Gilchrist County School District

GILCHRIST COUNTY SCHOOL BOARD
AGENDA
JULY 29, 2014
6:00 P.M. – BOARD ROOM 14-002

IT IS UNLAWFUL TO KNOWINGLY DISRUPT OR INTERFERE WITH A SCHOOL BOARD MEETING AND ANY SUCH ACTION MAY RESULT IN A MISDEMEANOR OFFENSE OF THE SECOND DEGREE. THIS INCLUDES INDIVIDUALS WHO ADVISE, COUNSEL, OR INSTRUCT STUDENTS OR SCHOOL BOARD EMPLOYEES ON TECHNIQUES FOR DISRUPTING A SCHOOL BOARD MEETING.

OPENING CEREMONIES
Invocation
Call to Order

1. Approval of Agenda

2. Approval of Minutes
   A. July 21, 2014

3. Citizen Input/Delegations

4. Public Hearing – Approve Tentative Budget/Millage – 6:15 PM
   Motions Resolution, Millage Rates Resolution, Budget

5. District Matters
   A. Energy Savings Program
      1. Johnson Controls
   B. Employee Health Insurance
      BlueMedicare Group Master Agreement Exhibit A
   C. School Operating Hours
   D. Meal Prices, Ala Carte Items

Gilchrist County School District

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6. Transfer Applications
   - A. Pre-K Students – **Actual Student Placement in Pre-K Program Contingent upon Space Availability as Determined by Program Criteria**
     1. Student from Columbia County to Bell Elementary School
     2. Student from Levy County to Trenton Elementary School
     3. Student from Levy County to Trenton Elementary School
     4. Student from Levy County to Trenton Elementary School
     5. Student from Levy County to Trenton Elementary School
     6. Student from Levy County to Trenton Elementary School
   - B. Elementary Students
     1. Kindergarten Student from Dixie County to Trenton Elementary School
     2. Kindergarten Student from Dixie County to Trenton Elementary School
     3. Kindergarten Student from Dixie County to Trenton Elementary School
     4. Kindergarten Student from Levy County to Trenton Elementary School
     5. Kindergarten Student from Levy County to Trenton Elementary School
     6. Kindergarten Student from Levy County to Trenton Elementary School
     7. Kindergarten Student from Levy County to Trenton Elementary School
     8. Kindergarten Student from Levy County to Trenton Elementary School
     9. Kindergarten Student from Levy County to Trenton Elementary School
     10. Kindergarten Student from Levy County to Trenton Elementary School
     11. Kindergarten Student from Levy County to Trenton Elementary School
     12. Kindergarten Student from Levy County to Trenton Elementary School
     13. Grade 1 Student from Dixie County to Bell Elementary School
     14. Grade 2 Student from Levy County to Trenton Elementary School
     15. Grade 2 Student from Levy County to Trenton Elementary School
     16. Grade 5 Student from Dixie County to Trenton Elementary School
     17. Grade 5 Student from Levy County to Trenton Elementary School
   - C. Secondary Students
     1. Grade 9 Student from Levy County to Trenton High School
     2. Grade 6 Student from Dixie County to Trenton Middle/High School
     3. Grade 6 Student from Levy County to Trenton Middle/High School
     4. Grade 7 Student from Levy County to Trenton Middle/High School
     5. Grade 7 Student from Dixie County to Bell Middle/High School

Gilchrist County School District

GILCHRIST COUNTY SCHOOL BOARD
CONSENT AGENDA
JULY 29, 2014
6:00 P.M. – BOARD ROOM 14-002

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7. Removal of Items from Consent Agenda

