

2222

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 22nd day of February, 2022 by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Board of Education (hereafter known as Organization).

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

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

I Organization Name Marion County Board of Education

II Contact Name John A. ...

III Address 400 ...

IV Phone Number 317 ...

V The MCBOE covenants and agrees that it shall, from 2/22/22 through 2/28/22 make available to the Organization for the purpose of ...

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 480P Attorney Gen. 114 (1961): Board not authorized to rent or lease school property to profit-making organizations

July 22, 1965 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.

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

FEIN Number 75-212225 (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 Sports Center 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 \$ 100.00 per hour in addition to a \$ 100.00 custodial fee per hour
(Additional fees may apply depending on facility) \$ 100.00 for hour

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 State Farm

Policy Number 123456789

.....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

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

FEIN Number 77-0111111 (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 facility 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 \$ 1000 per hour in addition to a \$ 1000 custodial fee per hour
(Additional fees may apply depending on facility) \$ 1000 for hour

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: ABC Insurance Company

Policy Number ABC123456789

.....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 _____ 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.

Representative of Organization

Date

Principal or Designee

Date

[Signature]

Administrative Assistant of Maintenance, Facilities and Athletics

10-26-22

Date

Superintendent

Date

Board President

Date

- 5/25/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



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 Sports Insurance Group, Inc. 210 Magnavox Way Dallas, TX 75201	CONTACT NAME: Mass Merchandising Underwriting	
	PHONE (A.C. No. Ext): 1-800-426-2389 FAX (A.C. No.): 1-260-459-5105 E-MAIL: info@sportsinsurance-kk.com ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:	
INSURED Green County Youth Basketball 2850 Manor County #11501/5th Grades 215 Glenwood St Farmington, WV 26554 Member of the Sports Leisure & Entertainment RFG	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: W02048353 REVISION NUMBER:

PLEASE VERIFY 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.

TYPE OF INSURANCE	ADOL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> EQUIP <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> L.A.W.S. SPACE <input type="checkbox"/> REFERRAL	X		65RPG000007482900	11/06/2021 12/01 AM EDT	11/06/2022 12/01 AM	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (EA Commercial): \$1,000,000 MED EXP (Any one person): \$5,000 PERSONAL & ADY INJURY: \$1,000,000 GENERAL AGGREGATE: \$5,000,000 PRODUCTS - COMPROP AGG: \$1,000,000 PROFESSIONAL LIABILITY: \$1,000,000 LEGAL LIAB TO PARTICIPANTS: \$1,000,000 COMBINED SINGLE LIMIT (EA accident): \$1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> L.A.W.S. SPACE <input type="checkbox"/> REFERRAL			65RPG0000007482900	11/06/2021 12/01 AM EDT	11/06/2022 12/01 AM	EACH OCCURRENCE AGGREGATE MED EXP (Any one person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYEE OPERATOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> (Mandatory in TX) <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> L.A.W.S. SPACE <input type="checkbox"/> REFERRAL		N/A				PER STATE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER E.L. DISEASE - POLICY LIMIT
MEDICAL PAYMENTS FOR PARTICIPANTS			65RPG000007482900	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. Each space is required)
1. Liability to Participants (LLP) limits is per occurrence limit
2. Youth Basketball (All Ages) 12 and under, Cheerleading Youth Age(s) 12 and under
3. Certificate holder is bonded as an additional insured to liability for bodily caused by and third party to the work or missions of the named insured
4. See this Additional Remarks Schedule

CERTIFICATE HOLDER Green County BOE c/o Mr. Leo Ruffin D 215 Glenwood St Farmington, WV 26554 215 Glenwood St 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 <i>[Signature]</i>
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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 the successors and assigns.

Representative of Organization

Date

Principal or Designee

Date

Administrative Assistant of Maintenance, Facilities and Athletics

Date

Superintendent

Date

Board President

Date

- 8/25/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

AGENCY CUSTOMER ID:
LOC #

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		NAMED INSURED Manion County Youth Basketball DBA: Manion 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.

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

DEPARTMENT OF THE TREASURY

Date: **AUG 16 2018**

MARION COUNTY YOUTH BASKETBALL 12U
109 GLENWOOD ST
FAIRMONT, WV 26554-0000

Employer Identification Number:
94-3483915
DLN:
26053618007338
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
August 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 15, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

Our records show you were previously tax exempt as a subordinate under group exemption number 1155. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt

Letter 947

MARION COUNTY BOARD OF EDUCATION **16-2233**
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 13th day of October, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the MCYBA - Whitehall Cheer (hereafter known as Organization).

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

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

I. Organization Name MCYBA - Whitehall Cheer

II. Contact Name Jomarie Chandler

III. Address 19 Mayberry Drive

IV. Phone Number (304) 288-4866

V. The MCBOE covenants and agrees that it shall, from 10/13/2022 through March 1, 2022, make available to the MCYBA - Whitehall Cheer the school gym at White Hall for the purpose of cheer practice. 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 94-3483915 (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 Whitehall Elementary 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 \$ _____ per waived in addition to a \$ _____ custodial fee per _____ (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: Nationwide Mutual Insurance Company (Also Attached)
Policy Number 6BRP6000009482900

.....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 Whitehall Elementary 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 10/13/22, until the 3/1/22 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.

Osmani Chandler
Representative of Organization

10/13/22
Date

Nan Murray
Principal or Designee

10/13/22
Date

Andy Spahr
Administrative Assistant of Maintenance, Facilities and Athletics

10-17-22
Date

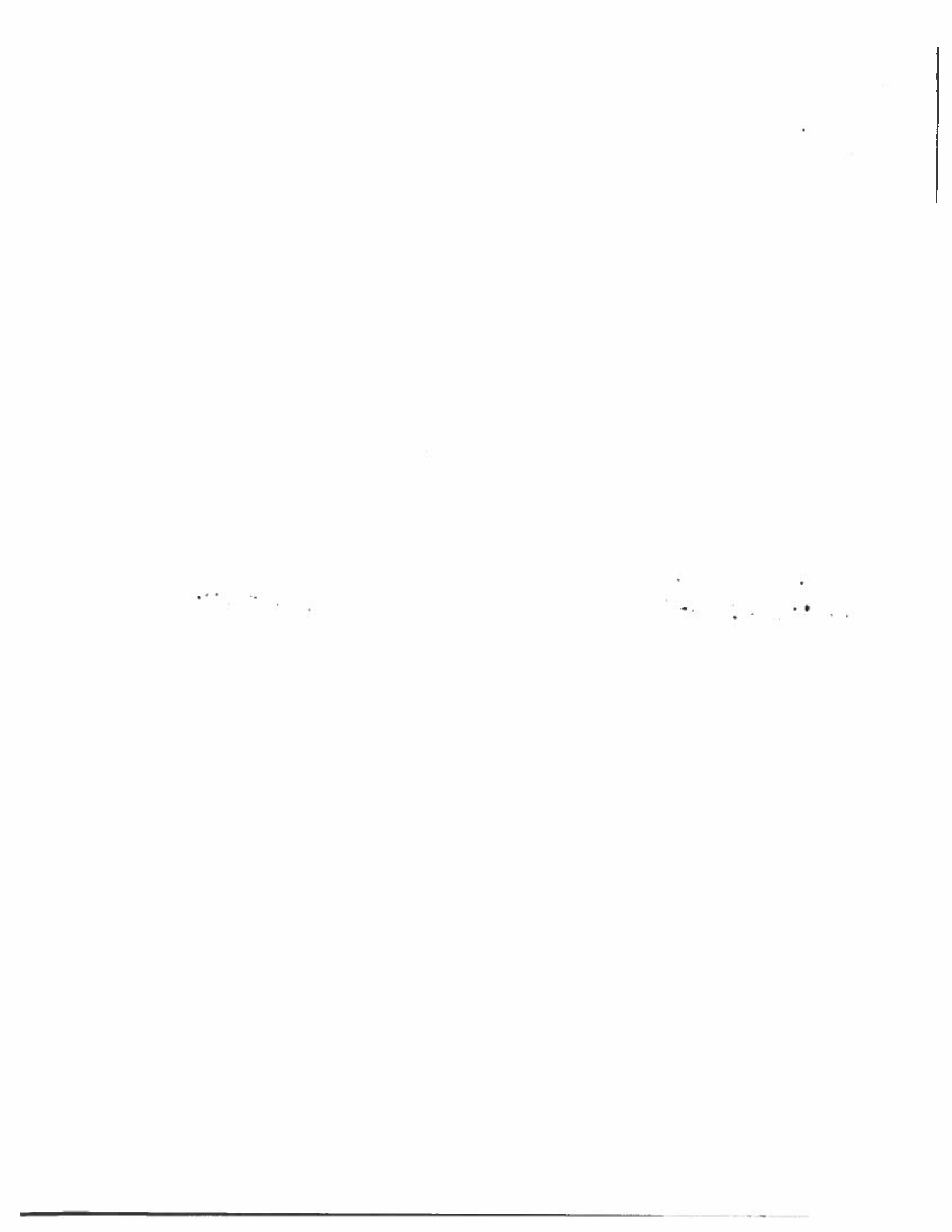
Superintendent

Date

Board President

Date

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





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, Exp): 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
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 NAIC # 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.

INSR LTR	TYPE OF INSURANCE	ADOL RESD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		68RPG0000007482900	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 - COMPROP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	\$1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NOT PROVIDED WHILE IN HAWAII <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			68RPG0000007482900	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"/> EXCESS LIAB <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"/> 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			68RPG0000007482900	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
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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

ACORDTM

AGENCY CUSTOMER ID:
LOC #

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 6BRPG000007482900		
CARRIER Nationwide Mutual Insurance Company	NAIC CODE 23787	EFFECTIVE DATE: 11/08/2021

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.

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

DEPARTMENT OF THE TREASURY

Date: **AUG 16 2018**

MARION COUNTY YOUTH BASKETBALL 12U
109 GLENWOOD ST
FAIRMONT, WV 26554-0000

Employer Identification Number:
94-3483915
DLN:
26053618007338
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
August 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 15, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

Our records show you were previously tax exempt as a subordinate under group exemption number 1155. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt

Letter 947

**MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT**

16-2834

This agreement dated the 3rd day of October, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the East Fairmont Junior Wrestling (hereafter known as Organization).

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

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

- I. Organization Name East Fairmont Middle School
- II. Contact Name Blane R. Mayle
- III. Address 107 Otter Run Rd, Fairmont WV
- IV. Phone Number 304-612-1140
- V. The MCBOE covenants and agrees that it shall, from October 31, 2022 through March 1st, 2022, make available to the East Fairmont Junior Wrestling the EFMS wrestling room in old gym for the purpose of junior wrestling ages 5-13. 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 Practices will be M-TH 6:00-8:00
- VI. Is the planned activity a non-profit making venture? yes FIN# 87-3231922

Criteria: 490P Attorney Gen 114 (1981) 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

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

FEIN Number 87-3231922 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VII. Organization covenants and agrees that the scheduling of its events utilizing the EFHS 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.

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

IX. 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: USA Wrestling / Everest National Ins Co

Policy Number: SIS111115954221

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

X. 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 arise 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.

XI. 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.

XII. 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 EFMS 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 October 31 2022 until the 1ST day of March 2022 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

10-11-22
Date

[Signature]
Principal or Designee

10-17-2022
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

11-1-22
Date

Superintendent

Date

Board President

Date

- 6/26/08
- 2/23/15
- 3/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2022

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 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 Vasler Insurance, A Marsh & McLennan Agency LLC Company 4803 36th St S STE 101 Fargo ND 58104	CONTACT NAME: Tricia Rudnick PHONE: 701-451-5482 FAX: 701-235-0405 EMAIL: trudnick@vasler.com
INSURED United States of America Wrestling Association 8155 Lehman Dr Colorado Springs CO 80918	INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 1794747201 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.

FORM	TYPE OF INSURANCE	ANNUAL PREMIUM	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO- LOC JECT OTHER	\$184,015,484,221	S184L015484221	9/1/2022	9/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPHOP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	\$184,015,484,221	S184L015484221	9/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLASS-MADE DED RETENTION \$	\$184,015,484,221	S184X00988221	9/1/2022	9/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse/Molestation Abuse/Abolition	\$184,015,484,221	S184L015484221	9/1/2022	9/1/2023	Each Occurrence \$1,000,000 Aggregate \$2,000,000

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

NOTE: This certificate of liability insurance is in effect for chartered club practices, of which all participants MUST be individual members of USA Wrestling. No liability coverage extends to any event that the club may host. The above coverage is primary & noncontributory where required.

CERTIFICATE HOLDER East Fairmont Wrestling Club 167 Otter Run Road Fairmont, WV 26564	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2022

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 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 Vaslor Insurance, A Marsh & McLennan Agency LLC Company 4803 38th Street S Suite 101 Fargo ND 58104	CONTACT NAME: Tricia Rudnick PHONE: (701) 451-5482 FAX: (701) 235-9405 ADDRESS: trudnick@vaslor.com
INSURED United States of America Wrestling Association 6155 Lahman Dr Colorado Springs CO 80918	INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company 10120 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 1730058992 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.

LINE	TYPE OF INSURANCE	AGRE NUMBER	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	SIBM015484221	9/1/2022	9/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PROPERTY (Per occurrence) \$ 1,000,000 MED EXP (Adv era period) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT LOC						
OTHER						
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		SIBM015484221	9/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE		SIBEX0088221	9/1/2022	9/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Secondary to HQ) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse/Molestation Abuse/Molestation		SIBM015484221	9/1/2022	9/1/2023	Each Occurrence \$1,000,000 Aggregate \$2,000,000

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

The general liability and excess liability includes an automatic additional insured endorsement that provides additional insured status to the Certificate holder only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

NOTE: This certificate of liability insurance is in effect for chartered club practices, of which all participants MUST be individual members of USA Wrestling. No liability coverage extends to any event that the club may hold.

RE: East Fairmont Wrestling Club

CERTIFICATE HOLDER Marion County Board of Education 1515 Mary Lou Reston Dr Fairmont, WV 26664	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
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EAST FAIRMONT JUNIOR WRESTLING CLUB



Parents.

Wrestling season is upon us and we would like to invite your son/daughter to participate in East Fairmont Wrestling's Youth Program! The East Fairmont Junior Wrestling Club is for anyone, boy or girl, in grades kindergarten through eighth grade who wants to wrestle. We understand that each individual is unique, and our coaches will work hard to see that every kid develops the necessary skill set to be competitive/successful but most importantly has fun and enjoys themselves along the way. There will be two levels to help meet the needs of each wrestler.

The Novice group practice will begin Nov. 28th and run until January 23rd. Practices will be held on Mondays and Wednesdays from 6:00-7:30. The Novice group will be for any child with 0-3 years' experience. This group will focus on developing a love for the sport as well as the fundamental skills needed to move forward in the years ahead and become a competitive wrestler. There will be four team sanction matches that children will have the opportunity to participate in and a EFJW Coach will be present.

For children with more experience and knowledge of the sport, there will be an Advanced group. This group will begin Nov. 8th and run until late February. This group will practice on Tuesdays and Thursdays from 6:00-8:00. The Advanced group will be more intense and focus on in-depth training for the more advanced competition.

Participation fee for the Novice group is \$85 per wrestler and \$150 for the Advanced group wrestler. Fees are to cover spirit packs for each wrestler as well as equipment and facility needs. If you are unsure of what group would be best for your child, please contact me. West Virginia Youth Wrestling Association also requires that each wrestler must obtain a USA Youth wrestler membership in order to participate in practice and tournaments. There will be an additional packet of information available at signups concerning the steps to obtain a valid membership.

Sign-ups will be held at the Wrestling Room at East Fairmont Middle School. If you have any questions at all, please feel free to contact me. You can also go to our Facebook page, East Fairmont Jr. Wrestling. The wrestling room is located at East Fairmont Middle School in the old gym located on Alta Vista Ave, beside the Immaculate Church. Necessary paperwork will be provided at signups.

Sign-ups are scheduled for the following times:

Tuesday, Oct 25, 6:00pm – 7:00pm

Thursday, Oct 27, 6:00pm – 7:00pm

We look forward to seeing you there!

Blane Mayle
mayleblane@gmail.com
304-612-1640

EAST FAIRMONT JUNIOR WRESTLING CLUB



East Fairmont Junior Wrestling Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Preferred Phone Number to be used for team communication/notifications: _____

Date of Birth: _____ Grade: _____ Weight: _____

USA Wrestling Membership ID: _____

*Please bring a copy of your child's birth certificate that can be kept on file.

**If you are a returning 21-22 EFJW wrestler, a birth certificate should already be on file so a new one is not necessary. Please verify that one is on file before practice begins.

Any known medical conditions that the coaches should be aware of: _____

Spirit Pack Information:

T-shirt size: YS YM YL YXL AS AM AL AXL

Short size: YS YM YL YXL AS AM AL AXL

I give my permission for my child to participate in the East Fairmont Jr. Wrestling for the 2022-2023 season. I understand that there are risks inherent to wrestling and agree not to hold the club, its coaches or volunteers, East Fairmont Middle School or Marion County Schools liable for any injury to my child or damage or loss to his/her equipment.

Parent Signature: _____ Date: _____

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 10-22-2021

Employer Identification Number:
87-3231922

Form: SS-4

Number of this notice: CP 575 E

EAST FAIRMONT JUNIOR WRESTLING
107 OTTER RUN RD
FAIRMONT, WV 26554

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 87-3231922. 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 EAST. 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

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 10-22-2021
EMPLOYER IDENTIFICATION NUMBER: 87-3231922
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

EAST FAIRMONT JUNIOR WRESTLING
107 OTTER RUN RD
FAIRMONT, WV 26554



**USA
WRESTLING**

IS PROUD TO RECOGNIZE

East Fairmont Wrestling Club

AS A USA WRESTLING CHARTERED CLUB FOR THE

2022-2023 MEMBERSHIP YEAR



2225

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 17th day of October, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Pleasant Valley PTO (hereafter known as Organization).

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

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

- I. Organization Name Pleasant Valley PTO
- II. Contact Name Olivia Rinehart, president
- III. Address 1803 Buckner Ave Fairmont, WV 26554
- IV. Phone Number 304-694-2155

V. The MCBOE covenants and agrees that it shall, from September 2022 through May June 2023 make available to the Pleasant Valley PTO the Pleasant Valley School for the purpose of monthly meetings. 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 96-0990576 (INCLUDE A VERIFICATION OF FEIN FROM THE IRS)

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 \$ waived per n/a in addition to a \$ waived custodial fee per n/a
(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.

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

Insurance Company: Erie Insurance

Policy Number Q31 5200036 W

.....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 School after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.
- XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.
- XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from September 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.

Oliver D. Buehner
 Representative of Organization

10-17-22
 Date

Kenneth M. Middleman
 Principal or Designee

10-17-22
 Date

Andy Neptune
 Administrative Assistant of Maintenance, Facilities and Athletics

11-1-22
 Date

 Superintendent

 Date

 Board President

 Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/18/2022

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

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

PRODUCER United Security Agency, Inc. 1207 Fairmont Ave Fairmont WV 26554		CONTACT NAME: Joni Wilson PHONE (A/C, No. Ext): 3043631660 FAX (A/C, No): 304-363-5956 EMAIL ADDRESS: joniwilson@unitedsecurityagency.com	
INSURED Pleasant Valley Elementary Pto, Inc. 1858 Valley School Rd. Fairmont WV 26554		INSURER(S) AFFORDING COVERAGE INSURER A : Erie Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 26830

COVERAGES **CERTIFICATE NUMBER:** 1803869947 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD BYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Q31-6200036	7/2/2022	7/2/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ Incl In Gen Agg
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<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 WV) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Marion County Board of Education is Additional Insured per form CG2011 (4/13) Managers or Lessor of Premises.

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE
Joni L. Wilson

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.
Pleasant Valley PTD Inc

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 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.
70 Box 58

6 City, state, and ZIP code
Kingman, WV 26518

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

or

Employer identification number

90	-	0990576
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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 ▶ **Olin D. Buehner**

Date ▶ **10-17-22**

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.

Memo

To: Dr. Donna Hage

From: Kathy Jacquez

Reason: Purchase of First Tee Program

Date: November 1, 2022

Please place the purchase of First Tee materials and training for physical education teachers on the Board Agenda for approval. First Tee is an elementary program that introduces students to golf through the physical education program. This purchase will place the program in all elementary schools except East Dale. We already have the program at Jayenne, Monongah Elementary, Rivesville and White Hall.

Total cost \$22, 750.00

Source: County Funds



West Virginia Golf Association
 1 Frances P. Jordan Way
 Charleston, WV 25302

QUOTE

DATE	INVOICE #
8-29-2022	22-371

Bill To
Marion County Schools

DUE DATE
8/29 2022

DESCRIPTION	QUANTITY	AMOUNT
Barrackville Elementary / Middle School	1	3,250.00
Blackshere Elementary School	1	3,250.00
White Hall Elementary School	1	3,250.00
East Park Elementary School	1	3,250.00
Fairview Elementary School	1	3,250.00
Pleasant Valley Elementary School	1	3,250.00
Watson Elementary School	1	3,250.00
Total		\$22,750.00
Payments/Credits		\$0.00
Balance Due		\$22,750.00

Phone #	Fax #	E-mail	Web Site
(304) 391-5000	(304) 391-5050	dmonk@wvga.org	www.wvga.org

2227

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA G702

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

PROJECT: East Dale Elementary School Addition

APPLICATION NUMBER: 21039-15
PURCHASE ORDER NUMBER: Contract

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

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

PERIOD FROM: 10/07/2022 - 10/31/22

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 (Column G on G703) **\$ 3,852,787.07**

5. Retainage: a. 5 % of work completed **\$ 192,639.35**
(columns D+E on G703)

b. 5 % of stored material **\$ -**

(column F on G703) **\$ 192,639.35**

Total Retainage (Line 5a + 5b) **\$ 3,660,147.72**

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

7. Less Previous Certificates for Payment (Line 6 from prior Certificate) **\$ 3,374,781.94**

8. Current Payment Due \$ 285,365.78

9. Balance to finish, including retainage (Line 3 less line 6) **\$ 331,961.91**

Change order summary	Additions	Deletions
Total changes approved previous by owner	\$ 472,529.61	\$ 57,108.98
Total approved this month	\$ -	\$ -
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 and payments received from the Owner and that current payment shown herein is now due.

CONTRACTOR: Veritas Contracting LLC

By: *Jesse L. Ayers II*
Jesse L. Ayers II

Date: **11/1/2022**

State of: **West Virginia**

County of: **Marion**

Notary Public: *Jesse L. Ayers II*

My Commission expires: **9-14-21**



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.

