROF PERSONAL LEAVE-SICK	360.00	
0009	11.00000.11111.221.000.2160.0000.00 NEW SOCIAL SECURITY	27.54	
0010	11.00000.11111.233.000.2160.0000.00 NEW SUPPLEMENTAL PLAN PREM.	27.00	
0011	11.00000.11111.261.000.2160.0000.00 NEW WORKERS COMPENSATION	.90	
0012	11.00000.11111.611.000.2160.0000.00 GENERAL SUPPLIES		415.44
0013	TO TRANSFER FUNDS FOR ATTENDING A DISCOVERING YOUR FUTURE CTE TRAINING.		
0014			
* J/E TOTALS		830.88	830.88

MONTH - SEPTEMBER NUMBER - 00022 ENTRY DATE 9/30/22
 TO TRANSFER FUNDS FOR PROFESSIONAL DEVELOPMENT

0001	11.00000.11111.331.000.2240.0000.00 NEW EMPLOYEE TRAINING SVC	802.00	
0002	11.00000.11111.653.000.2240.0000.00 SUPPLIES - SOFTWARE		802.00
0003	TO TRANSFER FUNDS NEEDED FOR TEACHERS TO ATTEND THE NCTM REGIONAL CONFERENCE.		
0004			
* J/E TOTALS		802.00	802.00
** REPORT TOTALS		4,379,316.48	4,379,316.48