8. Consent Agenda **(SUPERINTENDENT RECOMMENDS APPROVAL)**

A. Agreement/Amendment/Contract/Grant/Project/Change Order
   1. Progress Testing Limited Licensing Agreement
   2. Transportation Agreement
      a. Donna Eveland (replaces agreement approved June 24, 2014)
   3. Child Care Agreement
      a. Kathryn Powers
      b. Amber Smith
   4. Bell High School 2014-2015 Prom
      a. Florida Museum of Natural History Venue Rental Quote
      b. Florida Museum of Natural History Rental Information
   5. Davis Insurance – Student Catastrophic Coverage
   6. License Agreement – FL DOE, State Test Item Bank
   7. My Payment Network
      a. Proposal and Price Quote
      b. Merchant Services Agreement for Sub-Merchants

B. Personnel
   1. Employee Status Change
      a. Nancy Darlene Thomas, BES Food Service Worker from 3.0 Hour Position to 4.0 Hour Position, Effective August 13, 2014
      b. Tina Thomas, BES Food Service Worker from 3.5 Hour Position to 4.0 Hour Position, Effective August 13, 2014
      c. Louis Arambula, BHS Food Service Worker from 5.0 Hour Position to 7.0 Hour Position, Effective August 13, 2014
      d. Sarah Rendek, BHS/THS Teacher Support Colleague to THS Teacher Support Colleague/HS Reading Coach, Effective August 11, 2014
      e. Jennifer Verhaeren from BHS/THS HS Reading Coach to BHS Reading Coach/Teacher Support Colleague, Effective August 11, 2014

Gilchrist County School District

GILCHRIST COUNTY SCHOOL BOARD
CONSENT AGENDA
JULY 29, 2014
6:00 P.M. – BOARD ROOM 14-002

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8. Consent Agenda **(SUPERINTENDENT RECOMMENDS APPROVAL)**

B. Personnel – Continued

2. Substitutes (Instructional/Non-Instructional)/Volunteer – Effective July 30, 2014 Unless Otherwise Indicated – **(CONTINGENT UPON VERIFICATION OF QUALIFICATIONS AND BACKGROUND REVIEW)**
   a. Marge Montgomery
3. Summer
   a. Trenton High School
   b. District Office
4. Supplement Awards

Gilchrist County School District

GILCHRIST COUNTY SCHOOL BOARD
AGENDA
JULY 29, 2014
6:00 P.M. – BOARD ROOM 14-002

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9. Reports
   - A. Board Members
     1. Deen Lancaster, District 5
     2. Julie Thomas, District 4
     3. Michelle Walker-Crawford, District 3
     4. Robert Clemons, District 2
     5. Cloud Haley, District 1
   - B. Superintendent
     1. Trips
     2. Welcome Back
   - C. Board Attorney
   - D. Assistant Superintendent
   - E. Instructional Directors
     1. Elementary Education
     2. Secondary Education
     3. Special Programs
   - F. Support Directors
     1. Finance
     2. Human Resources
     3. Operations
     4. Food Service
     5. Technology
   - G. Elementary Schools
     1. Bell
     2. Trenton
   - H. High Schools
     1. Bell
     2. Trenton

Trenton, Florida
July 21, 2014

The Gilchrist County School Board met in Board Room 14-002 on Monday, July 21, 2014 at 10:00 A.M. with the following members present:

Robert B. Clemons, Vice Chair
Cloud E. Haley
Michelle Walker-Crawford

Also present was Lindsey Lander, Gilchrist County School Board Attorney.

In the absence of Julie Thomas, Chair the meeting was conducted by Robert Clemons, Vice Chair.

Upon completion of opening ceremonies, the following business was transacted:

AGENDA

Cloud Haley moved to approve the agenda and Michelle Walker-Crawford seconded. Vote was unanimous for approval.

MINUTES

Motion was made by Michelle Walker-Crawford and seconded by Cloud Haley to accept the minutes of the meeting held on July 15, 2014. Vote was unanimous for approval.

CITIZEN INPUT/DELEGATIONS

There were no delegations present wishing to address the Board.