AMOUNT CERTIFIED: **\$ 285,365.78**

(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: *David E. Smith* Date: **11/1/22**

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: 21039-15

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: 10/07/2022 - 10/31/2022
 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		H BALANCE TO FINISH (C-G)	I RETAINAGE 5%
			FROM PREVIOUS APPLICATIONS (D+E)			STORED	(NOT IN D OR E)	COMPLETED	% (G/C)		
1	Mobilization and Layout	\$ 39,680.00	\$39,680.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,680.00	100.00%	\$0.00	\$1,984.00
2	Insurance and Bonding	\$ 76,845.00	\$76,845.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76,845.00	100.00%	\$0.00	\$3,842.25
3	Site Supervision Working Formen General Requirement:	\$ 207,209.00	\$194,299.00	\$9,683.00	\$0.00	\$0.00	\$0.00	\$203,982.00	98.44%	\$3,227.00	\$10,199.10
4	Construction Aid, Equipment and Storage	\$ 150,893.00	\$141,407.00	\$7,115.00	\$0.00	\$0.00	\$0.00	\$148,522.00	98.43%	\$2,371.00	\$7,426.10
5	Temporary Construction & Safety Fencing	\$ 3,892.00	\$3,892.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,892.00	100.00%	\$0.00	\$194.60
6	Demolition	\$ 13,654.00	\$13,654.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,654.00	100.00%	\$0.00	\$682.70
7	E&S Controls/Survey/Site Demolition	\$ 39,425.00	\$39,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,425.00	100.00%	\$0.00	\$1,971.25
8	Earthwork	\$ 68,600.00	\$68,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,600.00	100.00%	\$0.00	\$3,430.00
9	Fencing	\$ 26,500.00	\$0.00	\$18,600.00	\$0.00	\$0.00	\$0.00	\$18,600.00	69.82%	\$8,000.00	\$930.00
10	Utilities/Sanitary Sewer and Stormwater	\$ 116,930.00	\$116,930.00	\$0.00	\$0.00	\$0.00	\$0.00	\$116,930.00	100.00%	\$0.00	\$5,846.50
11	Separation Fabric & 6" Aggregate Base	\$ 36,871.00	\$36,871.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,871.00	100.00%	\$0.00	\$1,843.55
12	Form and Pour Trench Box	\$ 4,080.00	\$4,080.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,080.00	100.00%	\$0.00	\$204.00
13	Landscape - Material	\$ 7,000.00	\$0.00	\$6,250.00	\$0.00	\$0.00	\$0.00	\$6,250.00	89.29%	\$750.00	\$312.50
14	Landscape - Labor	\$ 2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	100.00%	\$0.00	\$100.00
15	Asphalt Pavement and Striping	\$ 101,000.00	\$75,800.00	\$25,200.00	\$0.00	\$0.00	\$0.00	\$101,000.00	100.00%	\$0.00	\$5,050.00
16	Concrete Curbs - Material	\$ 18,602.00	\$18,602.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,602.00	100.00%	\$0.00	\$930.10
17	Concrete Curbs - Labor	\$ 41,472.00	\$41,472.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,472.00	100.00%	\$0.00	\$2,073.60
18	Concrete Sidewalks - Material	\$ 27,922.00	\$5,923.00	\$21,699.00	\$0.00	\$0.00	\$0.00	\$27,622.00	98.93%	\$300.00	\$1,381.10
19	Concrete Sidewalks - Labor	\$ 20,346.00	\$4,318.00	\$15,728.00	\$0.00	\$0.00	\$0.00	\$20,046.00	96.53%	\$300.00	\$1,002.30
20	Flag & Light Pole Foundations	\$ 2,410.00	\$1,450.00	\$560.00	\$0.00	\$0.00	\$0.00	\$2,010.00	83.40%	\$400.00	\$100.50
21	Building Foundation & Piers - Material	\$ 22,596.00	\$22,596.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,596.00	100.00%	\$0.00	\$1,129.80
22	Building Foundation & Piers - Labor	\$ 21,242.00	\$21,242.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,242.00	100.00%	\$0.00	\$1,062.10
23	Slab on Grade - Material	\$ 44,600.00	\$44,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,600.00	100.00%	\$0.00	\$2,230.00
24	Slab on Grade - Labor	\$ 25,063.00	\$25,063.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,063.00	100.00%	\$0.00	\$1,253.15
25	ICF Walls - Material	\$ 93,718.00	\$93,718.00	\$0.00	\$0.00	\$0.00	\$0.00	\$93,718.00	100.00%	\$0.00	\$4,685.90
26	ICF Walls - Labor	\$ 65,608.00	\$65,608.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,608.00	100.00%	\$0.00	\$3,280.40
27	Damproofing & Backfill - Material	\$ 19,009.00	\$19,009.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,009.00	100.00%	\$0.00	\$950.45
28	Damproofing & Backfill - Labor	\$ 13,740.00	\$13,740.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,740.00	100.00%	\$0.00	\$687.00
29	Masonry - Material	\$ 79,100.00	\$79,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$79,100.00	100.00%	\$0.00	\$3,955.00
30	Masonry - Labor	\$ 77,171.00	\$77,171.00	\$0.00	\$0.00	\$0.00	\$0.00	\$77,171.00	100.00%	\$0.00	\$3,858.55

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-15

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.

ARCHITECTS' PROJECT NO: PERIOD TO: 10/07/2022 - 10/31/2022

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E)	E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G/C)	I BALANCE TO FINISH (C-G)	J RETAINAGE 5%
31	Structural Steel - Material	\$ 144,450.00	\$144,450.00	\$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	\$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	\$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	\$13,848.00	100.00%	\$0.00	\$692.40
35	Rough Carpentry - Material	\$ 4,787.00	\$4,787.00	\$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	\$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	\$55,287.00	100.00%	\$0.00	\$2,764.35
39	Framing and Drywall Systems - Labor	\$ 101,034.00	\$98,034.00	\$2,200.00	\$0.00	\$100,234.00	99.21%	\$800.00	\$5,011.70
40	Roofing, Flashing and Coping - Material	\$ 163,445.00	\$158,944.00	\$4,501.00	\$0.00	\$163,445.00	100.00%	\$0.00	\$8,172.25
41	Canopy, Flashing and Coping - Veritas	\$ 7,922.00	\$7,300.00	\$622.00	\$0.00	\$7,922.00	100.00%	\$0.00	\$396.10
42	Metel Siding and Trim - Material	\$ 3,360.00	\$3,360.00	\$0.00	\$0.00	\$3,360.00	100.00%	\$0.00	\$168.00
43	Metel Siding and Trim - Labor	\$ 2,549.00	\$1,655.00	\$894.00	\$0.00	\$2,549.00	100.00%	\$0.00	\$127.45
44	Ext Door Canopy - Material	\$ 8,025.00	\$8,025.00	\$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	\$2,510.00	100.00%	\$0.00	\$125.50
46	HM Frames and Doors - Material	\$ 53,488.00	\$53,488.00	\$0.00	\$0.00	\$53,488.00	100.00%	\$0.00	\$2,674.40
47	HM Frames and Doors - Labor	\$ 7,593.00	\$5,593.00	\$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	\$296.00	100.00%	\$0.00	\$14.80
49	Door Hardware - Labor	\$ 12,062.00	\$2,062.00	\$0.00	\$0.00	\$2,062.00	17.10%	\$10,000.00	\$103.10
50	Alum Doors and Windows	\$ 99,000.00	\$89,100.00	\$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	\$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	\$17,591.00	\$5,100.00	\$0.00	\$22,691.00	100.00%	\$0.00	\$1,134.55
53	Painting and Fire Caulking	\$ 28,762.00	\$16,770.00	\$5,992.00	\$0.00	\$22,762.00	79.14%	\$6,000.00	\$1,138.10
54	Acoustical Grd & Tile - Material	\$ 31,227.00	\$23,227.00	\$8,000.00	\$0.00	\$31,227.00	100.00%	\$0.00	\$1,561.35
55	Acoustical Grd & Tile - Labor	\$ 18,373.00	\$5,373.00	\$11,000.00	\$0.00	\$16,373.00	89.11%	\$2,000.00	\$818.65
56	Flooring Coverngs	\$ 125,000.00	\$116,226.50	\$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	\$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	\$2,700.00	65.49%	\$1,423.00	\$135.00
59	Classroom Furnishings - Material	\$ 67,515.00	\$0.00	\$67,515.00	\$0.00	\$67,515.00	100.00%	\$0.00	\$3,375.75
60	Classroom Furnishings - Labor	\$ 7,868.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$7,868.00	\$0.00

Veritas Contracting Payment Requisition
 APPLICATION NUMBER: 21039-15

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 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.

ARCHITECTS' PROJECT NO: PERIOD TO: 10/07/2022 - 10/31/2022

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 DOR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	BALANCE TO FINISH (C-G)	RETAINAGE 5%
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	\$17,392.00	\$1,000.00	\$0.00	\$18,392.00	\$0.00	\$919.60
63	Sprinkler System- Labor	\$ 17,308.00	\$14,988.00	\$2,320.00	\$0.00	\$17,308.00	\$0.00	\$865.40
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	\$3,700.00	\$0.00	\$18,200.00	\$910.00	\$910.00
67	Electrical- Power Distribution Material	\$ 94,500.00	\$47,250.00	\$0.00	\$0.00	\$47,250.00	\$47,250.00	\$2,362.50
68	Electrical- Power Distribution Labor	\$ 18,000.00	\$9,000.00	\$0.00	\$0.00	\$9,000.00	\$9,000.00	\$450.00
69	Electrical- Wiring Devices Material	\$ 13,000.00	\$13,000.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$650.00
70	Electrical- Wiring Devices Labor	\$ 25,000.00	\$20,000.00	\$5,000.00	\$0.00	\$25,000.00	\$0.00	\$1,250.00
71	Electrical-HVAC Materials	\$ 12,000.00	\$8,400.00	\$3,600.00	\$0.00	\$12,000.00	\$0.00	\$600.00
72	Electrical-HVAC Labor	\$ 12,000.00	\$6,000.00	\$6,000.00	\$0.00	\$11,500.00	\$500.00	\$575.00
73	Electrical- Data Materials	\$ 29,500.00	\$20,650.00	\$6,305.00	\$0.00	\$26,955.00	\$2,545.00	\$1,347.75
74	Electrical- Data Labor	\$ 5,000.00	\$4,500.00	\$0.00	\$0.00	\$4,500.00	\$500.00	\$225.00
75	Electrical- Security/Access Materials	\$ 23,000.00	\$13,800.00	\$6,900.00	\$0.00	\$20,700.00	\$2,300.00	\$1,035.00
76	Electrical- Security/Access Labor	\$ 2,500.00	\$2,000.00	\$250.00	\$0.00	\$2,250.00	\$250.00	\$112.50
77	Electrical- Fire Alarm Materials	\$ 8,000.00	\$6,800.00	\$1,200.00	\$0.00	\$8,000.00	\$0.00	\$400.00
78	Electrical- Fire Alarm Labor	\$ 2,000.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$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 Sanitary AG	\$ 54,000.00	\$51,920.00	\$2,080.00	\$0.00	\$54,000.00	\$0.00	\$2,700.00
86	Plumbing- Interior Sanitary AG	\$ 35,000.00	\$33,209.00	\$1,791.00	\$0.00	\$35,000.00	\$0.00	\$1,750.00
87	Plumbing- Gas Line	\$ 12,000.00	\$10,912.00	\$1,088.00	\$0.00	\$12,000.00	\$0.00	\$600.00
88	Plumbing- Fixtures	\$ 30,000.00	\$20,003.00	\$9,000.00	\$0.00	\$29,003.00	\$997.00	\$1,450.15
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	\$168,900.00	\$0.00	\$0.00	\$168,900.00	\$0.00	\$8,445.00

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-15

AIA Document G-703 APPLICATION AND CERTIFICATE FOR PAYMENT, ARCHITECTS' PROJECT NO:

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: 10/07/2022 - 10/31/2022

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 PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	BALANCE TO FINISH (C-G)	RETAINAGE 5%
91	HVAC-RTU-1 Roof curb, Crane-Labor	\$ 9,000.00	\$9,000.00	\$0.00	\$0.00	\$9,000.00	\$0.00	\$450.00
92	HVAC-Electric VAV's, Electric Heater	\$ 58,300.00	\$58,300.00	\$0.00	\$0.00	\$58,300.00	\$0.00	\$2,915.00
93	HVAC- Elect VAV's Electric Heater- Labor	\$ 5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$250.00
94	HVAC- Registers, Grills and Exhaust Fans	\$ 20,000.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$1,000.00
95	HVAC- Reg. Grills, Exhaust Fans- Labor	\$ 6,850.00	\$4,000.00	\$2,850.00	\$0.00	\$6,850.00	\$0.00	\$342.50
96	SFC-1 Mini Split	\$ 8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$400.00
97	SFC-1 Mini Split- Labor	\$ 2,500.00	\$1,905.00	\$595.00	\$0.00	\$2,500.00	\$0.00	\$125.00
98	Duct Work, Insulation	\$ 45,000.00	\$45,000.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$2,250.00
99	Duct Work, Insulation-Labor	\$ 39,000.00	\$39,000.00	\$0.00	\$0.00	\$39,000.00	\$0.00	\$1,950.00
100	Certified Test and Balance	\$ 10,569.00	\$0.00	\$10,569.00	\$0.00	\$10,569.00	\$0.00	\$528.45
101	Certified Test and Balance-Labor	\$ 1,500.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$75.00
102	Progressive and Final Cleaning	\$ 11,650.00	\$8,665.00	\$885.00	\$0.00	\$9,550.00	\$2,100.00	\$477.50
103	Change Order 1 - Contingency Allowance	\$ 50,000.00	\$42,862.94	\$0.00	\$0.00	\$42,862.94	\$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	\$0.00	\$2,101.70
105	Change Order 3 - Canopy	\$ 99,955.00	\$89,936.00	\$9,019.00	\$0.00	\$98,955.00	\$1,000.00	\$4,947.75
106	Change Order 4 - Addition Paving & Concrete	\$ 35,828.20	\$25,750.20	\$10,078.00	\$0.00	\$35,828.20	\$0.00	\$1,791.41
107	Change Order 5 - HVAC Control Credit	\$ (42,989.04)	(\$35,300.00)	-\$7,689.04	\$0.00	(\$42,989.04)	\$0.00	(\$2,149.45)
108	Change Order 6 - Contract Time Increased	\$ -	\$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	\$0.00	\$2,171.07
110	Change Order 8 - Apron, Storm, Gas Line & Toilet Partit	\$ 8,502.40	\$4,397.40	\$4,105.00	\$0.00	\$8,502.40	\$0.00	\$425.12
111	Change Order 9 - Design Change	\$ 133,373.67	\$133,373.67	\$0.00	\$0.00	\$133,373.67	\$0.00	\$6,668.68
112	Change Order 10 - Fence, Over-X, Roof Drains	\$ 20,419.65	\$17,178.65	\$3,241.00	\$0.00	\$20,419.65	\$0.00	\$1,020.98
113	Change Order 11 - Breakers in Existing Switchgear	\$ 7,267.95	\$4,428.88	\$2,839.07	\$0.00	\$7,267.95	\$0.00	\$363.40
114	Change Order 12 - Multiple	\$ 13,003.43	\$13,003.43	\$0.00	\$0.00	\$13,003.43	\$0.00	\$650.17
115	Change Order 13 - Metal Siding Panels	\$ 14,119.94	\$14,119.94	\$0.00	\$0.00	\$14,119.94	\$0.00	\$706.00
116	Change Order 13 - Metal Siding Panels Deleted	\$ (14,119.94)	(\$14,119.94)	\$0.00	\$0.00	(\$14,119.94)	\$0.00	(\$706.00)
117	Change Order 14 - Purchase of New Flagpole	\$ 4,603.97	\$4,603.97	\$0.00	\$0.00	\$4,603.97	\$0.00	\$230.20
		\$ -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$ 3,992,108.63	\$ 3,552,402.04	\$300,385.03	\$0.00	\$3,852,787.07	\$139,321.56	\$192,639.35

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

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 OMB No. Expires

PAYROLL NO: 60 FOR WEEK ENDING: 10/8/2022 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 WH EMPLOYEES	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED / PERIOD	(8) DEDUCTIONS					TOTAL DEDUCTIONS FOR		
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE	OTHER			
			2	3	4	5	6	7	8											
Mr Norman P Barb III 21 Skyline Drive Morantown WV 26508 XXX-XX-3095	2	Skilled	0	8.00							8.00	23.92	191.36	184.00	10.93		2.70	2.56	73.52	89.71
Mr Nathaniel Z Blosser 183 Estaba Drive Morantown WV 26508 XXX-XX-8493	0	Skilled	0								8.00	30.00	240.00	1,040.00	62.45	118.89	44.57	14.60	63.65	304.16
Mr Jason A Harvey 515 Tyone Avery Rd Morantown WV 26508 XXX-XX-9341	1	Skilled	0								8.00	32.41	1,135.68	1,092.00	56.87	80.45	34.01	13.30	132.31	316.94
Mr Matthew A Mable 272 Maresik View Drive Kinwood WV 26537 XXX-XX-2479	0	Skilled	0								8.00	32.41	1,135.68	1,092.00	65.80	118.76	44.53	15.39	87.38	331.86
Mr Taylor J Mack 1076 Stewart Run Road Morantown WV 26501 XXX-XX-3988	0	Skilled	0								8.00	32.41	1,135.68	1,092.00	65.80	118.76	44.53	15.39	87.38	331.86
Mr Clarence E Phares 236 Meadowlane Ave Fairmont WV 26554 XXX-XX-3779	1	Skilled	0								8.00	25.50	894.00	894.00	54.81	82.17	37.17	12.82	22.99	186.97
Mr Grayson S Ralphsnyder 360 N. Burner Ridge Road Fairmont WV 26554 XXX-XX-4482	0	Skilled	0								8.00	28.50	988.00	988.00	59.83	109.61	42.04	13.99	22.99	248.46
Mr Robert C Sawistki 322 Lees Run Road Fairmont WV 26554 XXX-XX-6776	0	Skilled	0								7.00	31.50	1,060.50	1,060.50	63.72	123.40	45.80	14.90	32.80	280.62
Mr Kenneth L Snow III 1852 Stahlaker Run Road Elkins WV 26241 XXX-XX-0338	0	Skilled	0								8.00	36.00	1,248.00	1,248.00	77.38	111.86	50.49	18.10	2.00	268.83

U.S. Department of Labor
Wage and Hour Division

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

PAYROLL

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

PAYROLL NO: 60 FOR WEEK ENDING: 10/8/2022 12:00:00 AM
 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 PROJECT /PERIOD	(8) DEDUCTIONS					TOTAL DEDUCTIONS FOR W/P		
			OT OR ST	Sun	Mon	Tue	Wed	Thu	Fri				Sat	FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE		OTHER	
				2	3	4	5	6	7				8							
Mr. Kenneth R Syrems 477 Darnell Rd Weston WV 26452 XXX-XX-7181	0	1000 Skillabo	0								20.00	34.40	687.99	70.46	94.15	50.16	16.48	99.53	330.78	
Mr. Michael T Wats 1105 Morgantown Rd Point Marion PA 15474 XXX-XX-1383	1	1000 Skillabo	0	5							7.00	37.98	1,305.23	73.13	133.26	35.46	17.10	56.80	315.75	
Totals for Project East Dale Elementary					82.00	81.00	90.00	89.00	66.00	408.00	10,950.50	9,933.81	661.18	1,091.31	440.46	154.63	658.36	3,005.94	7.1	

Write 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. § 3.3, 5.5(a). The Code of Federal Regulations (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts for "turnin weekly a statement with respect to the wages paid each employee during the preceding week - U.S. Department of Labor (DOL) 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 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 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 10/8/2022

I, Jesse L. Ayers II (Name of Signatory Party) Accountant (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Veritas Contracting, LLC (Contractor or Subcontractor) on the

East Dale Elementary (Building or Work); that during the payroll period commencing on

10/21/2022 and ending 10/8/2022 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Veritas Contracting, LLC (Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

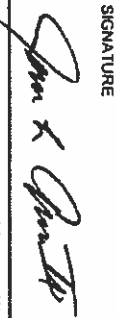
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE Jesse L. Ayers II Accountant	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS	PROJECT AND LOCATION	PROJECT OR CONTRACT NO
Veritas Contracting, LLC				246 Business Park Drive Fairmont, WV 26554	East Dale Elementary 57 East Dale Rd Fairmont, WV 26554	
PAYROLL NO	FOR WEEK ENDING	IDENTIFYING NUMBER		DEDUCTION		
60	10/8/2022 12:00:00 AM			AM		
Mr Jason A Harvey	XXX-XX-9341			401K Retirement Plan		
				Child Support - WV		
				VRTSDENTAL SINGLE		
				VRTSHLTH PLN A SINGLE		
				VRTSVISION SINGLE		
				TOTAL		
Mr Michael T Walls	XXX-XX-1383			401K Retirement Plan		
				VRTSHLTH PLN A E&CHILD		
				TOTAL		
Mr Kenneth R Syews	XXX-XX-7181			401K Retirement Plan		
				VRTSDENTAL EMP&SPOUSE		
				VRTSHLTH PLN A E&SPE		
				VRTSVISION EMP&SPOUSE		
				TOTAL		
Mr Norman P Barb III	XXX-XX-3095			401K Retirement Plan		
				Child Support - WV		
				VRTSDENTAL SINGLE		
				LIT - FAIRMONT LOCAL		
				TOTAL		
Mr Taylor J Mack	XXX-XX-3988			401K Retirement Plan		
				VRTSDENTAL SINGLE		
				LIT - FAIRMONT LOCAL		
				VRTSHLTH PLN A SINGLE		
				TOTAL		
Mr Matthew A Mable	XXX-XX-7479			401K Retirement Plan		
				VRTSDENTAL SINGLE		
				LIT - FAIRMONT LOCAL		
				VRTSHLTH PLN A SINGLE		
				TOTAL		
Mr Graygory S Rajphsnyder	XXX-XX-4482			VRTSHLTH PLN A SINGLE		
				TOTAL		

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS		PROJECT OR CONTRACT NO	
Venias Contracting, LLC				246 Business Park Drive Fairmont WV 26554			
PAYROLL NO	FOR WEEK ENDING	PROJECT AND LOCATION					
60	10/8/2022 12:00:00 AM	East Dale Elementary 57 East Dale Rd Fairmont WV 26554					
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION		AMO			
Mr Robert C Sawitski	XXX-XX-6776	VRTSDENTAL SINGLE		1			
		VRTSHLTH PLN A SINGLE		2			
		VRTSVISION SINGLE		1			
		TOTAL:		3			
Mr Nathanael Z Blosser	XXX-XX-8493	Child Support - WV		2			
		VRTSDENTAL SINGLE		1			
		LT - FAIRMONT LOCAL		1			
		VRTSHLTH PLN A SINGLE		2			
		VRTSVISION SINGLE		1			
		TOTAL:		6			
Mr Kenneth L Snow III	XXX-XX-0338	LT - FAIRMONT LOCAL		1			
		TOTAL:		1			

U.S. Department of Labor

Wage and Hour Division

PAYROLL

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

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NAME OF CONTRACTOR OR SUBCONTRACTOR
Veritas Contracting LLC

ADDRESS
246 Business Park Drive
Fairmont WV 26554

OMB No.:
Expires:

PAYROLL NO 61
FOR WEEK ENDING 10/15/2022 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 WEEKS WITH EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED /PERIOD	(8) DEDUCTIONS					W	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITHHOLDING TAX	STATE WITHHOLDING TAX	MEDICARE	OTHER		TOTAL DEDUCTIONS FOR
Mr. Roger L Dalton Jr 87 Lockwood Drive Morgantown WV 26508 XXX-XX-8326	0	1000 Skillabo	0	4.50	10.00	10.50	10.00	9.50	5.00	42.00	1,330.00	82.46	121.70	64.82	19.29	2.00	290.27	1	
Mr. Matthew A Mahle 272 Mahleb View Drive Kingwood WV 26537 XXX-XX-7479	0	1000 Skillabo	0	7.00	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		
Mr. Taylor J Meck 1076 Stewart Run Road Morgantown WV 26501 XXX-XX-3988	0	1000 Skillabo	0	1.00	10.00	10.00	10.00	10.00	41.00	21.90	1,333.50	80.77	169.24	58.71	18.89	99.46	427.07		
Mr. Clarence E Phares 236 Meadowlane Ave Fairmont WV 26554 XXX-XX-3779	1	1000 Skillabo	0	0	10.00	10.00	10.00	10.00	40.00	17.00	680.00	42.16	57.69	26.27	9.86		135.98		
Mr. Graymory S Ralshnyder 360 N. Bruner Ridge Road Fairmont WV 26554 XXX-XX-4482	0	1000 Skillabo	0	0	10.00	10.00	10.00	10.00	40.00	19.00	760.00	45.69	74.45	28.84	10.69	22.99	182.66		
Mr. Robert C Sawicki 322 Lees Run Road Fairmont WV 26554 XXX-XX-6776	0	1000 Skillabo	0	0	10.00	10.00	7.00	10.00	37.00	21.00	777.00	46.14	75.31	29.16	10.79	32.80	194.20		
Mr. Kenneth L Snow III 1852 Steinhaker Run Road Elkins WV 26241 XXX-XX-0338	0	1000 Skillabo	0	0	10.00	10.00	10.00	10.00	40.00	24.00	960.00	59.52	77.30	41.73	13.92	2.00	194.47		
Mr. Kenneth R Sycems 477 Darnell Rd Weston WV 26452 XXX-XX-7181	0	1000 Skillabo	0	0	10.00	10.50	10.00	9.50	1.50	49.29	1,445.58	74.65	102.01	54.15	17.46	101.56	349.83		
Mr. Michael T Waits 1105 Morgantown Rd Point Marion PA 15474	1	1000 Skillabo	0	0	10.00	8.00	3.00		21.00	26.40	554.32	51.55	73.79	24.99	12.06	49.84	217.23		

U.S. Department of Labor

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.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 ADDRESS OMB No.
 Veritas Contracting LLC 246 Business Park Drive Expire:
 Fairmont WV 26554 Fairmont WV 26554