TENTATIVE BUDGET/MILLAGES

David Dose, Director of Finance presented the tentative budget and millages. Mr. Dose requested authorization to advertise the budget. Cloud Haley moved to approve advertising the tentative budget/millages. The motion was seconded by Michelle Walker-Crawford. Approval was unanimous.

REMOVAL OF ITEMS FROM CONSENT AGENDA

No items were removed from the Consent Agenda.

CONSENT AGENDA

Cloud Haley moved to approve the Consent Agenda that consisted of the following:

6. Consent Agenda - **ALL ITEMS APPROVED EXCEPT AS INDICATED**

A. Personnel

1. Appointments – **(CONTINGENT UPON VERIFICATION OF QUALIFICATIONS AND BACKGROUND REVIEW),** Effective August 11, 2014
   a. Teacher (MG ESE with Math), Trenton High School – Ginger Fuller
   b. Teacher (HS Math), Trenton High School – Jacqueline Snider
   c. Teacher (MG Math), Trenton High School – Cassandra Wheaton
   d. Teacher (MG English/Language Arts), Trenton Middle/High School – Kimberly Lander
   e. Teacher (MG Math), Trenton Middle/High School – Caron Heffner
2. Rescind Appointment
   a. Amanda Carron, Teacher Aide – Effective June 05, 2014
3. Substitute (Instructional/Non-Instructional) – Effective July 21, 2014 – **(CONTINGENT UPON VERIFICATION OF QUALIFICATIONS AND BACKGROUND REVIEW)**
   a. Sheila Wilkerson
4. Employee Transfer/Status Change , Effective August 11, 2014
   a. Don Barselou, Trenton High School Teacher (Engrg & Tech) to Trenton High School/Bell High School Teacher (Engrg & Tech)
   b. Jane McGill, Trenton High School Teacher (MG Language Arts) to Trenton High School/Bell High School Teacher (HS Language Arts)

The motion was seconded by Michelle Walker-Crawford. Approval of the Board was unanimous.

REPORTS

Various reports were given.

ADJOURNMENT

There being no further business, the Board adjourned at 10:25 A.M.

_____
JULIE C. THOMAS
CHAIR OF THE BOARD

ATTEST:

_____
ROBERT G. RANKIN, SUPERINTENDENT OF
SCHOOLS AND SECRETARY TO THE BOARD

Public Hearing on the

Superintendent's Proposed Tentative Millages and Budget

Gilchrist County School Board

July 29, 2014 6:15 PM

1. Presentation of the Tentative Millages and Budget

2. **PUBLIC** discussion of the Tentative Millages and Budget

3. Motions:

    a. I move that the Board adopt the tentative millage rates for the fiscal year July 1, 2014 to June 30, 2015 as follows:

1.	Required Local Effort	5.058 Mills
2.	Basic Discretionary Operating	0.748 Mills
3.	Basic Discretionary Capital Outlay	1.500 Mills
	TOTAL PROPOSED MILLAGE	7.306 Mills

    b. I move that the Board adopt the Tentative Budget for the fiscal year July 1, 2014 to June 30, 2015 as presented by the Superintendent

    c. I move that the Board adopt the "Resolution Adopting the Tentative Millage Rates"

    d. I move that the Board adopt the "Resolution Adopting the Tentative Budget"

RESOLUTION
2015-02

A RESOLUTION OF THE GILCHRIST COUNTY SCHOOL BOARD ADOPTING THE TENTATIVE BUDGET FOR FISCAL YEAR 2014-2015.

WHEREAS, the School Board of Gilchrist County, Florida, did, pursuant to Chapters 200 and 1011, Florida Statutes, approve tentative millage rates and the tentative budget for the fiscal year July 1, 2014 to June 30, 2015; and

WHEREAS, the Gilchrist County School Board set forth the appropriations and revenue estimate for the Budget for fiscal year 2014-2015;

WHEREAS, at the public hearing and in full compliance with Chapter 200, Florida Statutes, the Gilchrist County School Board adopted the tentative millage rates and the budget in the amount of $25,605,755.07 for fiscal year 2014-2015

NOW THEREFORE, BE IT RESOLVED:

That the attached budget of the Gilchrist County School Board, including the millage rates as set forth therein, is hereby adopted by the School Board of Gilchrist County as a tentative budget for the categories indicated for the fiscal year July 1, 2014 to June 30, 2015.