PAYROLL NO FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO
 51 10/15/2022 12:00:00 AM East Dale Elementary 57 East Dale Rd Fairmont WV 26554

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF W/HS EXTENSIONS	WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT PERIOD	(8) DEDUCTIONS					TOTAL DEDUCTIONS FOR W/HS	
				Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITHHOLDING TAX	STATE WITHHOLDING TAX	MEDICARE	OTHER		
(1) XXX-XX-1383				12.50	90.00	89.00	77.00	84.00			352.50	8.505,26	8,812.00	533.11	829.57	358.87	124.69	385.43	2,231.67	6

Tools for Project East Dale Elementary

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 respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Cop-Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employe 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 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, 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 employe's have no 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, gathering 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 S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 10/15/2022

I, Jesse L. Avers II (Name of Signatory Party) Accountant (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Veritas Contracting, LLC (Contractor or Subcontractor) on the

East Dale Elementary (Building or Work); that during the payroll period commencing on

10/9/2022 and ending 10/15/2022 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Veritas Contracting, LLC (Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS


In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(C) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE <u>Jesse L. Avers II</u> <u>Accountant</u>	SIGNATURE 
THE WHOLEFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE	

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR		OR SUBCONTRACTOR	ADDRESS	PROJECT AND LOCATION	PROJECT OR CONTRACT NO
Yonias Contracting LLC			246 Business Park Drive Fairmont WV 26554	East Dale Elementary 57 East Dale Rd Fairmont WV 26554	
PAYROLL NO	FOR WEEK ENDING	IDENTIFYING NUMBER			
61	10/15/2022 12 00 00 AM				
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION			
Mr Michael T Watts	XXX-XX-1383	401K Retirement Plan			
		VRTSHLTH PLN A & CHILD			
		TOTAL			
Mr Kenneth R Syrems	XXX-XX-7181	401K Retirement Plan			
		VRTSDENTAL EMP&SPOUSE			
		VRTSHLTH PLN A & SPOSE			
		VRTSVISION EMP&SPOUSE			
		TOTAL			
Mr Taylor J Mack	XXX-XX-3988	401K Retirement Plan			
		VRTSDENTAL SINGLE			
		LIT - FAIRMONT LOCAL			
		VRTSHLTH PLN A SINGLE			
		TOTAL			
Mr Roger L Dalton Jr	XXX-XX-8326	LIT - FAIRMONT LOCAL			
		TOTAL			
Mr Matthew A Mable	XXX-XX-7479	401K Retirement Plan			
		VRTSDENTAL SINGLE			
		LIT - FAIRMONT LOCAL			
		VRTSHLTH PLN A SINGLE			
		TOTAL			
Mr Gregory S Ralphsnyder	XXX-XX-4482	VRTSHLTH PLN A SINGLE			
		TOTAL			
Mr Robert C Sawiski	XXX-XX-6776	VRTSDENTAL SINGLE			
		VRTSHLTH PLN A SINGLE			
		VRTSVISION SINGLE			
		TOTAL			
Mr Kenneth L Snow III	XXX-XX-0338	LIT - FAIRMONT LOCAL			
		TOTAL			

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: Vanias Contracting LLC ADDRESS: 246 Business Park Drive Fairmont WV 26554 OMB No. Expires

PAYROLL NO: 62 FOR WEEK ENDING: 10/27/2022 12:00:00 AM PROJECT AND LOCATION: Earl Dobb 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/ H EXEMP TIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(8) DEDUCTIONS						
			OT OR ST	Sun	Mon	Tue	Wed	Thu	Fri				Sat	FICA	FEDERAL WITH- HOLDING TAX	STATE WITH- HOLDING TAX	MEDICARE	OTHER	TOTAL DEDUCTIONS FOR
				16	17	18	19	20	21				22						
Mr Nathanael Z Blosser 183 Estate Drive Morgantown WV 26508 XXX-XX-9493	0	1000 Skillabo	0								10.00	20.00	800.00	47.57	78.07	30.20	11.12	63.65	230.61
Mr Roger L Dalton Jr 87 Lockwood Drive Morgantown WV 26508 XXX-XX-8326	0	1000 Skillabo	0								39.50	28.00	1,106.00	68.57	94.82	50.49	16.04	2.00	231.92
Mr David A Dick PO Box 1015 Elkins WV 26241 XXX-XX-5582	0	1000 Skillabo	0								7.00	28.98	202.83	56.57	65.81	35.99	13.23	97.74	269.34
Mr Robert C Sawitski 322 Ices Run Road Fairmont WV 26554 XXX-XX-6776	0	1000 Skillabo	0								38.50	21.00	808.50	48.09	79.09	30.68	11.25	32.80	204.91
Mr Kenneth L Snow III 1852 Stahlaker Run Road Elkins WV 26241 XXX-XX-0338	0	1000 Skillabo	0								10.00	24.00	240.00	59.52	77.30	41.73	13.92	2.00	194.47
Mr Kenneth R Srewws 477 Darrrell Rd Weston WV 26452 XXX-XX-7181	0	1000 Skillabo	0								17.50	34.63	1,298.60	65.81	85.42	45.80	15.39	97.28	309.70
Mr Michael T Waits 1105 Morgantown Rd Point Marion PA 15474	1	1000 Skillabo	0								24.50	26.42	644.83	53.78	78.02	26.08	12.58	50.56	221.02

Date 10/22/2022

I, Jesse L. Ayers II (Name of Signatory Party) Accountant (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Veritas Contracting, LLC (Contractor or Subcontractor) on the

East Dale Elementary (Building or Work); that during the payroll period commencing on

10/16/2022 and ending 10/22/2022 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Veritas Contracting, LLC (Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

- _____
- _____
- _____

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

_____ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

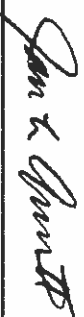
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

_____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE <u>Jesse L. Ayers II</u> Accountant	SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE	

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					
62	10/22/2022 12:00:00 AM	East Dale Elementary 57 East Dale Rd Fairmont, WV 26554					
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION					
Mr David A Dick	XXX-XX-5582	401K Retirement Plan					
		VRTSLTH PLN A E&SPSE					
		VRTSVISION EMP&SPOUSE					
		TOTAL:					
Mr Michael T Watts	XXX-XX-1383	401K Retirement Plan					
		VRTSLTH PLN A E&CHILD					
		TOTAL:					
Mr Kenneth R Syreus	XXX-XX-7181	401K Retirement Plan					
		VRTSDENTAL EMP&SPOUSE					
		VRTSLTH PLN A E&SPSE					
		VRTSVISION EMP&SPOUSE					
		TOTAL:					
Mr Roger L Dalton Jr	XXX-XX-8326	LIT - FAIRMONT LOCAL					
		TOTAL:					
Mr Robert C Sawiski	XXX-XX-6776	VRTSDENTAL SINGLE					
		VRTSLTH PLN A SINGLE					
		VRTSVISION SINGLE					
		TOTAL:					
Mr Nathanael Z Blosser	XXX-XX-8493	Child Support - WV					
		VRTSDENTAL SINGLE					
		LIT - FAIRMONT LOCAL					
		VRTSLTH PLN A SINGLE					
		VRTSVISION SINGLE					
		TOTAL:					
Mr Kenneth L Snow III	XXX-XX-0338	LIT - FAIRMONT LOCAL					
		TOTAL:					
		TOTAL:					

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: Ventus Contracting, LLC ADDRESS: 245 Business Park Drive Fairmont WV 26554 OMB No. Expires:

PAYROLL NO: 59 FOR WEEK ENDING: 10/1/2022 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/HS EMPLOYED	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(9) DEDUCTIONS					TOTAL DEDUCTIONS FOR W/HS	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITHHOLDING TAX	STATE WITHHOLDING TAX	MEDICARE	OTHER		
			25	26	27	28	29	30	1										
Mr Norman P Barb III 21 Skyline Drive Morgantown WV 26508 XXX-XX-3095	2	1000 Skillabo	0	5	10.00	4.00					14.00	23.92	334.88	19.48	6.92	4.56	80.42	111.38	
Mr Jason A Harvey 515 Throne Avey Rd Morgantown WV 26508 XXX-XX-9341	1	1000 Skillabo	0	5	10.00	10.00					30.00	28.31	849.29	44.47	24.53	10.40	122.31	259.36	
Mr Matthew A Mable 272 Majestic View Drive Kinwood WV 26537 XXX-XX-7479	0	1000 Skillabo	0	5	10.00	10.00	10.00				8.00	32.41	1,135.68	65.80	118.76	15.39	87.38	331.86	
Mr Taylor J Mack 1076 Stewart Run Road Morgantown WV 26501 XXX-XX-3988	0	1000 Skillabo	0	5	10.00	10.00	10.00				30.00	21.84	655.20	48.87	75.68	11.43	73.73	239.01	
Mr Graygory S Galphandyer 360 N. Runner Ridge Road Fairmont WV 26554 XXX-XX-4482	0	1000 Skillabo	0	5				8.00			8.00	19.00	152.00	30.38	44.81	17.72	7.11	22.99	123.01
Mr Robert C Sawitski 322 Ices Run Road Fairmont WV 26554 XXX-XX-6776	0	1000 Skillabo	0	5	10.00	11.00	10.00				2.00	31.50	871.50	63.72	123.40	14.90	32.80	280.62	
Mr Kenneth L Snow III 1852 Stahlacker Run Road Elkins WV 26241 XXX-XX-0338	0	1000 Skillabo	0	5		10.00	10.00	8.00			28.00	24.00	672.00	41.66	42.74	9.74	2.00	122.05	
Mr Charles E Spears 98 Fishie Drive Jane Lew WV 26378 XXX-XX-3403	0	1000 Skillabo	0	5		11.00	11.00	7.00			4.00	34.50	1,058.00	61.86	116.81	44.00	273.60	510.74	
Mr Kenneth R Strews 477 Darnell Rd Weston WV 26452 XXX-XX-7181	0	1000 Skillabo	0	5			10.00				10.00	34.40	344.00	70.46	94.15	50.16	16.48	99.53	330.78

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: Vanitas Contracting, LLC ADDRESS: 245 Business Park, Drive Fairmont WV 26554 OMB No. Expires:

PAYROLL NO: 59 FOR WEEK ENDING: 10/1/2022 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 EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(8) DEDUCTIONS					(9) TOTAL DEDUCTIONS FOR	
			OT OR ST	Sun	Mon	Tue	Wed	Thu	Fri				Sat	FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE		OTHER
Mr. Michael T. Watts 1105 Morgantown Rd Point Marion PA 15474 XXX-XX-1383	1	1000 Skilled	0							6.00	38.01	1,268.51	70.89	125.50	34.38	16.58	56.08	303.43	
Totals for Project East Dale Elementary					30.08	81.00	66.00	69.00	50.00	296.00		2,341.05	517.59	799.50	323.25	121.06	850.84	2,612.24	

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 respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors 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 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 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, 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 3350Z, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 10/11/2022

I, Jesse L. Ayers II (Name of Signatory Party) Accountant (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Veritas Contracting, LLC (Contractor or Subcontractor) on the

East Dale Elementary (Building or Work); that during the payroll period commencing on

9/25/2022 and ending 10/11/2022 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Veritas Contracting, LLC (Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

_____ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

_____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

<p>NAME AND TITLE</p> <p>Jesse L. Ayers II Accountant</p>	<p>SIGNATURE</p> <p><i>Jesse L. Ayers II</i></p>
<p style="font-size: small;">THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE</p>	

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR OR SUBCONTRACTOR	ADDRESS	PROJECT AND LOCATION	PROJECT OR CONTRACT NO
Vortas Contracting, LLC	246 Business Park Drive Fairmont WV 26554	East Dale Elementary 57 East Dale Rd Fairmont WV 26554	
PAYROLL NO 59	FOR WEEK ENDING 10/12/2022 12:00:00 AM		
NAME OF WORKER	IDENTIFYING NUMBER	DEDUCTION	AMT
Mr Jason A Harvey	XXX-XX-9341	401K Retirement Plan Child Support - WV VRTSDENTAL SINGLE VRTSHLTH PLN A SINGLE VRTSVISION SINGLE TOTAL	12
Mr Michael T Waits	XXX-XX-1383	401K Retirement Plan VRTSHLTH PLN A EACHILD TOTAL	2
Mr Kenneth R Syreus	XXX-XX-7181	401K Retirement Plan VRTSDENTAL EMP&SPOUSE VRTSHLTH PLN A E&SPSE VRTSVISION EMP&SPOUSE TOTAL	3
Mr Norman P Barb III	XXX-XX-3095	401K Retirement Plan Child Support - WV VRTSDENTAL SINGLE LIT - FAIRMONT LOCAL TOTAL	5
Mr Taylor J Mack	XXX-XX-3988	401K Retirement Plan VRTSDENTAL SINGLE LIT - FAIRMONT LOCAL VRTSHLTH PLN A SINGLE TOTAL	9
Mr Matthew A Mabie	XXX-XX-7479	401K Retirement Plan VRTSDENTAL SINGLE LIT - FAIRMONT LOCAL VRTSHLTH PLN A SINGLE TOTAL	4
Mr Charles E Spears	XXX-XX-3403	Child Support - WV VRTSDENTAL EMP&CHILD TOTAL	7

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS	PROJECT AND LOCATION	PROJECT OR CONTRACT NO
Veritas Contracting LLC				246 Business Park Drive Fairmont WV 26554	East Dale Elementary 57 East Dale Rd Fairmont WV 26554	
PAYROLL NO	FOR WEEK ENDING	IDENTIFYING NUMBER		DEDUCTION		
59	10/1/2022 12 00 00 AM			LIT - FAIRMONT LOCAL		AM
				VRTSHLTH PLN A E&CHILD		
				VRTSVISION EMP&CHILD		
				TOTAL:		2
				VRTSHLTH PLN A SINGLE		
				TOTAL		
				VRTSDENTAL SINGLE		
				VRTSHLTH PLN A SINGLE		
				VRTSVISION SINGLE		
				TOTAL		
				LIT - FAIRMONT LOCAL		
				TOTAL		

Mr Graygory S Ralphsnyder XXX-XX-4482

Mr Robert C Sawitski XXX-XX-6776

Mr Kenneth L Snow III XXX-XX-0338

2228

AIA® Document G701™ – 2017

Change Order

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

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

CHANGE ORDER INFORMATION:
Change Order Number: 16
Date: 11/1/22

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

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

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

THE CONTRACT IS CHANGED AS FOLLOWS:

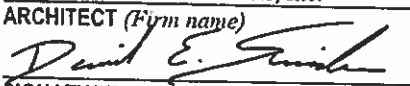
(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

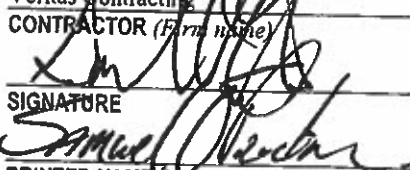
- AWR 19 Furniture Price Difference
- AWR 29 Canopy Column Wraps
- AWR 33 Urinal Stalls
- See attached back-up

The original Contract Sum was	\$ 3,576,689.00
The net change by previously authorized Change Orders	\$ 430,167.82
The Contract Sum prior to this Change Order was	\$ 4,006,856.82
The Contract Sum will be increased by this Change Order in the amount of	\$ 11,317.58
The new Contract Sum including this Change Order will be	\$ 4,018,174.40
The Contract Time will be unchanged by zero (0) days.	
The new date of Substantial Completion will be 11/21/22	

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

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

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

 SIGNATURE
 David E. Snider, Principal Architect
 PRINTED NAME AND TITLE
 11/1/22
 DATE

Veritas Contracting
 CONTRACTOR (Firm name)

 SIGNATURE
 Samuel Oberster
 PRINTED NAME AND TITLE
 11-1-22
 DATE

Marion County Schools
 OWNER (Firm name)

 SIGNATURE

 PRINTED NAME AND TITLE

 DATE

Shelly McLaughlin

From: VanGilder, Joyce A <joyce.a.vangilder@wv.gov>
Sent: Wednesday, November 2, 2022 9:42 AM
To: David E. Snider; Shelly McLaughlin
Cc: swillis@veritaswv.com
Subject: Re: East Dale Change Order 16

All,

The SBA has reviewed and finds change order 16 eligible for the use of local funds only.

Joyce VanGilder,
School Building Authority of West Virginia
November 2, 2022

On Tue, Nov 1, 2022 at 11:24 AM David E. Snider <dsnider@ma.rr.com> wrote:
Scott, We are having email problems with our outgoing email today. Can you please have Sam sign the attached and email to Joyce and copy me on the email.

Joyce please send to this email when you sign.

thank you both. We have to get to the owner by tomorrow morning to get on the agenda.

Thanks,

Joyce A VanGilder, AIA,

Assistant Director of Architectural Services

School Building Authority of West Virginia

2300 Kanawha Boulevard, East

Charleston, WV 25311-2306

Phone: (304) 558-2541

246 Business Park Drive
Fairmont, WV 26554



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

April 21, 2022

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

Ref.: Addition Work Request #19 (AWR#19) Furniture Price Difference
AWR#19 Page 1 of 1

Dear Mr. Miller,

Please find below information for price difference of furniture selection from
bid date until owner selections on 4/7/2022

Furniture Pricing- Bid Date	\$ 62,098.88
Furniture Pricing as of 4/7/2022	\$ 64,422.63
Price Difference	\$ 2,323.75
<u>2% Bond</u>	<u>\$ 46.47</u>
<i>Total Contract Adjustment</i>	<i>\$ 2,370.22</i>

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

Sincerely,

A handwritten signature in black ink, appearing to read "Sam Proctor", is written over the word "Sincerely,".

Sam Proctor
Veritas Contracting LLC

School Specialty.

Furniture & Equipment

If you wish to place an order from this quote, please do so using one of the following methods, referencing the quote number:

- Phone: 888-388-3224
 - Email: orders@schoolspecialty.com
- Corporate FID# 85-2162684

QUOTE

Quote Number : 7794385015 (Ver. 1) Page 1 of 2
 Effective Date : 12-MAY-2021
 Expiration Date : 10-AUG-2021
 Sales Rep : GYURKY, BILL
 Phone : 330-998-2680
 Email : bill.gyurky@schoolspecialty.com
 Customer No. : 281082
 Ship To : MARION COUNTY BOARD OF EDUCATION
 1516 MARY LOU RETTON DR,ATTN ACCOUN
 PAYABLE
 FAIRMONT WV 26554-2204
 Ship To Attn : RANDALL FARLEY
 Bill To : MARION COUNTY BOARD OF EDUCATION
 1516 MARY LOU RETTON DR,ATTN ACCOUN
 PAYABLE
 FAIRMONT WV 26554-2204

Supplier Lead Time	:
Invoice Terms	: 30 NET
Free Shipping	: Yes
Delivery Method	: Inside
Location	: One Location
Installation	: By Customer

Notes:

Qty	Ordered Item Number	SSI Item Number	Description	Net Price	E: Pri
12		202818	QS COAT LOCKER 5 UNIT BENCH	310.48	3725.7
4		1403214	COAT LOCKER 3 UNIT BENCH	200.51	802.0
4		5003034	CHILDCRAFT CHALK SPOTS SEATING RINGS 8 FT X 12 FT RECTANGLE - SPECIFY COLOR	352.22	1408.8
12		1496674	TABLE - CLASSROOM SELECT APOLLO ACTIVITY - SQUARE 36 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT	181.92	2183.0
8		1496679	TABLE - CLASSROOM SELECT APOLLO ACTIVITY - KIDNEY 48X72 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT	289.86	2318.8
20		1496631	STOOL - CS NEOROK - 12-1/2 INCH STOOL HEIGHT - RUBBER BASE - SPECIFY FRAME/SEAT COLOR	65.97	1319.4
48		1357326	CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 12 - CHROME FRAME - SPECIFY SHELL COLOR - SPECIFY GLIDE	35.22	1690.5
16		1395296	CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 10 - CHROME FRAME - SPECIFY SHELL COLOR - SPECIFY GLIDE	32.83	525.2
4		1357322	CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 18 A+ - CHROME FRAME - SPECIFY SHELL COLOR - SPECIFY GLIDE	45.98	183.9
4		1577199	KIT CUBBY FOLDER AND 20 TRAY MOBILE WITH CLEAR TRAYS	403.54	1614.1
4		1491193	KITCHEN CENTER 5 IN 1 SEE THRU	355.63	1422.5
4		204148	QS BOOK DISPLAY 5 SHELF W/MAGNETIC DRY ERASE BACK	162.78	651.1
8		1605467	CLASSROOM SELECT NEOCLASS TEACHERS DESK 72X30 IN SINGLE PEDESTAL - SPECIFY TOP LAMINATE COLOR	737.21	5897.6
8		2006060	CHAIR - MIDBK - PADDED SEAT - LLR62001	249.94	1999.5
8		1362420	FILE CABINET VERTICAL GLOBAL 4 DRAWER LETTER 25 DEEP WITH LOCK SPECIFY COLOR	284.54	2276.3
12		202818	QS COAT LOCKER 5 UNIT BENCH	310.48	3725.7

4	1403214	COAT LOCKER 3 UNIT BENCH	200.51	802.1
4	5003034	CHILDCRAFT CHALK SPOTS SEATING RINGS 8 FT X 12 FT RECTANGLE - SPECIFY COLOR	352.22	1408.8
12	1496663	TABLE - CLASSROOM SELECT APOLLO ACTIVITY - RECTANGLE 30X60 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT	214.60	2575.2
8	1496679	TABLE - CLASSROOM SELECT APOLLO ACTIVITY - KIDNEY 48X72 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT	289.86	2318.8
48	1415411	CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL WITH BALL GLIDES 14 - CHROME FRAME - SPECIFY SHELL/GLIDE COLOR	38.56	1850.8
16	1458242	CHAIR - CLASSROOM SELECT ROYAL SEATING 1100 FOUR LEG - SOFT PLASTIC SHELL 12 - CHROME FRAME - SPECIFY SHELL COLOR - MATCHING BALL GLIDES	38.71	619.3
4	1357322	CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 18 A+ - CHROME FRAME - SPECIFY SHELL COLOR - SPECIFY GLIDE	45.98	183.9
20	1496631	STOOL - CS NEOROK - 12-1/2 INCH STOOL HEIGHT - RUBBER BASE - SPECIFY FRAME/SEAT COLOR	65.97	1319.4
8	1577199	KIT CUBBY FOLDER AND 20 TRAY MOBILE WITH CLEAR TRAYS	403.54	3228.3
4	1491193	KITCHEN CENTER 5 IN 1 SEE THRU	355.63	1422.5
4	204148	QS BOOK DISPLAY 5 SHELF W/MAGNETIC DRY ERASE BACK	162.78	651.1
8	1605467	CLASSROOM SELECT NEOCLASS TEACHERS DESK 72X30 IN SINGLE PEDESTAL - SPECIFY TOP LAMINATE COLOR	737.21	5897.6
8	2006060	CHAIR - MIDBK - PADDED SEAT - LLR62001	249.94	1999.5
8	1362420	FILE CABINET VERTICAL GLOBAL 4 DRAWER LETTER 25 DEEP WITH LOCK SPECIFY COLOR	284.54	2276.3
1	INSTALL	INSTALLATION CHARGES	3800.00	3800.00

Notes: OPTIONAL

Sub Total :	\$62098.8
Tax :	\$0.0
Shipping & Handling :	\$0.0
Total :	\$62098.8

QUOTE

SSL Quote Number: Q-158236

Status: Approved

Quote Name:

Currency: USD

Created Date: 04-07-2022

Expiration Date: 05-16-2022

Customer Number: 281082

Requestor Name: Randall Farley

rdfarley@k12.wv.us

1 (304) 3672100 ext 24

Customer Program: AEPA

To place an order using this quote, contact:

Phone 888-388-3224

Email:

F&E_Orders_Quotes_Questions@schoolspecialty.com



Sales Rep Name: Bill Gyurky

Sales Rep Email: bill.gyurky@schoolspecialty.com

Sales Rep Phone: (330) 221-2879

Bill To: MARION COUNTY BOARD OF EDUCATION
1516 MARY LOU RETTON DR
FAIRMONT, WV 26554-2204

Ship To: MARION COUNTY BOARD OF EDUCATION
1516 MARY LOU RETTON DR
FAIRMONT, WV 26554-2204











Lift Gate Truck Required:

















Inside Delivery:




Installation: By School Specialty

Notes:

REVISED CLASSROOM FURNITURE SELECTIONS - NO COST INCREASE FOR CHANGES PER VENDOR

Quantity	SSL Item	Customer Item #	MFG Item	Image	Item Description	Your Price	Extended Price
12	202818		580655		QS COAT LOCKER 5 UNIT BENCH	\$373.99	\$4,487.88
4	1403214		594544		COAT LOCKER 3 UNIT BENCH	\$243.87	\$975.48
12			DAAASQ R36???? ??		TABLE - CLASSROOM SELECT APOLLO ACTIVITY - SQUARE 36 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT : MARINE; HIGH RISE; MARINE BLUE; 15-25 INCH	\$169.89	\$2,038.68
8			DAAAK4 872???? ?		TABLE - CLASSROOM SELECT APOLLO ACTIVITY - KIDNEY 48X72 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT : MARINE; HIGH RISE; MARINE BLUE; 15-25 INCH	\$266.00	\$2,128.00
48	7004686		DC4LFC HCGYXX N		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 12 - CHROME FRAME - SLATE SHELL COLOR - NYLON GLIDE	\$39.97	\$1,918.56
16	7012907		DC4LCC HCGYXX N		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 10 - CHROME FRAME - SLATE SHELL COLOR - NYLON GLIDE	\$37.00	\$592.00
4	7012907		DC4LCC HCGYXX N		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 10 - CHROME FRAME - SLATE SHELL COLOR - NYLON GLIDE	\$37.00	\$148.00
4	1577199				KIT CUBBY FOLDER AND 20 TRAY MOBILE WITH CLEAR TRAYS	\$457.51	\$1,830.04
4	1491193		1491193		KITCHEN CENTER 5 IN 1 SEE THRU	\$422.91	\$1,691.64
4	204148		582331		QS BOOK DISPLAY 5 SHELF W/MAGNETIC DRY ERASE BACK	\$269.81	\$1,079.24

Quantity	SSL Item	Customer Item #	MFG Item	Image	Item Description	Your Price	Extended Price
8	7109814		92471-7909-PL		CLASSROOM SELECT TEACHERS DESK 72X30 SINGLE PEDESTAL - FUSION MAPLE TOP LAMINATE COLOR - PLATINUM EDGE COLOR	\$1,070.09	\$8,560.72
8	2006060		LLR62001		CHAIR - MIDBK - PADDED SEAT - LLR62001	\$285.79	\$2,286.32
8			25-401-XXX		FILE CABINET VERTICAL GLOBAL 4 DRAWER LETTER 25 DEEP WITH LOCK SPECIFY COLOR : LIGHT GREY	\$322.01	\$2,576.08
12	202818		580655		QS COAT LOCKER 5 UNIT BENCH	\$373.99	\$4,487.88
4	1403214		594544		COAT LOCKER 3 UNIT BENCH	\$243.87	\$975.48
12			DAAAR3060???		TABLE - CLASSROOM SELECT APOLLO ACTIVITY - RECTANGLE 30X60 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT : MARINE; HIGH RISE; MARINE BLUE; 22-30 INCH	\$199.10	\$2,389.20
8			DAAAK4872???		TABLE - CLASSROOM SELECT APOLLO ACTIVITY - KIDNEY 48X72 - SPECIFY TOP COLOR - SPECIFY T-MOLD EDGE COLOR - SPECIFY UPPER LEG COLOR - SPECIFY TABLE HEIGHT : MARINE; HIGH RISE; MARINE BLUE; 22-30 INCH	\$266.00	\$2,128.00
4	7004544		DC4LNC HPGYXX N		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 18 A+ - CHROME FRAME SLATE SHELL COLOR - NYLON GLIDE	\$52.70	\$210.80
8	1577199				KIT CUBBY FOLDER AND 20 TRAY MOBILE WITH CLEAR TRAYS	\$457.51	\$3,660.08
4	1491193		1491193		KITCHEN CENTER 5 IN 1 SEE THRU	\$422.91	\$1,691.64
4	204148		582331		QS BOOK DISPLAY 5 SHELF W/MAGNETIC DRY ERASE BACK	\$269.81	\$1,079.24
8	7109814		92471-7909-PL		CLASSROOM SELECT TEACHERS DESK 72X30 SINGLE PEDESTAL - FUSION MAPLE TOP LAMINATE COLOR - PLATINUM EDGE COLOR	\$1,070.09	\$8,560.72
8	2006060		LLR62001		CHAIR - MIDBK - PADDED SEAT - LLR62001	\$285.79	\$2,286.32
1			25-401-XXX		FILE CABINET VERTICAL GLOBAL 4 DRAWER LETTER 25 DEEP WITH LOCK SPECIFY COLOR : LIGHT GREY	\$322.01	\$322.01
48	7004665		DC4LICH CGYXXN		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 14 - CHROME FRAME - SLATE SHELL COLOR - NYLON GLIDE	\$38.96	\$1,870.08
20	7004686		DC4LFC HCGYXX N		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 12 - CHROME FRAME - SLATE SHELL COLOR - NYLON GLIDE	\$39.97	\$799.40

Quantity	SSL Item	Customer Item #	MFG Item	Image	Item Description	Your Price	Extended Price
20	7004686		DC4LFC HCGYXX N		CHAIR - CS CONTEMPORARY FOUR LEG - SOFT PLASTIC SHELL 12 - CHROME FRAME - SLATE SHELL COLOR - NYLON GLIDE	\$39.97	\$799.40
4	1544406		6712		CARPET SEQUENTIAL SEATING LITERACY RUG - 8 FT X 12 FT RECTANGLE	\$356.19	\$1,424.76
4	1544406		6712		CARPET SEQUENTIAL SEATING LITERACY RUG - 8 FT X 12 FT RECTANGLE	\$356.19	\$1,424.76
1	INSTALL				INSTALLATION CHARGES	\$0.22	\$0.22

Subtotal	\$64,422.63
Estimated Taxes	\$0.00
Shipping & Handling	\$0.00
Total	\$64,422.63

Accept this quote by sending back your purchase order number or signing it electronically. For orders over \$5,000.00, please submit a hard copy of your Purchase Order.

Prices subject to change until all finish selections have been completed. Order will not be placed until all finish options are selected.

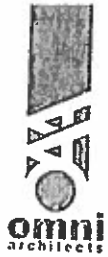
Signature:

Name:

Date:

Purchase Order Number:

Pack Slip Notes:



Shop Drawing Submittal Form

Project Name: East Dale Elementary

Contractor Name: Veritas Contracting

Supplier / Manufacturer: School Specialty

Specification Section Number: 06100-04 Furniture Selections

Comments: 06100-04 Furniture Selections Submittal # 101

(Contractors Review Stamp)

Veritas Contracting LLC
Approved as Submitted
Sam Proctor
Project Manager

(Architects Review Stamp)

OMNI ARCHITECTS

SUBMITTAL NUMBER: 061000-04

DATE RECEIVED: 2/23/22

NO EXCEPTIONS NOTED
 IMPLEMENT EXCEPTIONS NOTED
 REVISE AND RESUBMIT
 REJECTED - RESUBMIT
 SUBMIT SPECIFIED ITEM

This conditional review is limited in scope and not detailed and is only for conformance with the design concept and general compliance with the information given in the Contract Documents. The Contractor is responsible for confirming quantities, verifying dimensions, selecting fabrication procedures and construction techniques, and coordinating and safely performing the Work. The Architect has not reviewed and is not responsible for substitutions to or deviations from the Contract Documents not clearly noted by the Contractor and specifically accepted by the Architect in writing or by the Architect's issuance of an information Bulletin.

BY: [Signature] DATE: 4/20/22
304.367.1417 omniassociates.com

(Consultants Review Stamp)

(Comments)

NOTES:

1. SEE ATTACHED REVISED QUOTE Q-158236 FROM SCHOOL SPECIALTY FOR FURNITURE AND FINISH SELECTIONS.

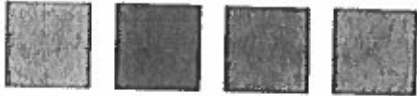
Do you know if the submittal form was filled out? I do not have all the selections needed.

Notes:

- The chairs requested in Nickel, closest available is Slate- please confirm with sample chips.
- Confirm the upper leg color for tables
- The file cabinet is only available in black- it does not show that on the sheet.
- The recommended glides are nylon for all chairs and tables (without the ball glides). Please confirm.
- The teacher desk is not available in High Rise laminate, see link for choices. Confirm edge color too.
- <https://www.schoolspecialty.com/classroom-select-single-pedestal-teachers-desk-1605467>
- The 12" and 14" ball glide chairs (1415411 and 1458242) are only available in these colors:

Royal's patented V-Back Stack Chair with a 12-inch seat height provides ventilation for hips, and the front waterfall lip gives comfortable thigh support. Features ball glides for durability and protection on floors and carpet. Concealed rivets attach shell to frame, preventing snagging and tearing of clothing. Various colors available; please select shell and ball glide color when ordering. **Please order a minimum of 4 chairs.**

Select Shell/Ball Glide Color



NOTES:

1. Classroom table edge - Imperial (Navy Blue)
2. Classroom table laminate - Wilsonart High Rise 4996-38
3. Classroom Chairs - Nickel
4. Teacher desk edge band - Cool Gray
5. Teacher desk laminate - Wilsonart Gray Elm 8201-60

246 Business Park Drive
Fairmont, WV 26554



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

August 25, 2022

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

Ref.: Addition Work Request #29(AWR#29) , AWR #29 Page 1 of 1.

Dear Mr. Miller,

As per the response to providing steel mesh reinforcement and increase in diameter of concrete column wraps for the alternate canopy at the East Dale Elementary School, please see the addition of the installation of wire steel reinforcing mesh and increase in diameter of columns below:

• Additional costs for concrete form rental	\$318.00
• Additional concrete for increasing diameter from 12" to 18"	\$599.03
• 6"X6"10-gauge wire mesh and tie wire	\$369.11
• Working Foreman 12 hrs @ \$77.00 per hour (wire mesh)	\$924.00
• Laborer 24 hrs @ \$44.00 per hour (wire mesh)	\$1,056.00
• Equipment/Fuel for setting 18" Steel Forms	\$507.47
• 15% Mark-Up	\$566.04
• 2% Bond	\$86.79
<i>Total Contract Adjustment</i>	<i>\$4,426.44</i>

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

Sincerely,

Sam Proctor
Veritas Contracting LLC



DESUTA CONCRETE FORMS

Desuta Concrete Forms

1568 Perry Highway
Portersville, PA 16051

desutaconcreteforms@gmail.com

Quotation

Name Veritas Contracting, LLC		Date <u>08/11/22</u>	
Address <u>246 Business Park Drive Fairmont, WV 26554</u>		Contact <u>Dave Desuta</u>	
Client Information <u>Andy Gyorko</u>		Title <u>owner/sales</u>	
email <u><agyorko@veritaswv.com></u>		Phone # <u>724-944-9661</u>	
cell <u>(304) 598-2285</u>		fax # <u>724-368-3728</u>	
cell <u>(304) 376-4630</u>			

Qty	Description	Unit Price	U of M	Total \$
	28 day steel circular column form rental			
	28 day steel circular column form rental to form the following set ups (full circle assemblies including nuts and bolts)			
2	12" dia x 9' tall			
4	12" dia x 11' tall			
2	12" dia x 12' tall			
	total rentals			1,700.00
	Cleaning charges			300.00
<p>all pricing is plus freight, fob DCF shipping point (TBD) listed below is one delivery and one pick up with DCF 24' flatbed estimated</p>				

Job Name <u>East Dale Elemntary School</u>	SubTotal 2,000.00
delivery: <u>aprox 7 days ARO</u>	one del. one pick up 1,800.00
	6% tax 228.00
	Total \$ 4,028.00



DESUTA CONCRETE FORMS

Desuta Concrete Forms
 1568 Perry Highway
 Portersville, PA 16051
desutaconcreteforms@gmail.com

Quotation

Name <u>Veritas Contracting, LLC</u>		Date <u>08/11/22</u>	
Address <u>246 Business Park Drive Fairmont, WV 26554</u>		Contact <u>Dave Desuta</u>	
Client Information <u>Andy Gyorko</u>		Title <u>owner/sales</u>	
email <u><agyorko@veritaswv.com></u> (304) 598-2285		Phone # <u>724-944-9661</u>	
cell (304) 376-4630		fax # <u>724-368-3728</u>	

Qty	Description	Unit Price	U of M	Total \$
	28 day steel circular column form rental			
	28 day steel circular column form rental to form the following set ups (full circle assemblies including nuts and bolts)			
2	18" dia x 9' tall			
4	18" dia x 11' tall			
2	18" dia x 12' tall			
	total rentals			2,000.00
	Cleaning charges			300.00
all pricing is plus freight, fob DCF shipping point (TBD) listed below is one delivery and one pick up with DCF 24' flatbed estimated				

Job Name <u>East Dale Elemntary School</u>	SubTotal <u>2,300.00</u>
delivery: <u>aprox 7 days ARO</u>	one del. one pick up <u>1,800.00</u>
	6% tax <u>246.00</u>
	Total \$ <u>4,346.00</u>

Concrete Canopy Column Wraps-East Dale Elementary

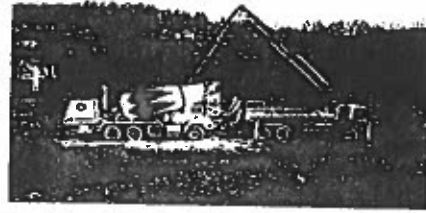
12" Columns per project Drawings = 2.35 cu yds for 8 concrete columns

18" Columns per project revised Drawings = 5.85 cu yds for 8 concrete columns

Increase in concrete for larger column = 3.5 cu yds @ \$171.15 = \$599.03

W. H. Stone & Company, Inc.

1718 Roseytown Road
Greensburg, PA 15601
Phone: 724-836-1400 x 143 Fax: 724-838-9455 Cell: 724-454-1399



AUGUST 25, 2022

VERITAS CONTRACTING LLC

Project Name: EAST DALE ELEMENTARY SCHOOL
ATTN ESTIMATING

CHANGE ORDER

W. H. Stone & Company, Inc. is pleased to quote your company prices for the above project. W. H. Stone & Company, Inc. offers prices for the following project materials.

Item Description	Price	Uom Desc
4000 PSI Concrete/1B Limestone	\$142.00	cu yds
FIBERMESH/Micro	\$7.95	1.5lb cu yd
Saturday Delivery	\$8.00	Cu yds
Winter Maint/Hot Water Charge	\$5.00	cu yds
Super Plasticizer	\$7.00	Cu yds
Non Chloride Accelerator	\$5.50	Per %
Overtime Delivery	\$8.00	per c/yd
Fuel Surcharge	\$10.00	per load

\$159.95
11.20
TAX
TOTAL \$171.15 cu yd

NOTE; PRICES FIRM THRU 12-31-22

* Unless otherwise stated. Concrete prices are based on a five cubic yard minimum. These prices are only good if Stone & Company is the dedicated supplier for this quoted job. Concrete orders less than a six cubic yard delivery will be subject to a delivery surcharge based on quantity. These prices will not be effective until this quotation is signed and received by us in which you or your firm accepts as a contract. Items not quoted above will be sold at our regular prices.

Prices are based off of a six (5) cubic yard minimum.
Winter heat charges will apply as applicable.

All applicable state, local, and use taxes apply. Our terms are net 30 days from invoice date. You or your firm shall pay a finance charge of 1.5% per month on past due balances. Deduction of finance charges is grounds for immediate credit suspension. Overdue accounts will cause a suspension of credit until the overdue amount is paid in full.

All quoted prices will be honored for 30 days.

Thank you for the opportunity to provide you with this proposal. Please call 724-836-1400 extension 143 if you have any questions regarding this proposal or if you require prices for materials not quoted above.

Sincerely,

Scott Destefino
W. H. Stone & Company, Inc.

Accepted as a contract: _____

Date: _____

Concrete Canopy Column Wraps-East Dale Elementary

1 Roll (150') 6X6 6 Gauge Concrete reinforcement Mesh = \$341.33

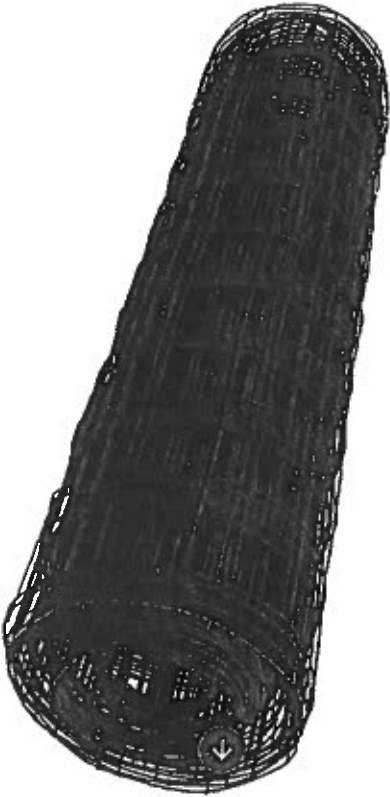
2 Rolls Concrete steel reinforcement Tie Wire = \$27.78

Total materials for steel concrete reinforcement = \$369.11

Grip-Rite 5-ft X 150-ft Steel Remesh Roll

Item #12142 Model #MESHT1010

36



\$319.00

~~\$339.00~~
Save \$20.00



\$303.05 when you choose 5% savings on eligible purchases every day. [Learn how](#)

OR

\$4/mo suggested payments with 6 month special financing. [Learn how](#)

- Used to help reinforce and minimize cracking in concrete
- Typical wire gauge is 6 gauge or 10 gauge

- +

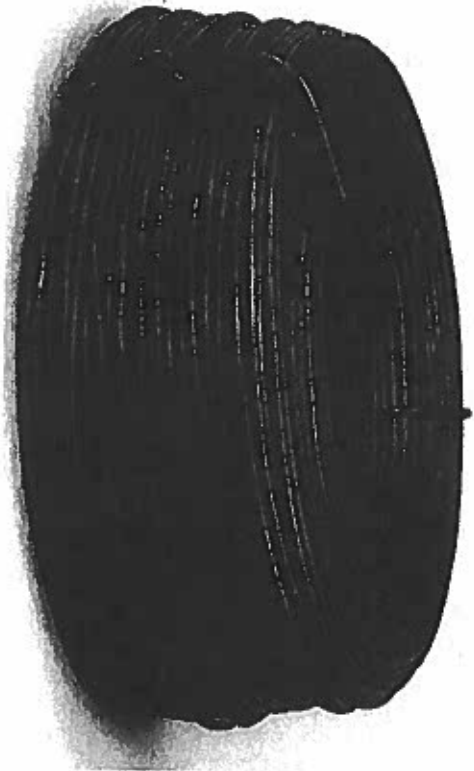
Add to Cart



Free Store & Curbside Pickup
12 Available today at Clarksburg Lowe's Aisle 22 | Bay 6



Delivery
Scheduling Available
Get it by Fri, Aug 26



♡ **\$12.98**

- Before concrete is poured, the wire is used to secure rebar in place or fasten rebar together
- Manufactured to achieve a good balance between tensile strength and elongation

- +

📍 **Free Store & Curbside Pickup**
21 Available today at Clarksburg Lowe's
Aisle 22 | Bay 2

🚚 **Delivery**
Free with \$45 Order
Get it by Tue, Aug 30

246 Business Park Drive
Fairmont, WV 26554



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

October 28, 2022

David E. Snider AIA, NCARB, ALEP
Principal
Omni Associates – Architects, Inc
207 Jefferson Street
Fairmont, West Virginia 26554
Via Email: DSnider@omniassociates.com

Ref.: Addition Work Request #33(AWR#33), AWR #33 Page 1 of 1.

Dear Mr. Snider,

In reference to the additional work requested for the addition of urinal stalls in the existing building boy's restroom, per your email on 10/18/22, at the East Dale Elementary School addition project, please see the addition of the of requested work to be performed:

• Toilet compartments to replace urinal screens	\$3,044.15
• Working Foreman 4 hrs @ \$77.00 per hour	\$308.00
• Laborer 10 hrs @ \$44.00 per hour	\$440.00
• Fasteners and ceramic tile drill bits	\$62.00
• 15% Mark-Up	\$578.12
• 2% Bond	\$88.65
<i>Total Contract Adjustment</i>	<i>\$4,520.92</i>

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

Sincerely,

Scott Willis
Veritas Contracting LLC

cc: 21039 File

CHARLESTON ACOUSTICS, INC.
135 BURGESS DRIVE
DANIELS, WV 25832
304-255-7858

QUOTE

10/20/22

TO: VERITAS
Attn: Scott Willis
Email

Advise

RE: EAST DALE ELEM RENO Add No site option

QTY	ITEM #	DESCRIPTION	PER	UNIT PRICE	LINE TOTAL
2		Toilet compartments to replace urinal screens In boys restroom			2845.00
		Shipping direct - advise ship to address			

CONTACTOR SHALL VERIFY MATERIALS AND QUANTITIES. PRICES REMAIN IN EFFECT FOR 30 DAYS FOLLOWING THE DATE OF THIS QUOTE. THIS QUOTE IS FOR MATERIALS ONLY. NO LABOR INCLUDED. NO SCHEDULES INCLUDED. FRIEGHT IS INCLUDED AT TODAYS RATES ONLY.

SUBTOTAL	
SALES TAX	.00
TOTAL	

CONNIE SAULS 5/13/21
csauls@charlestonacoustics.com C-304-920-7222
Quoted by _____ Date _____

2229



AIA Document G701™ – 2017

Change Order

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

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

CHANGE ORDER INFORMATION:
Change Order Number: 17
Date: 11/1/22

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

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

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

THE CONTRACT IS CHANGED AS FOLLOWS:

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

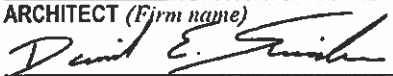
Time extension due to delayed shipping of electrical panel equipment to power the addition. See backup information attached.


The original Contract Sum was	\$ 3,576,689.00
The net change by previously authorized Change Orders	\$ 441,485.40
The Contract Sum prior to this Change Order was	\$ 4,018,174.40
The Contract Sum will be increased by this Change Order in the amount of	\$ 0.00
The new Contract Sum including this Change Order will be	\$ 4,018,174.40

The Contract Time will be increased by one hundred (100) days.
The new date of Substantial Completion will be 3/1/23

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

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

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

 SIGNATURE
 David E. Snider, Principal Architect
 PRINTED NAME AND TITLE
 11/1/22
 DATE

Veritas Contracting
 CONTRACTOR *(Firm name)*

 SIGNATURE
 Samuel O. Proctor
 PRINTED NAME AND TITLE
 11-1-22
 DATE

Marion County Schools
 OWNER *(Firm name)*

 SIGNATURE

 PRINTED NAME AND TITLE

 DATE



Standard Status Report

Job Name:

EAST DALE ELEMENTARY SCHOOL RENOV

O Num: SCR1201665

Jst: STATE ELECTRIC SUP CO CLARKSBU

O. Num: 1860176

Proj Engineer:

Proj Coordinator:

Report Run Date:

10/12/2022

Legend: H = Hold, I = Invoiced, X = Canceled, O = Open (release for mfg.), S = Shipped, B = Backorder/Built to Order

Item	Qty	Description	Designation	Manufacturing and Shipping Information							Carrier	Pro #	Invoice
				Released for Mfg	Date Schd	Date Changed	Date Resched	Date Shipped					
1	1	ESS STUDY-BIDMANAGER	STUDY	09/07/21	08/13/21	07/20/21	03/31/22	03/08/22				590133	
2	1	PRLX SWITCHBOARD	MSBD	06/27/22	05/19/23		04/14/23	07/16/22				599689	
3B	1	EZB2060R	1A1	06/27/22	08/08/22								
3I	1	P21A225BT42CH01	1A1	06/27/22	11/15/22								
3T	1	EZT2060S,TRIM,EZ,SURFACE	1A1	06/27/22	11/15/22								
4B	1	EZB2042R	1A2	06/27/22	08/08/22			08/03/22				601007	
4I	1	P21A225LT42CH01	1A2	06/27/22	11/10/22			07/28/22				600539	
4T	1	EZT2042S	1A2	06/27/22	10/19/22			08/20/22				602263	
5B	1	EZB2072R	1A3	06/27/22	07/19/22	07/14/22	08/24/22	07/28/22				600550	
5I	1	P22A400BT42CH01	1A3	06/27/22	11/15/22								
5T	1	EZT2072S,TRIM,EZ,SURFACE	1A3	06/27/22	11/15/22								
6B	1	EZB2060R	1A4	06/27/22	08/08/22			08/04/22				601089	
6I	1	P22A400LT42CH01	1A4	06/27/22	11/04/22								
6T	1	EZT2060S	1A4	06/27/22	10/18/22			08/19/22				602157	
7	1	SPC61		06/27/22	07/05/22			07/05/22				598905	

**MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT**

This agreement dated the 31st day of October, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the East Athletic Association (hereafter known as Organization)

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as East Park Elementary Gym

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

- I. Organization Name East Athletic Association
- II. Contact Name Tubby Sheipe
- III. Address 1129 Watercrest Lane
- IV. Phone Number 304-282-0854
- V. The MCBOE covenants and agrees that it shall, from Nov 1 2022 through March 2023, make available to the East Athletic Association the East Park Elementary Gym for the purpose of Basketball practice. 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 88-3414903 (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 East Park 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 \$ N/A per waived in addition to a \$ N/A custodial fee per hour
(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: Nationwide Mutual Insurance Company
Policy Number 6BRP 60000007258200
*****Attach a copy of the policy to the application*****

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

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

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

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

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

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

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from Nov 2022 until the March 2023 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

11/1/22
Date

[Signature]
Principal or Designee

11/1/22
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

11-2-22
Date

Superintendent

Date

Board President

Date

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

Request for Taxpayer Identification Number and Certification

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

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

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. Tabitha Shupe	
2 Business name/disregarded entity name, if different from above EAST ATHLETIC ASSOCIATION	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 119 Watercrest Lane	Requester's name and address (optional)
6 City, state, and ZIP code Fairmont, WV 26554	
7 List account number(s) here (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	8	-	3	4	1	4	9	0	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 ▶	Date ▶ 10/31/22
------------------	----------------------------	------------------------

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-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.