_____
Chairman

_____
Date

RESOLUTION
2015-01

A RESOLUTION OF THE GILCHRIST COUNTY SCHOOL BOARD ADOPTING THE TENTATIVE MILLAGE RATES FOR FISCAL YEAR 2014-2015.

WHEREAS, the School Board of Gilchrist County, Florida, did, pursuant to Chapters 200 and 1011, Florida Statutes, approve tentative millage rates for the fiscal year July 1, 2014 to June 30, 2015; and

WHEREAS, at the public hearing and in full compliance with Chapter 200, Florida Statutes, the Gilchrist County School Board adopted the tentative millage rates for fiscal year 2014-2015 in the amounts of:

	Tentative Millage Levy	Proposed Amount To Be Raised
Required Local Effort	5.058	$ 3,178,343
Basic Discretionary	.748	$ 460,096
Capital Outlay	1.500	$ 942,569

The total millage rate to be levied is less than the roll-back rate by 4.52 percent.

NOW THEREFORE, BE IT RESOLVED:

That the Gilchrist County School Board adopted each tentative millage rate for the fiscal year July 1, 2014 to June 30, 2015 on July 29, 2014 by separate vote prior to adopting the tentative budget.

_____
Chairman

_____
Date

EXHIBIT A
TO THE
ANNUAL ACCOUNTING AND RETENTION AGREEMENT
WITH
GILCHRIST COUNTY SCHOOL BOARD
GROUP NO. 15267

A. Premium rates effective: OCTOBER 1, 2014 – SEPTEMBER 30, 2015

BILLING RATES (10 MONTHS)

	05772 NSTD RX $500BR DED, 20%/40%/50%	05360 NSTD RX $200BR DED, 20%/40%/50%	H.S.A. 05168/05169 RX IN CYD, 100%
SINGLE	$544.19	$588.24	$652.70
EMPLOYEE/SPOUSE	$1,126.50	$1,217.71	$1,307.22
EMPLOYEE/CHILDREN	$953.29	$1,030.45	$1,071.69
EMPLOYEE/FAMILY	$1,324.12	$1,431.32	$1,807.75

B. Administrative charges effective: OCTOBER 1, 2014 – SEPTEMBER 30, 2015

21.5% of Earned Premium

C. Pooling effective: OCTOBER 1, 2014 – SEPTEMBER 30, 2015

1. **Pooling Level:** **$115,000**
2. **Pooling Charges:** **7.94% of Earned Premium**

Florida Blue

An Independent Licensee of the Blue Cross and Blue Shield Association

BLUEMEDICARE GROUP MASTER AGREEMENT

SECTION 1: INTRODUCTION

This BlueMedicare Group Master Agreement (this "Agreement") describes the rights and obligations which you and Blue Cross and Blue Shield of Florida, Inc. ("Florida Blue") have with respect to the group Medicare Advantage, Medicare Advantage Prescription Drug Plan, and/or standalone Medicare Prescription Drug Plan (hereinafter, "Medicare Plan(s)") coverage to be provided by us to your Covered Retirees and Covered Dependents.

References to "we", "us", "our," and Florida Blue throughout this Agreement refer to Blue Cross and Blue Shield of Florida, Inc. In exchange for your payment of the Premium, we agree to provide the coverage and/or benefits specified in the Evidence of Coverage for the Medicare Plan(s) ("Evidence of Coverage"), a copy of which is attached to this Agreement. The coverage to be provided by us under the Group Plan which you have established is described in the Evidence of Coverage.

SECTION 2: DEFINITIONS

Certain terms defined in the Agreement are also used and defined (for the convenience of Covered Persons) in the Evidence of Coverage. If a word or phrase starts with a capital letter, it is either the first word in a sentence, a proper name, a title, or a defined term. The following defined terms apply to this Agreement:

Anniversary Date means the date one year after the Effective Date of coverage and subsequent annual anniversaries or such other date as mutually agreed to in writing by the parties.

Appeal means a request submitted by or on behalf of a Covered Person for a review of our decision to deny a request for coverage of health care services or prescription drugs or payment for services or drugs.

CMS means the Centers for Medicare and Medicaid Services.

CMS Requirements means the provisions of Parts C and D of Title XVIII of the Social Security Act, CMS Medicare Part C and D regulations at 42 C.F.R. Parts 422 and 423, the CMS Managed Care and Prescription Drug Benefit Manuals, other CMS instructions and guidance and the provisions of Florida Blue's contracts with CMS to offer the Medicare Plans.

Covered Dependent means an Eligible Dependent who continues to meet all applicable eligibility requirements described in the Evidence of Coverage and who is enrolled, and actually covered, under the Agreement other than as a Covered Retiree.

Covered Person means a Covered Retiree or a Covered Dependent.

Covered Retiree means an Eligible Retiree, who continues to meet all applicable eligibility requirements described in the Evidence of Coverage and who is enrolled, and actually covered, under the Agreement other than as a Covered Dependent.

Effective Date for the Group means 12:01 a.m. on the date specified on the last page of this Agreement and for Covered Persons means 12:01 a.m. on the date coverage will begin as specified in the Evidence of Coverage.

Eligible Dependent means an individual who meets and continues to meet all of the eligibility requirements described in the Evidence of Coverage.

Eligible Retiree means an individual who meets and continues to meet all of the eligibility requirements set forth in the Evidence of Coverage and is eligible to enroll as a Covered Retiree. An Eligible Retiree is not a Covered Retiree until actually enrolled and accepted for coverage as a Covered Retiree by us.

Enrollment Forms means those forms, electronic or paper, which are approved by us and used to maintain accurate enrollment files under the Agreement.

Grace Period means the sixty (60) calendar day period beginning on the date the Premium is due.

Grievance means a type of complaint submitted by a Covered Person (or other person eligible under CMS Requirements to submit a Grievance) about us or one of our network providers or pharmacies, including a complaint concerning the quality of care. This type of complaint does not involve coverage or payment disputes.

Group means the employer, labor union, association, partnership, corporation, department, other organization or entity through which coverage and benefits are issued by us.

Note: References to "you" or "your" throughout the first part of this Agreement also refer to the Group. References to “you” or “your” in the Evidence of Coverage refer to Eligible Retirees, Eligible Dependents, Covered Retirees and/or Covered Dependents depending on the context and intent of the specific provision.

Group Master Agreement or Agreement means the written document which is evidence of the entire agreement between the Group and Florida Blue whereby coverage and benefits are provided to Covered Persons.

Late Enrollment Penalty ("LEP") means an amount added to the Part D Premium of an individual who did not have Part D coverage or other creditable prescription drug plan when the individual first became eligible for Part D or who had a break in Part D or other creditable prescription drug coverage for at least 63 days.

Low Income Subsidy ("LIS") means the premium subsidy amount paid to us by CMS for qualifying Covered Persons with Medicare Part D coverage.

Medicare Plan means the group Medicare Advantage Plan, Medicare Advantage Prescription Drug Plan, and/or standalone Medicare Prescription Drug Plan that you select.

Premium means the amount required to be paid by the Group to us for coverage under this Agreement.

Service Area means a geographic area where a Medicare Plan accepts members.