EAST

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. 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 EMAIL: info@sportsinsurance-ktk.com ADDRESS: PRODUCER CUSTOMER ID:

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(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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.

INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		68RPG000007482900	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 - COMPROP 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"/> OWNED AUTOS ONLY <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			68RPG000007482900	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)
	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 <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	MEDICAL PAYMENTS FOR PARTICIPANTS			68RPG000007482900	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 <i>Scott Park</i>
--	--

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

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 8 day of July by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Public Schools (hereafter known as Organization)

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

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

I Organization Name Marion County Public Schools

II Contact Name Don P. [unclear]

III Address 113 [unclear] [unclear]

IV Phone Number 504-222-8839

V The MCBOE covenants and agrees that it shall, from 7/1/85 through 7/31/85 make available to the MCPS for the purpose of school

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 30-742-232 (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 Facility 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 \$ 200 per hour in addition to a \$ 100 custodial fee per hour
(Additional fees may apply depending on facility) \$ 100 for hour

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 U.S. Insurance Group

Policy Number LB11-001126-2011

.....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 MCBQE 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 the month of _____ 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.

Representative of Organization

Date

Principal or Designee

Date

And Ap true
Administrative Assistant of Maintenance, Facilities and Athletics

11-2-2022
Date

Superintendent

Date

Board President

Date

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



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 Magnolia Way
Fort Wayne IN 46804

CONTACT NAME: Mass Merchandising Underwriting
PHONE (A/C No. Ext.): 1-800-426-2889 **FAX (A/C No.):** 1-260-459-5103
E-MAIL ADDRESS: info@sportsinsurance-kk.com
PRODUCER CUSTOMER ID:

INSURED
Manon County Youth Basketball
DBA Manon County 4th/5th/6th Grades
109 Glenwood St
Fairmont WV 26551
A Member of the Sports Leisure & Entertainment RPG

INSURER(S) AFFORDING COVERAGE	NAIC #
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.

INSURER	TYPE OF INSURANCE	ADOL	SUBR	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 <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER	X		66RPG000007492900	11/08/2021 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 & ADY INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/PROP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> NOT PROVIDED WHILE IN GARAGE <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			66RPG000007492900	11/08/2021 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) EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> PROPRIETOR/PARTNER, EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (As described under DESCRIPTION OF OPERATIONS only)		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT
A	MEDICAL PAYMENTS FOR PARTICIPANTS			66RPG000007492900	11/08/2021 12:01 AM EDT	11/06/2022 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 106, 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
Manon County BOE
151e 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
West

Coverage is only extended to U.S. events and activities
** NOTICE TO TEXAS INSUREDS: 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 #

ACORD

ADDITIONAL REMARKS SCHEDULE

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 8BRPG000007482900		
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.

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

DEPARTMENT OF THE TREASURY

Date: **AUG 16 2018**

MARION COUNTY YOUTH BASKETBALL 12U
109 GLENWOOD ST
FAIRMONT, WV 26554-0000

Employer Identification Number:
94-3482915
DIN:
26053618007338
Contact Person:
CUSTOMER SERVICE ID# 31294
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
August 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 15, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

Our records show you were previously tax exempt as a subordinate under group exemption number 1155. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt

Letter 947

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.
Marion County Youth Basketball

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) ▶ _____

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3).
 Exempt payee code(s) if any: 1
 Exemption from FATCA reporting code(s) if any: _____

5 Address (number, street, and apt. or suite no.) See instructions.
109 Glenwood ST

6 City, state, and ZIP code
Fairmont, WV 26534

7 List account number(s) here (optional)

Requester's name and address (optional)
Marion County WV BOE

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.

Social security number

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

OR

Employer identification number

9	4	-	3	4	8	3	9	1	5
---	---	---	---	---	---	---	---	---	---

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.

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 ▶ Joseph B Bino

Date ▶ 10-26-2022

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.

Ms. Naught,
 Please place on the
 agenda for board approval.
 A. Naught
 overnight

Overnight. 2232
 OCT 20
 By 18-23

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. 10/18/22 DARRIN PAUL NO
 School Date Submitted Sponsor(s) Sub Needed

BOYS SOCCER 11/3/22 - 11/5/22 JIM DENAVOLI NO
 Group Date of Trip Chaperone(s) Sub Needed

27 BECKLEY, WV
 Number to be transported Destination

Purpose of activity WV STATE SOCCER TOURNAMENT

Number of School Days Lost 1.5 Approximate Cost 2000 Source of Funding Boosters

Transportation Information

Time bus to be loaded 12:00 am/pm 11/3/22 pm Approximate time to return 5:00 am/pm 11/5/22 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 10/18/22
 Approval (granted / denied) County Office [Signature] Date 10/20/2022
 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

No Fuss Service Agreement for On-Demand Service
Between Fair Mountain Arts LLC and Marion County Board of Education/Marion County Schools
Please sign and return this two-page document. Make copies for your records.

Summary:

We'll always do our best to fulfill your needs and meet your expectations, but it's important to have things written down so that we both know what's what, who should do what and when, and what will happen if something goes wrong. In this agreement, you won't find any complicated legal terms or long passages of unreadable text. We have no desire to trick you into signing something that you might later regret. What we do want is what's best for both parties, now and in the future.

You, **Marion County Board of Education** located at 1516 Mary Lou Retton Drive, Fairmont, West Virginia, are hiring us, **Fair Mountain Arts**, as service contractors for: **Web and Communications Support - 1/1/2023 – 12/31/2023**

What do both parties agree to?

You: You have the authority to enter into this agreement on behalf of yourself and your organization. You'll give us the assets and information we tell you we need to complete the project. You'll review our work, provide feedback and approval in a timely manner too. Deadlines work two ways, so you'll also be bound by dates we set together. You also agree to stick to the payment schedule set out at the end of this contract.

Us: We have the experience and ability to do everything we've agreed with you and we'll do it all in a professional and timely manner. We'll endeavor to meet every deadline that's set and on top of that we'll maintain the confidentiality of everything you give us.

Support Services – On-Demand Service Agreement

Your service agreement provides you with on-demand support from January 1, 2023 through December 31, 2023 for the services you need most, from general copy edits to custom form or page creation. These services will be billed monthly at a rate of \$55 per hour with a minimum billable increment of 30 minutes. Work will be completed under the direction of the Superintendent or her delegates.

Should monthly billed time exceed 30 hours from January 1, 2023 – December 31, 2023, additional hours shall be approved by the Superintendent.

Turn around on general support requests is 24 hours or less during business hours (9:00 a.m. to 5:00 p.m., M-F) with an average of 3 hours response time. Urgent needs and emergencies are addressed as quickly as possible, seven days a week.

Services include:

- Content management support for central office pages and school pages
- User management and support for central office users and school level users
- Technical investigation and troubleshooting for Aptegey and social media channels
- Consultation (in-person, telephone, email) as requested

Hours can also be used for:

- Graphic design services for web, social media, advertising, and print media
- Special communications and marketing projects as directed by the Superintendent
- Brand development
- Copy editing
- Communications consulting, advice, and analysis

3013

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT	CHECK OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.241.214.0000.0000.00	NEV ABBEY GRIFFITH	253.00		10/25/22	237069
11.00000.12621.431.002.0000.0000.00	ACE HARDWARE	64.97		10/12/22	236757
11.00000.12621.431.302.0000.0000.00	ACE HARDWARE	109.99		10/12/22	236757
11.00000.12621.431.001.0000.0000.00	ACE HARDWARE	129.98		10/17/22	236881
11.00000.12621.431.002.0000.0000.00	ACE HARDWARE	38.99		10/24/22	237045
11.00000.12321.611.001.0000.0000.00	ADAMS OFFICE SUPPLY CO.	25.95		10/13/22	236766
11.00000.12321.611.001.0000.0000.00	ADAMS OFFICE SUPPLY CO.	33.99		10/13/22	236766
11.00000.12621.431.002.0000.0000.00	ADAMS OFFICE SUPPLY CO.	19.39		10/13/22	236766
61.46210.11119.611.206.0000.0000.00	ADAMS OFFICE SUPPLY CO.	993.45		10/14/22	236785
61.46210.11119.611.214.0000.0000.00	ADAMS OFFICE SUPPLY CO.	998.71		10/14/22	236785
61.46210.11119.611.216.0000.0000.00	ADAMS OFFICE SUPPLY CO.	998.48		10/14/22	236785
11.00000.11111.733.001.2660.0000.00	ADAMS OFFICE SUPPLY CO.	218.00		10/17/22	236882
11.00000.11111.733.215.2660.0000.00	ADAMS OFFICE SUPPLY CO.	2,544.00		10/17/22	236882
11.00000.11111.733.216.2660.0000.00	ADAMS OFFICE SUPPLY CO.	408.89		10/17/22	236882
11.00000.11111.733.304.2660.0000.00	ADAMS OFFICE SUPPLY CO.	98.00		10/17/22	236882
11.00000.11111.733.304.2660.0000.00	ADAMS OFFICE SUPPLY CO.	928.00		10/17/22	236882
11.00000.11111.733.502.2660.0000.00	ADAMS OFFICE SUPPLY CO.	697.00		10/17/22	236882
11.00000.11111.733.701.2660.0000.00	ADAMS OFFICE SUPPLY CO.	1,325.00		10/17/22	236882
71.43280.21210.611.001.0000.0000.00	ADAMS OFFICE SUPPLY CO.	1,596.00		10/18/22	236903
61.02910.21210.611.001.0000.0000.00	ADAMS OFFICE SUPPLY CO.	238.00		10/21/22	237017
11.00000.12621.611.002.0000.0000.00	ADAMS OFFICE SUPPLY CO.	25.59		10/25/22	237081
61.43310.21210.611.001.0000.0000.00	ADAMS OFFICE SUPPLY CO.	619.00		10/25/22	237076
11.00000.11111.733.207.2660.0000.00	ADAMS OFFICE SUPPLY CO.	85.00		10/27/22	237125
61.02260.21210.611.205.0000.0000.00	ADAPTIVE SPECIALTIES, LLC	337.98		10/19/22	236984
61.02210.21210.642.001.0000.0000.00	AHA! PROCESS, INC.	68.50		10/18/22	236904
61.41270.12213.321.001.0000.0000.00	AHA! PROCESS, INC.	199.00		10/18/22	236959
61.41270.12213.321.001.0000.0000.00	AHA! PROCESS, INC.	199.00		10/18/22	236959
61.41270.12213.321.001.0000.0000.00	AHA! PROCESS, INC.	199.00		10/18/22	236959
61.41270.12213.321.001.0000.0000.00	AHA! PROCESS, INC.	199.00		10/18/22	236959
61.41270.12213.321.001.0000.0000.00	AHA! PROCESS, INC.	199.00		10/18/22	236959
61.41270.12213.321.001.0000.0000.00	AHA! PROCESS, INC.	199.00		10/18/22	236959
11.00000.00476.004.000.0000.0000.00	AIG VALIC	203.50		10/17/22	236867
11.00000.12621.431.002.0000.0000.00	AIRGAS USA, LLC	52.59		10/18/22	236920
11.00000.12621.431.002.0000.0000.00	AIRGAS USA, LLC	59.60		10/18/22	236920
11.00000.12621.431.002.0000.0000.00	AIRGAS USA, LLC	59.60		10/18/22	236920
11.00000.12621.431.002.0000.0000.00	AIRGAS USA, LLC	60.62		10/18/22	236920
11.00000.12621.431.002.0000.0000.00	AIRGAS USA, LLC	60.62		10/18/22	236920
11.00000.12621.431.002.0000.0000.00	AIRGAS USA, LLC	60.62		10/18/22	236920
61.05210.31391.611.701.0000.0000.00	AIRGAS USA, LLC	55.22		10/25/22	237082
61.88310.13121.581.006.0000.0000.00	ALANDIS CRUMP	78.75		10/14/22	236788
11.00000.12621.431.402.0000.0000.00	ALASKY'S INC.	849.95		10/17/22	236883
61.88310.13121.431.102.0000.0000.00	ALASKY'S INC.	120.00		10/17/22	236845
61.88310.13121.431.303.0000.0000.00	ALASKY'S INC.	115.00		10/17/22	236845
11.00000.12621.431.002.0000.0000.00	ALASKY'S INC.	257.78		10/27/22	237126
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	28.96		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	36.96		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	45.25		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	51.53		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	66.97		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	70.59		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	74.00		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	75.06		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	80.49		10/12/22	236749
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	82.10		10/12/22	236749

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12621.431.002.0000.0000.00	ALLEGHENY INDUSTRIAL SUPPLY	173.87	10/27/22	237127
11.00000.11111.581.001.0000.0000.00	ALLEN CANFIELD	63.44	10/14/22	236789
11.00000.11111.651.001.0000.0000.00	ALPHA TECHNOLOGIES, INC.	2,300.00	10/20/22	237013
61.41240.12213.611.214.0000.0000.00	ALPS, INC.	463.90	10/25/22	237083
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	5.99	10/13/22	1326
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	39.56	10/13/22	1326
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	120.00	10/13/22	1326
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	208.40	10/13/22	1326
11.00000.11111.611.001.2240.0000.00	AMAZON.COM SALES, INC.	2,199.98	10/13/22	1326
11.00000.11111.611.018.2280.0000.00	AMAZON.COM SALES, INC.	53.95	10/13/22	1326
11.00000.11111.611.018.2280.0000.00	AMAZON.COM SALES, INC.	166.58	10/13/22	1326
11.00000.11111.611.214.2500.0000.00	AMAZON.COM SALES, INC.	118.52	10/13/22	1326
11.00000.11111.611.306.0000.0000.00	AMAZON.COM SALES, INC.	112.08	10/13/22	1353
11.00000.11111.611.306.0000.0000.00	AMAZON.COM SALES, INC.	191.52	10/13/22	1353
11.00000.11111.611.402.0000.0000.00	AMAZON.COM SALES, INC.	55.98	10/13/22	1353
11.00000.11111.611.402.0000.0000.00	AMAZON.COM SALES, INC.	101.95	10/13/22	1353
11.00000.11111.611.503.0000.0000.00	AMAZON.COM SALES, INC.	9.49	10/13/22	1353
11.00000.11111.611.503.0000.0000.00	AMAZON.COM SALES, INC.	269.39	10/13/22	1353
11.00000.11111.611.701.0000.0000.00	AMAZON.COM SALES, INC.	225.44	10/13/22	1353
11.00000.11111.641.503.2700.0000.00	AMAZON.COM SALES, INC.	899.40	10/13/22	1326
11.00000.11111.733.206.2660.0000.00	AMAZON.COM SALES, INC.	362.29	10/13/22	1326
11.00000.12621.431.002.0000.0000.00	AMAZON.COM SALES, INC.	699.98	10/13/22	1326
61.40210.12213.611.102.0000.0000.00	AMAZON.COM SALES, INC.	245.00	10/13/22	1326
61.40210.12213.611.206.0000.0000.00	AMAZON.COM SALES, INC.	1,749.65	10/13/22	1326
61.40210.12213.611.212.0000.0000.00	AMAZON.COM SALES, INC.	270.00	10/13/22	1326
61.40210.12213.611.212.0000.0000.00	AMAZON.COM SALES, INC.	510.00	10/13/22	1326
61.40210.12213.611.306.0000.0000.00	AMAZON.COM SALES, INC.	1,739.50	10/13/22	1326
61.40210.12213.611.402.0000.0000.00	AMAZON.COM SALES, INC.	2,781.90	10/13/22	1326
61.41210.12170.611.211.0000.0000.00	AMAZON.COM SALES, INC.	51.78	10/13/22	1326
61.41210.12170.611.211.0000.0000.00	AMAZON.COM SALES, INC.	156.30	10/13/22	1326
61.41240.12213.611.214.0000.0000.00	AMAZON.COM SALES, INC.	714.00	10/13/22	1326
61.46210.11111.611.214.0000.0000.00	AMAZON.COM SALES, INC.	1,046.59	10/13/22	1326
61.92136.11111.611.018.0000.0000.00	AMAZON.COM SALES, INC.	216.91-	10/13/22	1326
61.92137.11111.611.018.0000.0000.00	AMAZON.COM SALES, INC.	149.95	10/13/22	1326
61.92137.11111.611.018.0000.0000.00	AMAZON.COM SALES, INC.	280.67	10/13/22	1326
61.92137.11111.611.018.0000.0000.00	AMAZON.COM SALES, INC.	442.20	10/13/22	1326
61.92137.11111.611.018.0000.0000.00	AMAZON.COM SALES, INC.	599.00	10/13/22	1326
61.92137.11111.611.018.0000.0000.00	AMAZON.COM SALES, INC.	1,199.99	10/13/22	1326
71.43280.21210.611.001.0000.0000.00	AMAZON.COM SALES, INC.	31.99-	10/13/22	1326
71.43280.21210.611.001.0000.0000.00	AMAZON.COM SALES, INC.	31.99	10/13/22	1326
71.43280.21210.611.001.0000.0000.00	AMAZON.COM SALES, INC.	285.93	10/13/22	1326
11.00000.12130.611.001.0000.0000.00	AMERICAN AED, LLC	46,250.00	10/17/22	236894
11.00000.21211.212.001.0000.0000.00	AMERICAN BENEFIT CORPORATION	4,162.48	10/13/22	236777
11.00000.12621.612.002.0000.0000.00	AMERICAN CLEANING & SUPPLY	900.00	10/12/22	236758
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE C	382.50	10/17/22	236869
61.43210.21223.652.214.0000.0000.00	AMERICAN PRINTING HOUSE FOR	3,660.55	10/18/22	236905
61.42215.31346.611.701.0000.0000.00	AMERICAN VAN EQUIPMENT, LLC	257.83	10/13/22	1354
11.00000.00476.004.000.0000.0000.00	AMERIPRISE FINANCIAL SERVICES	50.00	10/17/22	236862
11.00000.12621.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	49.50-	10/12/22	236759
11.00000.12621.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	51.84	10/12/22	236759
11.00000.12621.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	78.00-	10/12/22	236759
11.00000.12621.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	135.85	10/12/22	236759
11.00000.12621.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	46.31	10/13/22	236778

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT	CHECK OF CHECK DATE	CHECK NUMBER
11.00000.11111.241.214.0000.0000.00	NEV BROOKE HOCKENBERRY	511.00	10/25/22	237067
61.43110.21282.643.001.0000.0000.00	BROOKES PUBLISHING	169.33	10/19/22	236982
11.00000.12711.661.003.0000.0000.00	BRUCETON PETROLEUM CO., INC.	11,489.00	10/13/22	1352
11.00000.12711.661.003.0000.0000.00	BRUCETON PETROLEUM CO., INC.	17,809.33	10/13/22	1352
11.00000.12711.662.003.0000.0000.00	BRUCETON PETROLEUM CO., INC.	3,782.12	10/13/22	1352
11.00000.12711.662.003.0000.0000.00	BRUCETON PETROLEUM CO., INC.	4,518.88	10/13/22	1352
61.42215.31346.611.701.0000.0000.00	BYKOTA, INC.	2,981.26	10/18/22	236908
61.42215.31346.611.701.0000.0000.00	BYKOTA, INC.	4,597.58	10/18/22	236908
61.88310.13121.634.006.0000.0000.00	CAPITAL ONE, N.A.	24.96	10/12/22	236741
61.88310.13121.634.006.0000.0000.00	CAPITAL ONE, N.A.	30.60	10/12/22	236741
61.88310.13121.634.006.0000.0000.00	CAPITAL ONE, N.A.	34.53	10/12/22	236741
61.88310.13121.634.006.0000.0000.00	CAPITAL ONE, N.A.	98.81	10/12/22	236741
61.88310.13121.634.006.0000.0000.00	CAPITAL ONE, N.A.	142.56	10/12/22	236741
61.88310.13121.636.006.0000.0000.00	CAPITAL ONE, N.A.	1,279.84	10/17/22	236847
11.00000.12510.582.001.0000.0000.00	CASEY SPAGNUOLO	360.00	10/25/22	237068
61.88310.13121.651.006.0000.0000.00	CDW GOVERNMENT, LLC	755.44	10/12/22	236740
11.00000.11111.611.001.2240.0000.00	CDW GOVERNMENT, LLC	334.01	10/18/22	236923
61.02210.21223.611.306.0000.0000.00	CDW GOVERNMENT, LLC	27.18	10/18/22	236909
61.02210.21223.611.306.0000.0000.00	CDW GOVERNMENT, LLC	30.94	10/18/22	236909
71.43280.21210.652.215.0000.0000.00	CDW GOVERNMENT, LLC	1,924.00	10/18/22	236909
61.43910.21210.651.001.0000.0000.00	CDW GOVERNMENT, LLC	1,563.87	10/20/22	237007
61.02110.21210.656.502.0000.0000.00	CDW GOVERNMENT, LLC	1,636.90	10/21/22	237023
61.02110.21210.656.503.0000.0000.00	CDW GOVERNMENT, LLC	837.92	10/21/22	237023
61.43110.21210.652.402.0000.0000.00	CDW GOVERNMENT, LLC	1,924.00	10/21/22	237023
11.00000.11111.651.001.0000.0000.00	CDW GOVERNMENT, LLC	3,463.60	10/27/22	237129
11.00000.12621.431.002.0000.0000.00	CED/MOSEBACH	194.70	10/25/22	237084
11.00000.11111.641.501.2700.0000.00	CENGAGE LEARNING	1,716.00	10/27/22	237138
11.00000.11111.641.502.2700.0000.00	CENGAGE LEARNING	3,802.50	10/27/22	237138
11.00000.11111.653.502.2700.0000.00	CENGAGE LEARNING	2,288.00	10/27/22	237138
11.00000.12791.667.003.0000.0000.00	CERTIFIED LABORATORIES	791.04	10/18/22	236935
11.00000.12791.667.003.0000.0000.00	CERTIFIED LABORATORIES	791.04	10/18/22	236935
11.00000.12791.667.003.0000.0000.00	CERTIFIED LABORATORIES	1,516.29	10/18/22	236935
11.00000.12791.667.003.0000.0000.00	CERTIFIED LABORATORIES	791.04	10/26/22	237107
11.00000.12134.581.001.0000.0000.00	CHERIE EARLS	17.50	10/14/22	236797
11.00000.21221.582.001.0000.0000.00	CHERYL BIFANO	157.41	10/14/22	236838
61.43210.21210.581.001.0000.0000.00	CHERYL BIFANO	93.00	10/14/22	236798
61.43310.21210.581.001.0000.0000.00	NEI CHERYL BIFANO	77.38	10/14/22	236798
61.41210.12170.571.214.0000.0000.00	CHICK-FIL-A	1,435.05	10/18/22	236961
11.00000.00479.004.000.0000.0000.00	CHILD SUPPORT ENFORCEMENT DI	1,013.43	10/17/22	236858
61.43210.21210.581.001.0000.0000.00	CHRISTINE HOLSOPPLE	23.50	10/14/22	236800
61.43310.21210.581.001.0000.0000.00	NEI CHRISTINE HOLSOPPLE	20.19	10/14/22	236800
61.02210.41471.581.302.0000.0000.00	NEI CHRISTOPHER NEPTUNE	253.13	10/14/22	236799
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	10/13/22	1341
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	10/13/22	1341
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	10/13/22	1341
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	10/13/22	1341
11.00000.12621.431.501.0000.0000.00	CINTAS CORPORATION	324.87	10/13/22	1341
11.00000.12621.431.502.0000.0000.00	CINTAS CORPORATION	226.73	10/13/22	1341
11.00000.12621.431.503.0000.0000.00	CINTAS CORPORATION	437.05	10/13/22	1341
11.00000.12621.431.701.0000.0000.00	CINTAS CORPORATION	248.55	10/13/22	1341
11.00000.12621.612.001.0000.0000.00	CINTAS CORPORATION	21.08	10/13/22	1341
11.00000.12621.612.001.0000.0000.00	CINTAS CORPORATION	21.08	10/13/22	1341
11.00000.12621.612.001.0000.0000.00	CINTAS CORPORATION	153.79	10/13/22	1341