SECTION 3: ELIGIBILITY, ENROLLMENT, AND DISENROLLMENT

A. Eligibility Determination

Determination of whether an individual is an Eligible Retiree or Eligible Dependent will be a two-step process:

1. You will determine whether the individual is eligible to participate in the retiree group health benefit plan that you sponsor. For individuals meeting your eligibility criteria, you will promptly forward completed applications to us. You are responsible for complying with all applicable laws and regulations, including but not limited to the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code, in making this eligibility determination. You must also comply with all eligibility guidelines included in the benefit administrative guide and Evidence of Coverage.
2. After receiving a complete application, we will process the application in accordance with CMS Requirements. An application must be approved by us and accepted by CMS for an individual to be enrolled in a Medicare Plan.

B. Distribution of Enrollment Materials

You may only distribute materials describing the Medicare Plan that we have provided to you or that we have approved in writing. You will distribute any pre-enrollment materials that we provide to you to each potential enrollee before collecting enrollment applications. Nothing in this Section will preclude you from making additional disclosures about your group health benefit plan as applicable to comply with ERISA, such as a wrap-around summary plan description or other plan document. If applicable, you are solely responsible for compliance with ERISA disclosure requirements in connection with the Medicare Plan(s).

C. Group Disenrollment

If you decide to disenroll all Covered Persons from a Medicare Plan, you must:

1. Notify all beneficiaries that you intend to disenroll them from the Medicare Plan. You will provide this notice at least twenty one (21) calendar days before the disenrollment. This notice will explain how to contact Medicare for information about other plan options that may be available. You will include language provided by Florida Blue in this notice to meet specific CMS Requirements for notice contents.
2. Provide us with all information necessary to submit a complete disenrollment request transaction to CMS in accordance with CMS Requirements.
3. In the event of termination of this Agreement, provide advanced notice in accordance with Section 4 of this Agreement.

D. Individual Covered Person Disenrollment

Covered Persons may be disenrolled from a Medicare Plan by Florida Blue if they become ineligible for continued enrollment. Covered Persons may also be disenrolled if this Agreement terminates or if you inform us that they are no longer eligible to participate in your retiree group health plan. If Florida Blue determines that a Covered Person is ineligible for continued enrollment or if you instruct us to disenroll an individual, you must:

1. Provide us with at least thirty (30) calendar days advanced notice of the ineligibility or disenrollment election of an individual; and
2. Provide the Covered Person(s) who will be disenrolled with at least twenty one (21) calendar days advanced notice of the termination and of other insurance options that are available to them. You will include language provided by Florida Blue in this notice to meet specific CMS Requirements for notice contents.

The Covered Person will have the opportunity to elect another plan offered by us or by you, join Original Medicare, or join another carrier's Medicare Plan (by submitting an enrollment request to that organization).

SECTION 4: TERM AND TERMINATION

A. Term of Agreement and Renewal Process

This Agreement shall become effective as of the Effective Date provided: (1) that we accept your Group Application; and (2) that you pay the required initial Premium specified by us.

This Agreement shall continue in effect until the first Anniversary Date following the Effective Date unless terminated earlier as permitted by its terms. After the initial term, this Agreement shall automatically renew each succeeding year on the Anniversary Date for an additional one-year period unless:

1. At least sixty (60) calendar days prior to such Anniversary Date, you notify us that you do not want the Agreement to automatically renew; or
2. It is terminated as permitted by its terms.

At least ninety (90) calendar days before each Anniversary Date, we will provide you with notice of changes in Premium and benefits under the Medicare Plan for the upcoming year (the "Renewal Notice").

If this Agreement renews as specified above, all of its terms and provisions (including the Premium due) shall be amended to include the terms of the Renewal Notice, and the amended Agreement shall govern coverage as of the Anniversary Date. Payment of the new charges shall constitute acceptance of the change in Premium rates. This Agreement is conditionally renewable. This means that it automatically renews each year on your Anniversary Date unless terminated earlier in accordance with its terms.