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.812.306.0000.0000.00	CITY OF FAIRMONT	7.57	10/13/22	1330
11.00000.12611.812.306.0000.0000.00	CITY OF FAIRMONT	459.93	10/13/22	1330
11.00000.12611.812.402.0000.0000.00	CITY OF FAIRMONT	347.79	10/13/22	1330
11.00000.12611.812.501.0000.0000.00	CITY OF FAIRMONT	68.20	10/13/22	1330
11.00000.12611.812.501.0000.0000.00	CITY OF FAIRMONT	99.14	10/13/22	1330
11.00000.12611.812.502.0000.0000.00	CITY OF FAIRMONT	159.08	10/13/22	1330
11.00000.12611.812.502.0000.0000.00	CITY OF FAIRMONT	344.94	10/13/22	1330
11.00000.12611.812.502.1124.0000.00	CITY OF FAIRMONT	60.66	10/13/22	1330
11.00000.12611.812.502.1127.0000.00	CITY OF FAIRMONT	79.30	10/13/22	1330
11.00000.12611.812.502.1128.0000.00	CITY OF FAIRMONT	82.88	10/13/22	1330
11.00000.12611.812.502.1137.0000.00	CITY OF FAIRMONT	157.75	10/13/22	1330
11.00000.12611.812.504.0000.0000.00	CITY OF FAIRMONT	104.52	10/13/22	1330
11.00000.12611.812.716.0000.0000.00	CITY OF FAIRMONT	96.86	10/13/22	1330
11.00000.12611.819.001.0000.0000.00	CITY OF FAIRMONT	4.34	10/13/22	1330
11.00000.12611.819.002.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.011.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.011.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.018.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.214.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.306.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.306.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.402.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.1124.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.1125.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.1127.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.502.1128.0000.00	CITY OF FAIRMONT	4.33	10/13/22	1330
11.00000.12611.819.502.1137.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.504.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.504.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12611.819.716.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12711.411.003.0000.0000.00	CITY OF FAIRMONT	60.90	10/13/22	1330
11.00000.12711.411.003.0000.0000.00	CITY OF FAIRMONT	60.90	10/13/22	1330
11.00000.12711.411.003.0000.0000.00	CITY OF FAIRMONT	80.57	10/13/22	1330
11.00000.12711.812.003.0000.0000.00	CITY OF FAIRMONT	12.89	10/13/22	1330
11.00000.12711.812.003.0000.0000.00	CITY OF FAIRMONT	17.38	10/13/22	1330
11.00000.12711.812.003.0000.0000.00	CITY OF FAIRMONT	140.35	10/13/22	1330
11.00000.12711.819.003.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12711.819.003.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.12711.819.003.0000.0000.00	CITY OF FAIRMONT	8.67	10/13/22	1330
11.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	947.24	10/17/22	236870
61.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	99.67	10/17/22	236870
71.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	25.82	10/17/22	236870
11.00000.12611.411.005.0000.0000.00	CITY OF MANNINGTON	107.81	10/21/22	237024
11.00000.12611.411.216.0000.0000.00	CITY OF MANNINGTON	309.72	10/21/22	237024
11.00000.12611.411.303.0000.0000.00	CITY OF MANNINGTON	672.47	10/21/22	237024

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	620.19	10/17/22	236848
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	857.90	10/17/22	236848
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	1,251.00	10/17/22	236848
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	160.16	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	173.90	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	197.55	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	203.83	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	213.33	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	250.08	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	253.81	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	261.15	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	303.12	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	311.70	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	356.45	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	391.26	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	458.05	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	469.68	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	528.10	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	533.10	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	716.85	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	859.83	10/20/22	236997
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	1,218.64	10/20/22	236997
61.43210.21210.581.001.0000.0000.00	CRYSTAL BENNINGTON	77.50	10/14/22	236801
61.08210.12213.582.502.0000.0000.00	NE CURTIS CRABTREE	176.25	10/14/22	236839
11.00000.14711.451.205.0000.0000.00	DAVID BRAD STRAIGHT	3,053.60	10/18/22	236976
61.43310.21210.581.701.0000.0000.00	NE DEBORAH STEVENSKI	87.50	10/14/22	236802
61.43310.21210.581.701.0000.0000.00	NE DEBORAH STEVENSKI	116.25	10/14/22	236802
61.43210.21210.581.001.0000.0000.00	DENISE MORRIS	76.88	10/14/22	236803
61.43310.21210.581.001.0000.0000.00	NE DENISE MORRIS	134.38	10/14/22	236803
61.43210.21210.581.001.0000.0000.00	DIANA CARTER	56.25	10/14/22	236804
61.43310.21210.581.001.0000.0000.00	NE DIANA CARTER	200.00	10/14/22	236804
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	112.50	10/21/22	237025
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	360.00	10/21/22	237025
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	360.00	10/21/22	237025
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	360.00	10/21/22	237025
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	396.00	10/21/22	237025
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	540.00	10/21/22	237025
61.02210.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	900.00	10/21/22	237025
11.00000.11111.611.214.2500.0000.00	DISCOUNT SCHOOL SUPPLY	493.98	10/27/22	237131
11.00000.11111.733.206.2660.0000.00	DISCOUNT SCHOOL SUPPLY	156.99	10/27/22	237131
61.43210.21210.581.001.0000.0000.00	DONNA BRUMAGE	17.82	10/14/22	236805
11.00000.12321.321.001.0000.0000.00	DONNA JO METZ	1,759.65	10/27/22	237132
11.00000.12611.411.216.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	1,278.32	10/21/22	237026
11.00000.12611.411.503.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	829.43	10/21/22	237026
11.00000.12611.411.701.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	355.47	10/21/22	237026
11.00000.12611.812.216.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	11.62	10/21/22	237026
11.00000.12611.812.503.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	24.40	10/21/22	237026
11.00000.12611.812.701.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	10.46	10/21/22	237026
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	2.98	10/20/22	236998
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	4.47	10/20/22	236998
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	9.30	10/20/22	236998
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	11.92	10/20/22	236998
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	14.97	10/20/22	236998

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.532.501.0000.0000.00	FRONTIER	335.20	10/13/22	1334
11.00000.12611.532.502.0000.0000.00	FRONTIER	35.15	10/13/22	1334
11.00000.12611.532.503.0000.0000.00	FRONTIER	222.83	10/13/22	1334
11.00000.12611.532.504.0000.0000.00	FRONTIER	234.83	10/13/22	1334
11.00000.12711.532.003.0000.0000.00	FRONTIER	35.15	10/13/22	1334
61.05310.31391.532.701.0000.0000.00	FRONTIER	303.40	10/13/22	1334
11.00000.12611.532.001.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	364.02	10/13/22	1335
11.00000.12611.532.002.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.101.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.102.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.205.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.205.1116.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.206.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.207.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.209.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.211.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.212.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.214.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.215.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.216.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.302.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.303.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.304.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.306.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.402.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.501.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.502.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.503.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.504.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.701.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12611.532.716.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
11.00000.12711.532.003.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.91	10/13/22	1335
61.43310.21210.611.001.0000.0000.00	FUN AND FUNCTION	269.90	10/21/22	237029
71.43280.21210.611.001.0000.0000.00	FUN AND FUNCTION	374.84	10/21/22	237029
71.43280.21210.611.205.0000.0000.00	FUN AND FUNCTION	278.62	10/21/22	237029
71.43280.21210.611.207.0000.0000.00	FUN AND FUNCTION	483.25	10/21/22	237029
11.00000.12791.667.003.0000.0000.00	GALFORD TOOLS, LLC	789.00	10/18/22	236953
11.00000.12621.431.002.0000.0000.00	GALFORD TOOLS, LLC	320.00	10/25/22	237086
11.00000.12621.431.002.0000.0000.00	GEORGE L. WILSON & CO., INC.	142.68	10/25/22	237087
11.00000.12621.431.011.0000.0000.00	GEORGE L. WILSON & CO., INC.	38.01	10/25/22	237087
11.00000.12621.431.011.0000.0000.00	GEORGE L. WILSON & CO., INC.	113.97	10/25/22	237087
11.00000.12621.431.011.0000.0000.00	GEORGE L. WILSON & CO., INC.	113.99	10/25/22	237087
11.00000.12621.431.501.0000.0000.00	GEORGE L. WILSON & CO., INC.	1,781.00	10/25/22	237087
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	5.34-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	8.32-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	11.96-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	12.46-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	23.13-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	24.18-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	35.42-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	38.36-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	50.74-	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	78.85-	10/13/22	1336

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DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,918.21	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,047.41	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,064.37	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,096.73	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,187.64	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,325.50	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,432.07	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,543.12	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,558.91	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,597.07	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,635.04	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,779.79	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,930.15	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,120.68	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,172.08	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,365.48	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,395.59	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,430.48	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,464.38	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,577.31	10/13/22	1336
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	6,019.29	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	5.20-	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	22.61-	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	94.68	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	189.78	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	277.50	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	330.27	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	340.99	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	415.51	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	447.74	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	546.16	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	600.82	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	607.24	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	636.49	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	653.62	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	767.02	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	875.15	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	959.80	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,140.51	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,374.93	10/13/22	1336
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,744.27	10/13/22	1336
11.00000.00479.004.000.0000.0000.00	GREAT-WEST TRUST COMPANY, LLC	40.00	10/17/22	236873
61.00000.00479.004.000.0000.0000.00	GREAT-WEST TRUST COMPANY, LLC	20.00	10/17/22	236873
11.00000.12611.411.102.0000.0000.00	GREATER PAW PAW SANITARY DIST	630.24	10/21/22	237030
11.00000.12611.411.102.1135.0000.00	GREATER PAW PAW SANITARY DIST	99.51	10/21/22	237030
11.00000.12611.411.102.1136.0000.00	GREATER PAW PAW SANITARY DIST	33.17	10/21/22	237030
11.00000.12611.411.207.0000.0000.00	GREATER PAW PAW SANITARY DIST	467.70	10/21/22	237030
11.00000.12611.411.302.0000.0000.00	GREATER PAW PAW SANITARY DIST	1,388.18	10/21/22	237030
61.40210.12213.611.207.0000.0000.00	GREEN BRONX MACHINE	9,739.80	10/17/22	236887
61.40210.12213.611.211.0000.0000.00	GREEN BRONX MACHINE	4,410.00	10/21/22	237031
61.43210.21210.581.001.0000.0000.00	GREGORY MIKEO	35.00	10/14/22	236807
61.43310.21210.581.001.0000.0000.00	GREGORY MIKEO	100.63	10/14/22	236807
11.00000.12621.431.002.0000.0000.00	GWYNN TIRE SERVICE INC	1,260.00	10/18/22	236925

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT	OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.303.2320.0000.00	J.W. PEPPER & SON, INC.	109.48		10/25/22	237089
11.00000.11111.611.303.2320.0000.00	J.W. PEPPER & SON, INC.	312.93		10/25/22	237089
61.61320.61691.432.716.0000.0000.00	JAMES & LAW COMPANY	63.00		10/13/22	236780
11.00000.12611.121.101.0000.0000.00	JAMES HALL III	114.75		10/14/22	236812
11.00000.11111.581.001.0000.0000.00	JAMES STORMS	80.64		10/14/22	236813
61.43210.21210.581.306.0000.0000.00	NE JESSICA BATTIN SPEVOCK	108.13		10/14/22	236814
61.43310.21210.581.306.0000.0000.00	NE JESSICA BATTIN SPEVOCK	243.75		10/14/22	236814
11.00000.11111.241.101.0000.0000.00	JESSICA THORNBURG	511.00		10/25/22	237071
11.00000.12711.732.000.0000.0000.00	JOHN MEEGAN FORD, INC.	68,853.75		10/19/22	236991
61.50310.31391.611.701.0000.0000.00	JOHN PHEASANT	1,600.00		10/20/22	237009
11.00000.12621.431.503.0000.0000.00	JONES PORTABLE TOILETS	200.00		10/12/22	236761
11.00000.12621.431.503.0000.0000.00	JONES PORTABLE TOILETS	200.00		10/12/22	236761
11.00000.12621.431.503.0000.0000.00	JONES PORTABLE TOILETS	200.00		10/12/22	236761
11.00000.12621.431.503.0000.0000.00	JONES PORTABLE TOILETS	200.00		10/12/22	236761
11.00000.12621.431.503.0000.0000.00	JONES PORTABLE TOILETS	200.00		10/12/22	236761
11.00000.12621.431.503.0000.0000.00	JONES PORTABLE TOILETS	200.00		10/18/22	236927
61.02210.21210.611.306.0000.0000.00	JONES SCHOOL SUPPLY CO., INC.	516.60		10/19/22	236988
11.00000.12791.611.003.0000.0000.00	JOSEPH BOSNICK	45.96		10/18/22	236940
11.00000.12791.611.003.0000.0000.00	JOSEPH BOSNICK	99.98		10/18/22	236940
11.00000.11111.581.102.0000.0000.00	JOSHUA THARP	41.25		10/14/22	236815
11.00000.11111.581.102.0000.0000.00	JOSHUA THARP	48.13		10/14/22	236815
61.88310.13121.636.006.0000.0000.00	JUSTTECH, LLC	15.72		10/12/22	236746
11.01000.11111.831.001.0000.0000.00	JUSTTECH, LLC	1,021.26		10/13/22	236781
11.01000.11111.831.002.0000.0000.00	JUSTTECH, LLC	204.24		10/13/22	236781
11.01000.11111.831.003.0000.0000.00	JUSTTECH, LLC	204.24		10/13/22	236781
11.01000.11111.831.101.0000.0000.00	JUSTTECH, LLC	612.72		10/13/22	236781
11.01000.11111.831.102.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.205.0000.0000.00	JUSTTECH, LLC	612.72		10/13/22	236781
11.01000.11111.831.206.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.207.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.209.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.211.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.212.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.214.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.215.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.216.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.302.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.303.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.304.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.306.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.402.0000.0000.00	JUSTTECH, LLC	612.72		10/13/22	236781
11.01000.11111.831.501.0000.0000.00	JUSTTECH, LLC	612.72		10/13/22	236781
11.01000.11111.831.502.0000.0000.00	JUSTTECH, LLC	816.96		10/13/22	236781
11.01000.11111.831.503.0000.0000.00	JUSTTECH, LLC	612.72		10/13/22	236781
11.01000.11111.831.504.0000.0000.00	JUSTTECH, LLC	204.24		10/13/22	236781
11.01000.11111.831.701.0000.0000.00	JUSTTECH, LLC	408.48		10/13/22	236781
11.01000.11111.831.716.0000.0000.00	JUSTTECH, LLC	204.24		10/13/22	236781
11.01000.11111.831.701.0000.0000.00	JUSTTECH, LLC	655.07		10/20/22	237010
71.43280.21210.652.214.0000.0000.00	KAPLAN EARLY LEARNING COMPAN	2,295.95		10/18/22	236912
71.43280.21210.652.214.0000.0000.00	KAPLAN EARLY LEARNING COMPAN	2,295.95		10/18/22	236912
71.43280.21210.652.501.0000.0000.00	KAPLAN EARLY LEARNING COMPAN	2,295.95		10/18/22	236912
61.43120.21282.652.209.0000.0000.00	KAPLAN EARLY LEARNING COMPAN	2,295.95		10/19/22	236989
71.43280.21210.652.211.0000.0000.00	KAPLAN EARLY LEARNING COMPAN	2,295.95		10/20/22	237011
11.00000.12134.581.001.0000.0000.00	KARRI HAYHURST	39.50		10/14/22	236816

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DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	51.10	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	90.65	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	1,663.20	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	1,663.20	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	1,829.90	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	2,531.40	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	2,730.00	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,095.00	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,341.33	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,385.82	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,443.63	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,781.98	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	4,890.00	10/13/22	1338
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	4,935.00	10/13/22	1338
61.50310.31391.611.701.0000.0000.00	MAGNATAG INC.	2,896.83	10/17/22	236899
11.00000.12134.581.001.0000.0000.00	MANDY BOYLEN	47.81	10/14/22	236821
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	9.57	10/20/22	237002
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	14.90	10/20/22	237002
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	17.86	10/20/22	237002
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	26.06	10/20/22	237002
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	29.97	10/20/22	237002
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	32.78	10/20/22	237002
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	48.10	10/20/22	237002
11.00000.12611.421.005.0000.0000.00	MANNINGTON REFUSE LLC	675.25	10/27/22	237139
11.00000.12611.421.303.0000.0000.00	MANNINGTON REFUSE LLC	675.25	10/27/22	237139
11.00000.11111.212.001.0000.0000.00	MARION COUNTY DENTAL/VISION	11,552.41	10/13/22	236782
11.00000.11111.213.001.0000.0000.00	MARION COUNTY DENTAL/VISION	2,160.95	10/13/22	236782
11.00000.11111.212.001.0000.0000.00	MARION COUNTY DENTAL/VISION	8,189.74	10/21/22	237033
11.00000.11111.213.001.0000.0000.00	MARION COUNTY DENTAL/VISION	3,942.68	10/21/22	237033
61.88310.13121.636.006.0000.0000.00	MARION COUNTY HEALTH DEPT.	5.00	10/17/22	236849
11.00000.12721.341.001.0000.0000.00	MARION COUNTY POLICE RESERVE	200.00	10/17/22	236879
11.00000.12721.341.001.0000.0000.00	MARION COUNTY POLICE RESERVE	200.00	10/17/22	236879
11.00000.12721.341.102.0000.0000.00	MARION COUNTY POLICE RESERVE	252.00	10/17/22	236879
11.00000.12721.341.205.0000.0000.00	MARION COUNTY POLICE RESERVE	283.50	10/17/22	236879
11.00000.12721.341.206.0000.0000.00	MARION COUNTY POLICE RESERVE	252.00	10/17/22	236879
11.00000.12721.341.212.0000.0000.00	MARION COUNTY POLICE RESERVE	252.00	10/17/22	236879
11.00000.12721.341.214.0000.0000.00	MARION COUNTY POLICE RESERVE	252.00	10/17/22	236879
11.00000.12721.341.215.0000.0000.00	MARION COUNTY POLICE RESERVE	504.00	10/17/22	236879
11.00000.12721.341.306.0000.0000.00	MARION COUNTY POLICE RESERVE	126.00	10/17/22	236879
11.00000.12721.341.402.0000.0000.00	MARION COUNTY POLICE RESERVE	252.00	10/17/22	236879
11.00000.12721.341.501.0000.0000.00	MARION COUNTY POLICE RESERVE	1,190.00	10/17/22	236879
11.00000.12721.341.501.0000.0000.00	MARION COUNTY POLICE RESERVE	2,520.00	10/17/22	236879
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVE	252.00	10/17/22	236879
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVE	756.00	10/17/22	236879
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVE	1,680.00	10/17/22	236879
11.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	55,024.56	10/17/22	236881
61.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	8,536.44	10/17/22	236881
71.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	1,036.75	10/17/22	236881
11.00000.11111.611.001.0000.0000.00	MARION COUNTY TECHNICAL CENT	504.00	10/13/22	236769
11.00000.11111.611.001.0000.0000.00	MARION COUNTY TECHNICAL CENT	520.00	10/13/22	236769
11.00000.12791.667.003.0000.0000.00	MARION COUNTY TECHNICAL CENT	47.04	10/18/22	236937
61.88310.13121.581.006.0000.0000.00	MARLENA EFAW	9.81	10/14/22	236822
61.88310.13121.581.006.0000.0000.00	MARLENA EFAW	63.38	10/14/22	236822

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DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12621.431.216.0000.0000.00	MILLER'S HARDWARE, LLC	76.99	10/12/22	236762
11.00000.12651.431.002.0000.0000.00	MILLER'S HARDWARE, LLC	17.99	10/24/22	237054
11.00000.12611.622.001.0000.0000.00	MON POWER	1,730.23	10/13/22	236775
11.00000.12611.622.001.0000.0000.00	MON POWER	1,747.14-	10/13/22	236775
11.00000.12611.622.002.0000.0000.00	MON POWER	723.52	10/13/22	236775
11.00000.12611.622.005.0000.0000.00	MON POWER	71.57	10/13/22	236775
11.00000.12611.622.005.0000.0000.00	MON POWER	84.70	10/13/22	236775
11.00000.12611.622.005.0000.0000.00	MON POWER	150.70	10/13/22	236775
11.00000.12611.622.005.0000.0000.00	MON POWER	196.03	10/13/22	236775
11.00000.12611.622.011.0000.0000.00	MON POWER	106.11	10/13/22	236775
11.00000.12611.622.011.0000.0000.00	MON POWER	136.40	10/13/22	236775
11.00000.12611.622.011.0000.0000.00	MON POWER	241.80	10/13/22	236775
11.00000.12611.622.011.0000.0000.00	MON POWER	283.93	10/13/22	236775
11.00000.12611.622.011.0000.0000.00	MON POWER	430.19	10/13/22	236775
11.00000.12611.622.011.0000.0000.00	MON POWER	690.33	10/13/22	236775
11.00000.12611.622.101.0000.0000.00	MON POWER	690.84	10/13/22	236775
11.00000.12611.622.101.0000.0000.00	MON POWER	1,081.61	10/13/22	236775
11.00000.12611.622.101.1138.0000.00	MON POWER	42.87	10/13/22	236775
11.00000.12611.622.102.0000.0000.00	MON POWER	104.10	10/13/22	236775
11.00000.12611.622.102.0000.0000.00	MON POWER	1,155.50	10/13/22	236775
11.00000.12611.622.102.1135.0000.00	MON POWER	1,258.86	10/13/22	236775
11.00000.12611.622.102.1136.0000.00	MON POWER	33.53	10/13/22	236775
11.00000.12611.622.102.1139.0000.00	MON POWER	142.47	10/13/22	236775
11.00000.12611.622.205.0000.0000.00	MON POWER	5,189.53	10/13/22	236775
11.00000.12611.622.205.1116.0000.00	MON POWER	168.60	10/13/22	236775
11.00000.12611.622.205.1116.0000.00	MON POWER	293.54	10/13/22	236775
11.00000.12611.622.206.0000.0000.00	MON POWER	2,526.93	10/13/22	236775
11.00000.12611.622.206.1117.0000.00	MON POWER	1,156.44	10/13/22	236775
11.00000.12611.622.207.0000.0000.00	MON POWER	1,594.77	10/13/22	236775
11.00000.12611.622.209.0000.0000.00	MON POWER	20.18	10/13/22	236775
11.00000.12611.622.209.0000.0000.00	MON POWER	3,774.03	10/13/22	236775
11.00000.12611.622.211.0000.0000.00	MON POWER	28.14	10/13/22	236775
11.00000.12611.622.211.0000.0000.00	MON POWER	3,319.03	10/13/22	236775
11.00000.12611.622.211.1140.0000.00	MON POWER	6.11	10/13/22	236775
11.00000.12611.622.212.0000.0000.00	MON POWER	2,693.79	10/13/22	236775
11.00000.12611.622.214.0000.0000.00	MON POWER	4,546.82	10/13/22	236775
11.00000.12611.622.215.0000.0000.00	MON POWER	149.51	10/13/22	236775
11.00000.12611.622.215.0000.0000.00	MON POWER	1,735.01	10/13/22	236775
11.00000.12611.622.216.0000.0000.00	MON POWER	5.00	10/13/22	236775
11.00000.12611.622.216.0000.0000.00	MON POWER	4,702.34	10/13/22	236775
11.00000.12611.622.301.0000.0000.00	MON POWER	25.69	10/13/22	236775
11.00000.12611.622.302.0000.0000.00	MON POWER	2,185.76	10/13/22	236775
11.00000.12611.622.303.0000.0000.00	MON POWER	4,698.07	10/13/22	236775
11.00000.12611.622.304.0000.0000.00	MON POWER	2,885.26	10/13/22	236775
11.00000.12611.622.304.1141.0000.00	MON POWER	5.98	10/13/22	236775
11.00000.12611.622.304.1143.0000.00	MON POWER	171.42	10/13/22	236775
11.00000.12611.622.306.0000.0000.00	MON POWER	177.65	10/13/22	236775
11.00000.12611.622.402.0000.0000.00	MON POWER	967.44	10/13/22	236775
11.00000.12611.622.501.0000.0000.00	MON POWER	207.51	10/13/22	236775
11.00000.12611.622.501.0000.0000.00	MON POWER	256.44	10/13/22	236775
11.00000.12611.622.501.0000.0000.00	MON POWER	279.49	10/13/22	236775
11.00000.12611.622.501.0000.0000.00	MON POWER	299.65	10/13/22	236775
11.00000.12611.622.502.0000.0000.00	MON POWER	5.31	10/13/22	236775

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MARION COUNTY VENDORS PAID

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DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12621.431.501.0000.0000.00	O.C. CLUSS LUMBER COMPANY	62.80	10/24/22	237057
11.00000.12621.431.502.0000.0000.00	O.C. CLUSS LUMBER COMPANY	15.68	10/24/22	237057
11.00000.12621.431.502.0000.0000.00	O.C. CLUSS LUMBER COMPANY	43.21	10/24/22	237057
11.00000.14711.721.205.0000.0000.00	OMNI ASSOCIATES-ARCHITECTS IN	66,021.40	10/25/22	237093
61.41210.11111.611.001.0000.0000.00	ORIENTAL TRADING COMPANY, INC.	121.95	10/17/22	236889
61.41210.11111.611.001.0000.0000.00	ORIENTAL TRADING COMPANY, INC.	421.92	10/17/22	236889
61.41210.11111.611.001.0000.0000.00	ORIENTAL TRADING COMPANY, INC.	2,196.67	10/17/22	236889
61.02260.21210.611.209.0000.0000.00	ORIENTAL TRADING COMPANY, INC.	64.74	10/19/22	236994
61.41210.11111.611.001.0000.0000.00	ORIENTAL TRADING COMPANY, INC.	56.97	10/25/22	237094
11.00000.12621.431.209.0000.0000.00	ORKIN, LLC	2,238.00	10/25/22	237095
11.00000.12791.582.003.0000.0000.00	PA TURNPIKE TOLL BY PLATE	9.20	10/18/22	236944
11.00000.12791.582.003.0000.0000.00	PA TURNPIKE TOLL BY PLATE	9.20	10/18/22	236944
11.00000.12621.431.002.0000.0000.00	PARCO PROPANE	57.46	10/24/22	237058
11.00000.12611.621.001.0000.0000.00	PEOPLES-WV	158.11	10/17/22	236897
11.00000.12611.621.212.0000.0000.00	PEOPLES-WV	133.95	10/17/22	236897
11.00000.12611.621.214.0000.0000.00	PEOPLES-WV	211.40	10/17/22	236897
11.00000.12611.621.215.0000.0000.00	PEOPLES-WV	101.39	10/17/22	236897
11.00000.12611.621.501.0000.0000.00	PEOPLES-WV	248.37	10/17/22	236897
11.00000.12611.621.502.1128.0000.00	PEOPLES-WV	158.11	10/17/22	236897
11.00000.12621.612.002.0000.0000.00	PHILLIPS SUPPLY COMPANY, INC.	140.28	10/27/22	237141
71.43280.21221.652.001.0000.0000.00	PHONAK LLC	1,741.67	10/18/22	236915
61.88310.13121.831.006.0000.0000.00	PITNEY BOWES GLOBAL	1,008.66	10/17/22	236853
11.00000.12791.667.003.0000.0000.00	POINT SPRING & DRIVESHAFT CO	452.84	10/18/22	236955
11.00000.12791.667.003.0000.0000.00	POINT SPRING & DRIVESHAFT CO	1,006.00	10/18/22	236955
11.00000.12791.667.003.0000.0000.00	POINT SPRING & DRIVESHAFT CO	1,301.80	10/18/22	236955
11.00000.12791.667.003.0000.0000.00	POINT SPRING & DRIVESHAFT CO	3,705.18	10/26/22	237116
11.00000.11111.651.001.0000.0000.00	PROLOGIC ITS, LLC	2,241.98	10/20/22	237014
11.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	200.00	10/17/22	236866
61.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	250.00	10/17/22	236866
11.00000.11111.611.001.0000.0000.00	QUILL, LLC	300.25	10/13/22	1339
11.00000.12611.421.216.0000.0000.00	RACHEL GARBAGE DISPOSAL	650.00	10/20/22	237015
11.00000.12611.421.503.0000.0000.00	RACHEL GARBAGE DISPOSAL	1,225.00	10/20/22	237015
11.00000.12611.421.701.0000.0000.00	RACHEL GARBAGE DISPOSAL	525.00	10/20/22	237015
61.43310.21210.581.205.0000.0000.00 NE	RACHEL KELLAR	3.00	10/14/22	236825
61.43310.21210.581.205.0000.0000.00 NE	RACHEL KELLAR	9.00	10/14/22	236825
61.41210.12170.611.001.0000.0000.00	RAYMOND GEDDES & COMPANY, IN	5,250.00	10/25/22	237073
61.41240.12213.331.214.0000.0000.00	READING HORIZONS	7,000.00	10/13/22	1340
61.41240.12213.321.214.0000.0000.00	READING HORIZONS	7,000.00	10/26/22	237117
61.43110.22213.331.001.0000.0000.00	REAL OT SOLUTIONS, INC.	530.00	10/18/22	236916
61.02260.21210.611.001.0000.0000.00	REALLY GOOD STUFF, LLC	377.12	10/18/22	236910
61.02260.21210.611.216.0000.0000.00	REALLY GOOD STUFF, LLC	652.67	10/18/22	236910
61.02260.21210.611.502.0000.0000.00	REALLY GOOD STUFF, LLC	68.77	10/18/22	236910
71.43280.21210.611.001.0000.0000.00	REALLY GOOD STUFF, LLC	156.98	10/18/22	236965
71.43280.21210.611.216.0000.0000.00	REALLY GOOD STUFF, LLC	149.72	10/18/22	236965
11.00000.00476.004.000.0000.0000.00	RELIASTAR LIFE INSURANCE CO.	48.00	10/17/22	236864
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	3.47	10/13/22	1329
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	142.92	10/13/22	1329
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	519.60	10/13/22	1329
11.00000.12611.421.002.0000.0000.00	REPUBLIC SERVICES #972	1,206.38	10/13/22	1329
11.00000.12611.421.011.0000.0000.00	REPUBLIC SERVICES #972	974.25	10/13/22	1329
11.00000.12611.421.205.0000.0000.00	REPUBLIC SERVICES #972	519.60	10/13/22	1329
11.00000.12611.421.206.0000.0000.00	REPUBLIC SERVICES #972	86.60	10/13/22	1329
11.00000.12611.421.206.0000.0000.00	REPUBLIC SERVICES #972	567.90	10/13/22	1329

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
71.43280.21210.611.207.0000.0000.00	SCHOOL SPECIALTY, LLC	238.33	10/18/22	236960
71.43280.21210.611.306.0000.0000.00	SCHOOL SPECIALTY, LLC	360.76	10/18/22	236960
71.43280.21210.611.502.0000.0000.00	SCHOOL SPECIALTY, LLC	34.77	10/18/22	236960
71.43280.21210.652.502.0000.0000.00	SCHOOL SPECIALTY, LLC	223.20	10/18/22	236960
61.08210.12213.582.001.0000.0000.00	NE SCOTT REIDER	68.72	10/26/22	237124
11.00000.00479.004.000.0000.0000.00	SECURITY FIRST GROUP	1,044.50	10/17/22	236868
61.00000.00479.004.000.0000.0000.00	SECURITY FIRST GROUP	223.50	10/17/22	236868
11.00000.12621.431.002.0000.0000.00	SHARE CORPORATION	4,087.50	10/27/22	237142
11.00000.11111.581.207.0000.0000.00	SHAWNA MAGAHA	25.63	10/14/22	236831
61.43110.21241.341.001.0000.0000.00	SHERRY HARNEY	500.00	10/18/22	236918
61.43210.21241.341.001.0000.0000.00	SHERRY HARNEY	1,147.50	10/18/22	236969
61.43210.21241.341.001.0000.0000.00	SHERRY HARNEY	1,327.50	10/18/22	236918
11.00000.12621.431.002.0000.0000.00	SHERWIN-WILLIAMS CO.	13.08	10/13/22	1342
11.00000.12621.431.002.0000.0000.00	SHERWIN-WILLIAMS CO.	15.55	10/13/22	1342
11.00000.12621.431.002.0000.0000.00	SHERWIN-WILLIAMS CO.	46.88	10/13/22	1342
11.00000.12621.431.002.0000.0000.00	SHERWIN-WILLIAMS CO.	59.76	10/13/22	1342
11.00000.12621.431.002.0000.0000.00	SHERWIN-WILLIAMS CO.	434.26	10/13/22	1342
11.00000.12621.431.101.0000.0000.00	SHERWIN-WILLIAMS CO.	15.47	10/13/22	1342
11.00000.12621.431.102.0000.0000.00	SHERWIN-WILLIAMS CO.	69.76	10/13/22	1342
11.00000.12621.431.214.0000.0000.00	SHERWIN-WILLIAMS CO.	36.57	10/13/22	1342
11.00000.12621.431.214.0000.0000.00	SHERWIN-WILLIAMS CO.	70.12	10/13/22	1342
11.00000.12621.431.214.0000.0000.00	SHERWIN-WILLIAMS CO.	95.63	10/13/22	1342
11.00000.12621.431.303.0000.0000.00	SHERWIN-WILLIAMS CO.	41.83	10/13/22	1342
11.00000.12621.431.502.0000.0000.00	SHERWIN-WILLIAMS CO.	2.81-	10/13/22	1342
11.00000.12621.431.502.0000.0000.00	SHERWIN-WILLIAMS CO.	12.19	10/13/22	1342
11.00000.12621.431.502.0000.0000.00	SHERWIN-WILLIAMS CO.	12.19	10/13/22	1342
11.00000.12621.431.502.0000.0000.00	SHERWIN-WILLIAMS CO.	19.18	10/13/22	1342
11.00000.12621.431.503.0000.0000.00	SHERWIN-WILLIAMS CO.	12.10	10/13/22	1342
11.00000.12621.431.503.0000.0000.00	SHERWIN-WILLIAMS CO.	24.96	10/13/22	1342
11.00000.12621.431.503.0000.0000.00	SHERWIN-WILLIAMS CO.	37.82	10/13/22	1342
61.88310.13121.634.006.0000.0000.00	SHORT'S FAMILY FARM LLC	3,420.00	10/12/22	236751
11.00000.12611.421.205.1116.0000.00	SMALLWOOD SANITATION CO. INC.	955.74	10/21/22	237035
11.00000.12611.421.207.0000.0000.00	SMALLWOOD SANITATION CO. INC.	3,058.42	10/21/22	237035
11.00000.12791.667.003.0000.0000.00	SOSMETAL PRODUCTS, INC.	566.47	10/18/22	236957
11.00000.12621.431.002.0000.0000.00	SOSMETAL PRODUCTS, INC.	45.09	10/24/22	237060
11.00000.12621.431.002.0000.0000.00	SOSMETAL PRODUCTS, INC.	785.95	10/24/22	237060
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	2.79	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	7.34	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	7.45	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	8.85	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	17.67	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	17.95	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	19.79	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	23.43	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	27.28	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	28.71	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	29.91	10/20/22	237001
61.88310.13121.634.006.0000.0000.00	SOUTH FAIRMONT PRICE CUTTER	31.92	10/20/22	237001
11.00000.12585.591.001.0000.0000.00	SOUTHERN EDUCATIONAL SERVICE	11,900.56	10/18/22	236978
61.92000.12911.591.001.0000.0000.00	SOUTHERN EDUCATIONAL SERVICE	11,195.31	10/18/22	236978
11.00000.12651.431.002.0000.0000.00	SPECIALTY CHEMICAL COMPANY LL	1,185.70	10/12/22	236764
61.88310.13121.634.006.0000.0000.00	SPEEDWAY MARKET, LLC	55.39	10/12/22	236752
61.88310.13121.634.006.0000.0000.00	SPEEDWAY MARKET, LLC	55.96	10/12/22	236752

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	22.99	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	37.99	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	38.42	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	40.13	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	42.63	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.79	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	52.32	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	60.71	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	75.60	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	79.40	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.19	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.89	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.94	10/13/22	1343
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	100.72	10/13/22	1343
11.00000.11111.611.102.0000.0000.00 NEW	STAPLES BUSINESS ADVANTAGE	14.70	10/13/22	1343
11.00000.11111.611.102.0000.0000.00 NEW	STAPLES BUSINESS ADVANTAGE	38.42	10/13/22	1343
11.00000.11111.611.102.0000.0000.00 NEW	STAPLES BUSINESS ADVANTAGE	63.96	10/13/22	1343
11.00000.11111.611.102.0000.0000.00 NEW	STAPLES BUSINESS ADVANTAGE	77.30	10/13/22	1343
11.00000.11111.611.102.0000.0000.00 NEW	STAPLES BUSINESS ADVANTAGE	101.98	10/13/22	1343
11.00000.11111.611.102.0000.0000.00 NEW	STAPLES BUSINESS ADVANTAGE	395.78	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	6.69	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	10.29	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	22.81	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	39.67	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	39.76	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	43.31	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	44.92	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	47.26	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	48.53	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.58	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.64	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	55.73	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	75.35	10/13/22	1343
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	162.60	10/13/22	1343
11.00000.11111.611.205.0000.0000.00	STAPLES BUSINESS ADVANTAGE	612.87	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	7.59-	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	9.99	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	31.99	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	32.99	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	44.32	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	77.32	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	80.61	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	86.48	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	90.99	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	97.88	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	104.39	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	119.51	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	125.73	10/13/22	1343
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	129.23	10/13/22	1343
11.00000.11111.611.206.0000.0000.00	STAPLES BUSINESS ADVANTAGE	169.00	10/13/22	1343
11.00000.11111.611.206.0000.0000.00	STAPLES BUSINESS ADVANTAGE	3,412.90	10/13/22	1343
11.00000.11111.611.206.2670.0000.00	STAPLES BUSINESS ADVANTAGE	25.49	10/13/22	1343
11.00000.11111.611.206.2670.0000.00	STAPLES BUSINESS ADVANTAGE	38.60	10/13/22	1343

11/1/2022

MARION COUNTY VENDORS PAID

2:55:14 PM

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	28.93	10/13/22	1343
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	29.51	10/13/22	1343
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	31.17	10/13/22	1343
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	43.50	10/13/22	1343
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	58.61	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	16.80	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	29.98	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	32.02	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	37.98	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	82.98	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	88.94	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	96.19	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.47	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.58	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.90	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	100.22	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	100.83	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	101.34	10/13/22	1343
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	130.20	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	8.46	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	15.29	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	28.49	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	41.63	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	54.08	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	57.51	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	59.57	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	59.91	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	64.63	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	68.69	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.41	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.57	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.66	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.78	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.96	10/13/22	1343
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	70.03	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	4.14	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	7.99	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	8.03	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	10.09	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	10.49	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	23.36	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	29.23	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	41.79	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	44.83	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	45.60	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	48.17	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	48.72	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.47	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	52.90	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	58.81	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	60.04	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	65.91	10/13/22	1343
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	68.95	10/13/22	1343

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	59.99	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.17	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	73.54	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	75.99	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	107.98	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	137.02	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	168.86	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	173.20	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	238.58	10/13/22	1343
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	545.98	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	3.46	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	37.56	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	59.51	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	63.19	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	88.87	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	160.17	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	266.76	10/13/22	1343
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	428.72	10/13/22	1343
11.00000.11111.733.207.2660.0000.00	STAPLES BUSINESS ADVANTAGE	577.96	10/13/22	1343
11.00000.12321.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	104.37	10/13/22	1343
11.00000.12321.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	111.30-	10/13/22	1343
11.00000.12321.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	111.30	10/13/22	1343
11.00000.12321.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	2,782.50	10/13/22	1343
11.00000.12510.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	19.99	10/13/22	1343
11.00000.12510.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	179.80	10/13/22	1343
11.00000.12621.431.002.0000.0000.00	STAPLES BUSINESS ADVANTAGE	16.99	10/13/22	1343
11.00000.12621.431.002.0000.0000.00	STAPLES BUSINESS ADVANTAGE	27.20	10/13/22	1343
11.00000.12791.611.003.0000.0000.00	STAPLES BUSINESS ADVANTAGE	16.49	10/13/22	1343
11.00000.12791.611.003.0000.0000.00	STAPLES BUSINESS ADVANTAGE	58.60	10/13/22	1343
11.00000.12791.611.003.0000.0000.00	STAPLES BUSINESS ADVANTAGE	116.99	10/13/22	1343
11.00000.12791.611.003.0000.0000.00	STAPLES BUSINESS ADVANTAGE	163.00	10/13/22	1343
11.00000.12791.611.003.0000.0000.00	STAPLES BUSINESS ADVANTAGE	280.67	10/13/22	1343
61.02010.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	40.65	10/13/22	1343
61.02010.22150.611.211.0000.0000.00	STAPLES BUSINESS ADVANTAGE	43.96	10/13/22	1343
61.02110.21282.652.205.0000.0000.00	STAPLES BUSINESS ADVANTAGE	249.00	10/13/22	1343
61.41210.11111.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	14.40	10/13/22	1343
61.41210.11111.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	84.76	10/13/22	1343
61.41210.11111.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	7.98	10/13/22	1343
61.41210.11111.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	7.99	10/13/22	1343
61.41210.11111.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	271.23	10/13/22	1343
61.41210.11111.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	638.75	10/13/22	1343
61.41210.11111.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	101.10	10/13/22	1343
61.41210.12170.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	865.60	10/13/22	1343
61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	54.15	10/13/22	1343
61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	130.76	10/13/22	1343
61.41210.12213.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	169.95	10/13/22	1343
61.41210.12213.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	229.80	10/13/22	1343
61.41210.12213.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	274.53	10/13/22	1343
61.41210.12213.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	8.81	10/13/22	1343
61.41210.12213.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	262.11	10/13/22	1343
61.41270.11111.611.805.0000.0000.00	STAPLES BUSINESS ADVANTAGE	448.37	10/13/22	1343
11.00000.12621.431.002.0000.0000.00	STATE ELECTRIC SUPPLY CO. INC.	2,602.98	10/24/22	237063
11.00000.12621.431.002.0000.0000.00	STATE ELECTRIC SUPPLY CO. INC.	36.36	10/25/22	237099

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.812.304.0000.0000.00	TOWN OF MONONGAH	97.73	10/21/22	237041
11.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	106.70	10/17/22	236876
61.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	11.46	10/17/22	236876
71.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	3.58	10/17/22	236876
11.00000.12621.431.011.0000.0000.00	TRACTOR SUPPLY COMPANY	64.99	10/13/22	1347
11.00000.00479.004.000.0000.0000.00	UHC, C/O EDWARD L. HARMAN, JR.	269.90	10/17/22	236878
61.43210.21210.611.001.0000.0000.00	ULINE, INC.	1,529.25	10/18/22	236972
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	99.47	10/13/22	236783
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	99.47	10/13/22	236783
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	99.47	10/13/22	236783
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	99.47	10/13/22	236783
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	143.37	10/13/22	236783
11.00000.12621.431.402.0000.0000.00	UNIFIRST CORP	36.65	10/13/22	236783
11.00000.12621.431.402.0000.0000.00	UNIFIRST CORP	36.65	10/13/22	236783
11.00000.12621.431.402.0000.0000.00	UNIFIRST CORP	238.81	10/13/22	236783
11.00000.12621.431.501.0000.0000.00	UNIFIRST CORP	27.15	10/13/22	236783
11.00000.12621.431.501.0000.0000.00	UNIFIRST CORP	27.15	10/13/22	236783
11.00000.12621.431.501.0000.0000.00	UNIFIRST CORP	49.51	10/13/22	236783
11.00000.12621.431.501.0000.0000.00	UNIFIRST CORP	200.95	10/13/22	236783
11.00000.12621.431.501.0000.0000.00	UNIFIRST CORP	200.95	10/13/22	236783
11.00000.12621.431.502.0000.0000.00	UNIFIRST CORP	200.95	10/13/22	236783
11.00000.12621.431.502.0000.0000.00	UNIFIRST CORP	200.95	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	87.37	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	102.87	10/13/22	236783
11.00000.12621.431.503.0000.0000.00	UNIFIRST CORP	140.73	10/13/22	236783
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	99.47	10/24/22	237065
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	99.47	10/24/22	237065
11.00000.12621.431.306.0000.0000.00	UNIFIRST CORP	143.37	10/24/22	237065
11.00000.12621.431.402.0000.0000.00	UNIFIRST CORP	490.90	10/24/22	237065
11.00000.12621.431.502.0000.0000.00	UNIFIRST CORP	200.95	10/24/22	237065
11.00000.12621.431.502.0000.0000.00	UNIFIRST CORP	200.95	10/24/22	237065
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	19.98	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	147.07	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	214.13	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	225.36	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	226.21	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	240.85	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	269.07	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	320.46	10/12/22	236754
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61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	358.93	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	387.38	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	416.04	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	425.59	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	448.07	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	457.01	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	537.09	10/12/22	236754
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	587.06	10/12/22	236754