B. Termination by Group

The Group may cancel this Agreement on its Anniversary Date by giving written notice to us at least sixty (60) calendar days in advance, unless we have initiated a termination for any of the reasons stated below.

C. Termination by Florida Blue

We may terminate this Agreement or refuse to renew for the following reasons:

1. **Failure to Pay Premiums**. You do not pay Premiums in accordance with its terms or we have not received timely Premium payments prior to the end of the Grace Period. Termination of this Agreement for failure to pay premiums shall be effective as of the end of the Grace Period. In the event of such termination, you are obligated to pay the following:
    a. Any portion of the Premium due for coverage provided by us prior to termination; and
    b. Any amounts otherwise due us.
2. **Fraud or Intentional Misrepresentation of Material Fact.** You perform an act, or engage in any practice, that constitutes fraud or make an intentional misrepresentation of material fact.
3. **Group Contribution and Participation and CMS Rules.** You do not comply with: (1) a material provision which relates to rules for Group contributions or Covered Person participation; or (2) any provision in this Agreement which relates to LIS or other CMS Requirements.
4. **Service Area**. There is no longer any Covered Person who lives, resides, or works in the Service Area.

5. **Termination or Non-renewal of the CMS Contract**. We will provide you with at least ninety (90) calendar days' notice upon termination or non-renewal of our contract with CMS.

Except as specifically provided in this Subsection 4.C, if we decide to terminate or not renew the Agreement based on one or more of the circumstances mentioned above, we will give you at least forty-five (45) calendar days advance written notice.

D. Notification of Termination to Covered Retirees

It is your obligation to immediately notify each Covered Person of any such termination of this Agreement for any reason, consistent with the requirements of Section 3 of this Agreement.

E. Representations Made By, and Obligations of, the Group

In agreeing to provide coverage in accordance with the terms of this Agreement, we rely on the representations you made when you applied for coverage with us and your representation that you have authority to act on behalf of all Covered Persons with respect to this Agreement. Consequently, every act by, agreement with, or notice given to, you will be binding on all Covered Persons. You agree that you shall offer to all Eligible Retirees the opportunity to become a Covered Person under this Agreement. You agree that, if requested by us, you will distribute the Evidence of Coverage and other coverage materials to Covered Persons.

SECTION 5: PAYMENT PROVISIONS

A. Monthly Invoice

We will prepare a monthly invoice of the Premium due on or before the due date. This monthly invoice will also reflect any prorated charges and credits resulting from changes in the number of Covered Persons and changes in the types of coverage that took place in the previous or current month.

If you become aware that a Covered Person will become ineligible, you must provide us with written notice of such ineligibility as described in Section 3 of this Agreement. You shall be liable to us for the Premium due for each individual enrolled in a Medicare Plan under this Agreement until the effective date of disenrollment, which is set by CMS Requirements.

You must pay the total amount of the invoice. Do not add names to an invoice, change coverage or pay for a retiree or dependent whose name does not appear on the invoice. No changes can be made to a Group invoice unless a signed application form is on file and submitted to Florida Blue. Payment shall be for the total amount of the Group invoice.

B. Payment Due Date

The first Premium payment is due before the Effective Date of the Agreement. Each following payment is due monthly unless you agree with us in writing on some other method and/or

frequency of payment. The Premium is due and payable on or before the first day of each succeeding calendar month to which such payments apply.

C. Grace Period

This Agreement has a thirty (30) calendar day Premium payment Grace Period, which begins on the date the Premium payment is due. If we do not receive the required Premium payment on or before the date it is due, it may be paid during this Grace Period. Coverage will stay in force during the Grace Period. If Premium payments are not received by the end of the Grace Period, we will terminate this Agreement and proceed with the disenrollment of Covered Persons as described in Section 3 of this Agreement.

D. Changes in Premium

Premium rates may be changed on your Anniversary Date as described in Section 4.A above regarding renewal.