11/1/2022

MARION COUNTY VENDORS PAID

2:55:14 PM

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	539.77	10/20/22	237004
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	544.55	10/20/22	237004
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	582.75	10/20/22	237004
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	631.09	10/20/22	237004
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	778.58	10/20/22	237004
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.90	10/20/22	237004
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	13.65	10/20/22	237004
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	104.85	10/20/22	237004
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	166.39	10/20/22	237004
61.95302.12621.431.302.0000.0000.00	UNITED SOUND & ELECTRONICS	4,790.71	10/25/22	237074
11.00000.12611.341.002.0000.0000.00	UPC - WHITEHALL MEDICAL	45.00	10/25/22	237075
11.00000.12791.341.003.0000.0000.00	UPC - WHITEHALL MEDICAL	3,125.00	10/25/22	237075
61.42215.31346.611.701.0000.0000.00	UPFIT SUPPLY	3,389.59	10/13/22	1355
11.00000.12621.431.207.0000.0000.00	V & W ELECTRICAL SALES & SERV.	30.00	10/12/22	236765
11.00000.12621.431.207.0000.0000.00	V & W ELECTRICAL SALES & SERV.	123.50	10/12/22	236765
11.00000.12621.431.002.0000.0000.00	V & W ELECTRICAL SALES & SERV.	104.84	10/17/22	236902
11.00000.12621.431.002.0000.0000.00	V & W ELECTRICAL SALES & SERV.	4,218.75	10/17/22	236902
11.00000.12621.431.212.0000.0000.00	V & W ELECTRICAL SALES & SERV.	165.25	10/17/22	236902
11.00000.12621.431.503.0000.0000.00	V & W ELECTRICAL SALES & SERV.	295.66	10/24/22	237066
11.00000.14711.721.205.0000.0000.00	VERITAS CONTRACTING LLC	259,740.87	10/24/22	237043
11.00000.14711.721.205.0000.0000.00	VERITAS CONTRACTING LLC	375,332.57	10/24/22	237044
11.00000.11111.733.001.2660.0000.00	VERSA PRODUCTS INC.	494.00	10/17/22	236892
11.00000.11111.733.003.2660.0000.00	VERSA PRODUCTS INC.	494.00	10/17/22	236892
71.43280.21210.611.001.0000.0000.00	VERSA PRODUCTS INC.	520.91	10/18/22	236973
11.00000.11111.733.214.2660.0000.00	VIRCO, INC	6,024.06	10/13/22	1348
11.00000.11111.733.216.2660.0000.00	VIRCO, INC	8,032.50	10/13/22	1348
11.00000.11111.733.501.2660.0000.00	VIRCO, INC	5,150.88	10/13/22	1348
11.00000.12621.431.205.0000.0000.00	VIRO SYSTEMS, INC	27.00	10/18/22	236933
11.00000.12621.431.205.0000.0000.00	VIRO SYSTEMS, INC	250.00	10/25/22	237100
11.00000.00479.004.000.0000.0000.00	VOYA INSTITUTIONAL TRUST CO.	125.00	10/17/22	236872
11.00000.12611.421.211.0000.0000.00	WASTE MANAGEMENT OF WV, INC.	1,048.18	10/13/22	1327
11.00000.12611.421.304.0000.0000.00	WASTE MANAGEMENT OF WV, INC.	603.50	10/13/22	1327
61.88310.13121.733.216.0000.0000.00	WATER HEATER DISTRIBUTORS, LL	5,763.75	10/12/22	236755
11.00000.11111.733.501.2660.0000.00	WAYFAIR SUPPLY	499.99	10/13/22	1349
11.00000.11111.611.303.2320.0000.00	WEST MUSIC COMPANY, INC.	55.80	10/25/22	237101
11.00000.11111.611.303.2320.0000.00	WEST MUSIC COMPANY, INC.	285.22	10/25/22	237101
11.00000.12711.662.503.0000.0000.00	WEX BANK	69.02	10/25/22	237080
11.00000.31391.581.701.0000.0000.00	WEX BANK	120.45	10/25/22	237080
11.00000.31391.582.701.0000.0000.00	WEX BANK	75.99	10/25/22	237080
11.00000.12611.411.215.0000.0000.00	WHITE HALL PSD	372.30	10/21/22	237042
71.43280.21210.611.211.0000.0000.00	WHOLESALE CARPET OUTLET, INC.	469.00	10/18/22	236974
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,808.70	10/13/22	1350
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,816.22	10/13/22	1350
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.	3,102.96	10/13/22	1350
11.00000.12621.831.102.0000.0000.00	WILLIAMS SCOTSMAN, INC.	3,248.99	10/13/22	1350
11.00000.12621.831.102.0000.0000.00	WILLIAMS SCOTSMAN, INC.	12,507.59	10/13/22	1350
11.00000.12621.831.214.0000.0000.00	WILLIAMS SCOTSMAN, INC.	5,338.60	10/13/22	1350
11.00000.12621.831.215.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,518.29	10/13/22	1350
11.00000.12621.831.215.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,907.35	10/13/22	1350
11.00000.12621.831.504.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,193.26	10/13/22	1350
11.00000.12321.611.001.0000.0000.00	WINNER'S CHOICE, INC.	7.00	10/13/22	236772
61.88310.13121.634.006.0000.0000.00	WONDERLAND LEARNING AND CHIL	1,703.88	10/12/22	236756
71.43280.21210.611.001.0000.0000.00	WPS	1,194.49	10/18/22	236975

3014

LINE NO. ACCOUNT / DESCRIPTION DEBIT CREDIT
 MONTH - OCTOBER NUMBER - 00023 ENTRY DATE 10/12/22
 TO SUPPLEMENT BUDGET FOR CTF DISCOVER YOUR FUTURE

0001	61.05220.31391.611.303.0000.0000.00 NEW	4,700.00	
0002	GENERAL SUPPLIES		4,700.00
	61.05220.01211.009.000.0000.0000.00		
0003	REVENUE		4,700.00
0004	TO SUPPLEMENT BUDGET FOR MIDDLE SCHOOL		
0005	CTF DISCOVER YOUR FUTURE GRANT AWARD FOR MANNINGTON MIDDLE		

* J/R TOTALS 4,700.00 4,700.00

MONTH - OCTOBER NUMBER - 00024 ENTRY DATE 10/14/22
 TO REVERSE OUT BEGINNING BUDGET FOR FUND 71

0001	71.52110.04511.009.000.0000.0000.00	4,000.000.00	
0002	REVENUE		1,510,328.00
0003	PROFESSIONAL REG SALARY		349,500.00
0004	SERVICE REGULAR SALARY		135,288.00
0005	HEALTH/ACCIDENT INSURANCE		23,064.00
0006	OPER		137,500.00
0007	SOCIAL SECURITY		142,098.00
0008	SUPPLEMENTAL PLAN PREM.		4,398.00
0009	WORKERS COMPENSATION		100,000.00
0010	TUITION TO OTHERS		104,150.00
0011	SERVICE REGULAR SALARY		28,800.00
0012	HEALTH/ACCIDENT INSURANCE		1,728.00
0013	OPER		7,426.00
0014	SOCIAL SECURITY		7,813.00
0015	SUPPLEMENTAL PLAN PREM.		240.00
0016	WORKERS COMPENSATION		56,370.00
	SERVICE REGULAR SALARY		

Book Policy Manual
 Section Board approve 12-5-22
 Title Copy of USE OF MEDICATIONS
 Code po5330
 Status
 Adopted August 1, 2007

16-5010

5330 - USE OF MEDICATIONS

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a physician and any nonprescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any prescribed medication or treatment may be administered to any student during school hours, the Board shall require a written statement from a licensed prescriber accompanied by the written authorization of the parent (see Form 5330 F1 – Parent/Guardian Authorization for Prescribed Medication or Treatment). Before any nonprescribed medication or treatment may be administered, the Board shall require the prior written consent of the parent – (see Form 5330 F1a – Authorization for Non-Prescribed Medication or Treatment (Secondary Version) and Form 5330 F1b – Authorization for Non-Prescribed Medication or Treatment (Elementary Version)). These documents shall be kept in the office of the School Nurse, and made available to the persons designated by this policy as authorized to administer medication or treatment.

The forms shall indicate student name, date, allergies, medication name, dosage, time and route, intended effect of medication, other medication(s) taken by student, licensed prescriber, and parent/guardian signature.

Designated school personnel shall receive and review the emergency medication and medication authorization form and obtain authorization from the certified RN to administer medication. The student shall not attend school until the administration form and medication are received to prevent risking the safety and welfare of the student. The Student Assistance Team (SAT), Section 504, or IEP team shall consider the lack of emergency lifesaving medication(s) as child neglect.

Parents/guardians shall also replenish long-term and emergency prescribed medication as needed and retrieve unused or expired medicine from school personnel no later than thirty (30) days after the authorization to give the medication expires or on the last day of school.

No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Substance Abuse Prevention, Policy 5500 - Student Code of Conduct, and Policy 5600 - Student Discipline.

Medication administration steps must be followed exactly as outlined in West Virginia Board of Education policy 2422.7 and must comply with the Basic and Specialized Health Care Procedure Manual for WV Public Schools.

Parents/guardians shall provide completed and signed medication authorization form(s) provided by the District indicating the student's name; date; allergies; medication name; dosage, time, and route; intended effect of medication; other medication(s) taken by the student; licensed prescriber; and parent/guardian signature.

All medications prescribed by a physician shall be in the originally labeled container from the pharmacy stating the student's name; name of the medication; reason(s) for the medication (if to be given only for specific symptoms); dosage, time, route; reconstitution directions, if applicable; and the date the prescription and/or medication expires.

All OTC's falling under the school principal's supervision shall be in the original manufacturer's container with the student's name and dosage instructions affixed to the container. The school principal may designate school personnel as defined in this policy to be trained to administer OTCs. The designated school personnel should undergo OTC retraining every two (2) years. The WVDE provides online training for OTC administration.

The school administrator/principal shall determine a location in the building where the medications to store student medication, at the correct temperature in a secure, locked, clean cabinet or refrigerator as required. Medication administration by RNs, LPNs, and trained designated school personnel must take place in a clean and quiet environment where privacy is assured and with minimal interruptions. The initial dose of any medication should be administered at home, except for emergency medications, unless otherwise directed by the licensed prescriber and/or a court order.

The certified school RN is to be contacted immediately when a prescribed medication's appearance or dosage is questioned. The certified school RN shall take the appropriate steps to ensure the medication is safe to administer.

The certified school RN is to be contacted immediately when a student's health condition suggests that it may not be appropriate to administer the medication.

When a student's medical condition requires a change in the medication dosage or schedule, the parent/guardian shall provide a new written medication authorization form from a licensed prescriber, and container. The parent/guardian shall give medication changes to designated personnel within an appropriate time frame.

Schools may stock only medications as permitted by WV Code 18-5-22(c) (epinephrine) and 18-5-22(d) (opioid antagonist) if the board of education adopts a policy in accordance with West Virginia Board of Education policy 2422.7. Schools are required to follow the board of education policy and may voluntarily adopt WV Code 18-5-22(c) (stock epinephrine) as outlined in West Virginia Board of Education policy 2422.7 and WV Code 18-5-22(d) (stock opioid antagonist) as outlined in West Virginia Board of Education policy 2422.7.

Schools should develop a mechanism to ensure all students, especially those with specialized health care needs, participate in school-related field trips. This mechanism should include advance notification to the certified school RN and/or District school health services director to ensure out-of-state field trip destinations allow reciprocity and delegation of certain health care procedures by their state board of nursing laws and practice acts since the certified school RNs are licensed to practice nursing only in West Virginia. The Board may consider allowances and reimbursement to certified school RNs and LPNs to hold a compact nursing license, allowing nursing practice in multiple states to support classroom field trips. The school administrator/principal will coordinate development of procedures for the administration of medication during curricular or co-curricular events with classroom teachers, school nurses, parents/guardians, designated qualified personnel and administrator's designees. Designated qualified personnel who are providing medication administration for a one-time curricular or co-curricular event/field trip are exempt from the requirements of CPR and AED certification and first aid training.

The certified school RN and administrator/principal shall be contacted immediately in the event of a medication administration error. Medication administration errors include, but are not limited to, any deviation from the instructions provided by the licensed health care provider. The school nurse or administrator/principal shall do the following in the event of a medication administration error:

- A. Contact the physician, parent/guardian, and if necessary, emergency medical services.
- B. Notify the certified school RN or administrator recommendation and/or licensed prescriber order in response to a medication incident administration error incident.
- C. Document all circumstances, orders received, actions taken, and student's status.
- D. Submit a written report to the administrator and District Superintendent at the time of the medication error. The report should include the student's and the parent/guardian name and phone number, a specific statement of the medication error, the person notified, and the remedial actions.

Schools shall maintain epinephrine auto-injectors in a secure, unlocked location which is accessible to only certified school RNs, health care providers, and authorized nonmedication personnel and not by students. Special considerations may include transportation of medications on the school bus (storage of medication, safety, return of medication to school-especially with epinephrine and stock emergency medications, etc.).

Students may self-administer prescribed medication in an emergency or acute situation, such as but not limited to: epinephrine, insulin, asthma inhaler or ibuprofen when the prescription indicates that said student may maintain possession of the medication.

Self-administration of medication is permitted in under WV Code 18-5-22a, 18-5-22b, and 18-2K-1 et seq. when all of the following conditions are met:

- 18-0010
- A. A written medication authorization form is received from the parent/guardian and licensed prescriber permitting self-administration of medication.
 - B.
 - C. The student has demonstrated the ability and understanding to self-administer medication by passing an assessment by the certified school RN evaluating the student's technique of self-administration and level of understanding of the appropriate use of the medication.
 - D. The parent/guardian has acknowledged in writing that they have read and understood a notice provided by the Board stating that the school, the Board, and its employees and agents are exempt from any liability, except for willful and wanton conduct, resulting in injury arising from the self-administration of medication.
 - E. The permission to self-administer medication shall be sufficient during the school year for which it is granted. All documents related to the self-administration of medication shall become part of the student's health record; and .
 - F. The permission to self-administer medication may be revoked if the certified school RN finds that the student's technique and understanding of the use of medications is not appropriate or is willfully disregarded.

Only employees of the Board who are licensed health professionals or who have completed a drug administration training program conducted by a certified school RN and are designated by the Board may administer prescription drugs to students in school. School personnel shall be retrained every two (2) years.

Non-prescribed OTC medications shall be administered under the direction of the building level administrator/principal only after meeting the following requirements (registered nurses and licensed practical nurses cannot administer non-prescribed OTC medications without an order from a licensed prescriber):

- A. Medication authorization form is provided from the parent/guardian.
- B. The school administrator/principal has the authority to determine if the administration of the non-prescribed OTC medication may be safely delegated to the administrator's designee.
- C. The school administrator/principal has the authority to contact the parent/guardian or a licensed health care provider to clarify any questions about the medication being administered.

A special education employee hired on or after July 1, 1989, may be required to administer medications after receiving required training. Other school employees may elect to administer medications after receiving the required training.

The following staff members are designated as being authorized to administer medication and treatment to students:

- A. principal
- B. teacher
- C. school nurse
- D. building secretary
- E. aide

Students who may require administration of an emergency medication may have such medication, identified as aforementioned, stored in the nurses or on the students person, office and administered in accord with this policy.

All dental disease prevention programs, sponsored by the West Virginia Department of Health and administered by school employees, parents, volunteers, employees of local health counties, or employees of the West Virginia Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the West Virginia Department of Health are exempt from all requirements of this policy.

Emergency Medication

The West Virginia RN board and WV Code allows for the delegation of specific prescribed emergency medication. There are emergency medications that can only be administered by licensed nurses such as but not limited to, intranasal midazolam and intravenous clotting factor. The following emergency medications have been approved for school RNs to determine the ability to delegate, train and continuously supervise school personnel to

administer when a diagnosis and order are in place and the school RN or LPN is not available to provide such care:

16-501

- A. glucagon;
- B. epinephrine (see Policy 3165 and Policy 4165 – Use of Epinephrine Auto-Injectors by Personnel);
- C. albuterol or other emergency asthma medication;
- D. opioid antagonist;
- E. certain seizure medication can only be delegated to unlicensed school personnel if ordered by the student's physician and the certified school RN provides the final determination to allow delegation.
- F.
- G.

Schools shall stock opioid antagonists.

Schools may only stock medications as permitted by WV Code 18-5-22c (epinephrine) and WV Code 16-46-1 through 16-46-6 (opioid antagonists) and if the Board of Education adopts a policy in accordance with West Virginia State Board of Education policy 2422.7. Schools are required to follow the School Board policy. The Board will follow the procedures and protocols for school health and school nursing as set forth in Chapter 18 of the West Virginia Code as outlined in West Virginia State Board of Education policy 2422.7.

Parents/guardians must provide all medication for students with previous medical diagnoses along with a medication authorization form.

To meet qualifications for administering medications whether prescribed or non-prescribed OTC medication the school administrator/principal shall provide scheduled time for designated school personnel to become CPR with AED certified as well as trained in first aid according to West Virginia State Board of Education policy 2422.7.

Confidentiality Documentation and Reporting

Student information related to diagnosis, medications ordered and medications given must be maintained according to The Family Educational Rights and Privacy Act (FERPA) and in such a manner that no one could view these records without proper authorization as specified in West Virginia State Board of Education policy 4350, Procedures for the Collection, Maintenance and Disclosure of Student Data.

An individual record will be maintained for each student needing a specialized health care procedure. It will include date and time procedure was performed, any notes on events and/or interactions and signature of person performing/supervising procedure.

Certified school RNs and LPNs must use standardized nursing terminology when recording nursing notes to establish documentation of care standards.

Student health records are educational records under FERPA guidelines. While medical information is considered highly confidential and must be decided among county and school teams inclusive of the school RN on specific storage to ensure confidentiality and access as allowable by FERPA including legitimate educational reasons inclusive of SAT, Section 504, IEP, students' classroom teacher, bus driver, etc. The student health educational record must be maintained two (2) years from completion of education. Records to verify implementation of Federally funded programs and services such as, but not limited to, IDEA, Section 504, etc. and to demonstrate compliance with program requirements must be maintained for five (5) years after the activity is completed. The final educational record must include the student health record to be in compliance with FERPA guidelines.

If a student violates the policy regarding medication administration, action will be based upon West Virginia Board of Education policy 4373, Expected Behavior in Safe and Supportive Schools and local Policy 5600 – Student Discipline.

Failure of school personnel to comply with this policy and West Virginia Board of Education policy 2422.7 may result in disciplinary action or identified as a deficiency in accordance with West Virginia State Board of Education policy 5310, Performance Evaluation of School Personnel.

The Superintendent shall prepare administrative guidelines to ensure the proper implementation of this policy.

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The administration of medication, regardless of its kind or the purpose for its use, is the primary responsibility of the parent, guardian, or student. Whenever possible, all medication should be administered prior to beginning and/or following completion of the school day. We realize however, there are circumstances which sometimes make it necessary for children to receive medication while at school.

School employees may administer medication; whenever possible the students should take their medication in the presence of school employees who witness the procedure. School employees in the field of special education, whose employment commenced on or after the first day of July, 1989, may be required to administer medications after receiving training by the school nurse. All other school employees must consent to administer medication. Each school principal in conjunction with the Marion County School Nurses, shall be responsible for arranging appropriate training for school employees who consent to administer medication to students. The school nurse has final approval for those designated to administer medication.

An Administration of Medication Form 5330F1, completed by the parent or guardian and the physician, must be submitted to the school before a school employee may administer or supervise the administration of a prescription medication at school. This form designates the student's allergies, diagnosis, kind of medication, the amount to be given, and the schedule to be followed. A mailed or faxed statement, signed by the physician, is also acceptable in lieu of their signature on the Administration of Medication Form. A separate form must be used for each medication. A new form is required on a yearly basis. The school nurse is responsible for reviewing the medication form periodically to verify its accuracy.

In certain instances, it may be in the student's best interest to carry medication on their person (e.g. severe asthmatic with inhaler, bee sting allergy with an Epi-pen, etc.) The student will be allowed to carry and administer the medication with a physician's order, stating the student may carry the medication with him/her and a parent/guardian consent for same.

All prescription or non-prescription medication must be sent to school in the original container from the pharmacy. The prescription label must state the child's name, the date the prescription was filled, medication name and dosage, directions for giving the medication, and the physician's name. Non-prescription medications should be labeled with the child's name and required dosage.

All medication given to the student by school employees shall be recorded on a school medication log, which shall be placed in the student's file at the end of the school year. This log must show the student's name, medication, date and time of administration, and the signature and initials of the school employee administering medication.

All medication shall be kept in appropriate locked areas and/or containers with access limited to appropriate employees. Medication that must be refrigerated shall be placed in a closed plastic container marked Medicine and placed in the refrigerator separate from food items.

The parent or guardian and/or physician shall be notified immediately if a student reacts in an undesirable or unexpected manner to the administration of medication at school. All school employees shall REFUSE to give any medication in unmarked containers or wrapped in paper. Under no condition shall a school employee administer medication without written permission from a parent or guardian.

A school cannot assume responsibility for students who "self-medicate". These students need their parents' permission to carry medication to school, as they could be charged with possession of an illegal substance. Letters, from the parent or guardian, giving the student permission to self-medicate, should be on file in the principal's office. In certain instances, a physician's order may also be required at the discretion or judgement of the school nurse.

When parents feel the student can be responsible for taking their own medication on any grade level without the help of school employees, it is requested that only enough medication for one (1) day at a time be sent with the student. The medication must be sent in the original, labeled container.

Parents of students with unique health problems (e.g. diabetes, epilepsy) requiring long term medication or other health care procedure, need to develop individual health care plans or Section 504 plans in cooperation with the principal, teacher, school nurse, and/or possible the physician. The health care plans will be written by the school nurse and will be kept with the student's primary teacher(s) and/or the student's file. These plans will be updated, at least annually, or as a need arises.

The following staff members are designated as being authorized to administer medication and treatment to students:

- A. principal
- B. teacher
- C. school nurse
- D. building secretary
- E. aide
- F. private health provider as approved by the Superintendent

Students who may require administration of an emergency medication may have such medication, identified as aforesaid, stored in the secured designated area and administered in accord with this policy.

All dental disease prevention programs, sponsored by the West Virginia Department of Health and administered by school employees, parents, volunteers, employees of local health counties, or employees of the West Virginia Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the West Virginia Department of Health are exempt from all requirements of this policy.

The Superintendent shall prepare administrative guidelines to ensure the proper implementation of this policy.

16-5019

Legal

20 U.S.C 1232g; 34CFR Part 99

wV Code 16-46-1 through 16-46-6, WV 18-5-22a, WV State Board Policy 2422.7

Book	Policy Manual	
Section	Board approve 12-5-22	16-502
Title	NEW - Vol. 14, No. 1 - February 2022 - ADMINISTRATION OF OPIOID ANTAGONISTS	
Code	po5331	
Status		

5331 - ADMINISTRATION OF OPIOID ANTAGONISTS

The schools located within this District may possess and maintain at the school a supply of opioid antagonists for use in emergency medical care or treatment for an adverse opioid event. Opioid antagonists maintained in the schools shall be in a secure location which is only accessible by the individuals authorized to administer the opioid antagonist.

A certified school ~~nurse, RN~~, other licensed ~~nurses, RNs and LPNs~~ working in the school ~~(RN and LPN), and nonmedical school personnel as defined in WV Code 18-5-22~~ who have been trained ~~and deemed competent by the certified school nurse, RN~~ in the administration of an opioid antagonist ~~and who have been designated and authorized by the certified school nurse, RN~~ are authorized individuals that may administer the opioid antagonist to prevent deaths in circumstances involving individuals who have overdosed on opiates. An opioid antagonist may be administered to a student, school ~~personnel employee~~, or to ~~a~~ any person on school property during regular school hours, at a school function, at an event on school property when the authorized and designated nonmedical school personnel reasonably ~~e~~ believes, based upon their training, that the individual is experiencing an adverse opioid event.

All licensed prescribers who prescribe an opioid antagonist to a school or District shall provide educational materials to the certified school ~~nurse, RN~~, ~~or other~~ licensed nurses, ~~and school personnel employee~~ working in the ~~school on~~ opiate-related overdose prevention and treatment programs, as well as materials on administering the prescribed opioid antagonist.

If an opioid antagonist has been administered to a student, immediately following the administration, the school shall provide notice to the parent /guardian of the student who received the opioid antagonist.

The District must follow the protocols/standards set forth by West Virginia Department of Health and Human Resources.

Any certified school ~~nurse, RN~~, ~~or other~~ licensed nurses, ~~and designated and trained school personnel~~ who administers an opioid antagonist as provided in this policy and in WV Code 18-5-22d is immune from liability for any civil action arising out of an act or omission resulting from the administration of the opioid antagonist unless the act or omission was the result of the school nurse or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.

Prior notice to the parents of a student of the administration of the opioid antagonist is not required.

A certified school ~~nurse, RN~~, ~~or other~~ licensed nurses, ~~and designated trained nonmedical school personnel~~ working in the school who administers an opioid antagonist to a person whom s/he believes to be suffering from an opioid-related overdose shall require the person who has received the administration of the opioid antagonist to seek additional medical treatment at a medical facility to avoid further complications as a result of suspected opioid-related overdose.

A comprehensive notice to the parents of a student who was administered a school maintained opioid antagonist is required and shall include who administered the opioid antagonist, the rationale for administering the antagonist, the approximate time of the administration of the opioid antagonist and any other necessary elements to make the student's parent/guardian fully aware of the circumstances surrounding the administration of the antagonist.

All schools are required to report each reaction resulting in the administration of opioid antagonists injections in the District. **Public schools also must report other medication errors.** The incident will be reported to the West Virginia Poison Center by calling 800-222-1222 after emergency medical services have transported the student, staff member, or other person to acute care. The notification should include:

- A. the name of the student/staff member;
- B. the student's/staff member's age and gender;
- C. date and the approximate time the incident occurred;
- D. symptoms observed;
- E. who administered the ~~medication~~ **injection**;

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- F. the name of the school the student attends;
- G. a contact telephone number;
- H. the rationale for administering the **injection medication**;
- I. the response to the opioid antagonists administration;
- J. the dose of opioid antagonists administered; and
- K. any other necessary elements to provide a complete report for the individual situation.

West Virginia ~~State~~ Board of Education policy 2422.7
WV Code 16-46-1 through 6, 18-5-22d

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Legal West Virginia Board of Education policy 2422.7
 WV Code 16-46-1 through 6, 18-5-22d