E. Other Rules Regarding the Payment of Premiums

1. CMS rules govern the effective date of any disenrollment of a Covered Person under this Agreement, and we are not required to retroactively terminate this Agreement or coverage for any Covered Person.
2. If full payment of the Premium is not paid when due, this Agreement may be terminated as described in Section 4 of this Agreement.

F. Premium Subsidization

You may subsidize Premium amounts charged to Eligible Retirees. You are responsible for compliance with all applicable laws and regulations relating to your subsidy of Premiums, including ERISA and CMS Requirements, as applicable. You acknowledge and agree that Premium subsidization may vary for different classes of Eligible Retirees only if such classes are reasonable and based on objective business criteria. You represent and warrant that you will not vary Premium subsidization based on any Covered Person's eligibility for LIS. Further, you will not vary Premium subsidization for individuals within a given class of Eligible Retirees. In no case will you charge an Eligible Retiree more than the sum of the monthly Premium that we charge you for the Medicare Plan benefits.

G. Low Income Subsidy

You will comply with the following requirements in connection with LIS:

1. You are required to pass through any LIS payments received from CMS to reduce the Premium amount that the Covered Retiree pays. You will first apply any LIS amounts to a Covered Person's share of Premium. You may not benefit from any LIS amount until the Premium for a Covered Person (including amounts for the non-drug benefits in a

combined Medicare Advantage Prescription Drug Plan) paid by a Covered Retiree is reduced to zero ($0.00).

2. You are responsible for reducing up-front Premium contributions that you collect from Covered Retirees for any Covered Persons eligible for LIS. In limited situations where you are unable to reduce the up-front Premium contribution (*e.g.* if LIS is awarded retroactively), you will directly refund the LIS amount to the Eligible Retiree within fifteen (15) calendar days of the date you receive the LIS amount from Florida Blue.

H. Late Enrollment Penalty ("LEP")

The Premium for an individual Covered Person may be higher if the Covered Person is assessed an LEP for not enrolling in Part B in a timely manner. This higher Premium will be reflected on the bill you receive from us.

I. Premium Billing

You will be responsible for the payment of the "Total Monthly Premium per Covered Retiree" of all Group members. The Total Monthly Premium may be less for Covered Persons who qualify for LIS as defined by CMS. You will also be responsible for any LEP charges that Group members have been assessed by CMS. The first Premium charge is payable before the Effective Date of this Agreement. Monthly charges are payable on the first day of each following month during the time this Agreement is in effect.

J. Retroactive Premium Adjustment

The monthly charge will be determined from our records by the number of Covered Retirees who have been confirmed through the CMS enrollment transaction process. Retroactive adjustments will be made for additions and terminations of Covered Retirees and for Covered Retirees who have been confirmed through the CMS enrollment transaction process after the initial billing statement. Any refund that is owed to a Covered Retiree must come from the Group, unless the Covered Retiree is billed directly by us. Florida Blue will only adjust the amount due of a Group and will not refund Premium(s) paid to a Covered Retiree, unless we mutually agree that a Covered Retiree is to be directly billed by Florida Blue. You must refund to Covered Retirees any amounts received from us that are due to Covered Retirees in a timely manner.

SECTION 6: HOST BLUE PLANS

A. Out of Area Services

We have relationships with other Blue Cross and/or Blue Shield Licensees ("Host Blues") referred to generally as the "Medicare Advantage Program." When Covered Persons access healthcare services outside of Florida, the claim for those services will be processed through the Medicare Advantage Program and presented to us for payment in accordance with the rules of

the Medicare Advantage Program policies then in effect. The Medicare Advantage Program available to Covered Persons under this Agreement is described generally below.

B. Covered Persons Liability Calculation

The cost of the service on which the Covered Person's liability is based, will be either:

1. The Medicare allowable amount for covered services; or
2. The amount we negotiate with the provider of the Host Blue negotiates with its provider on behalf of our Covered Persons, if applicable. The amount negotiated may be either higher than, lower than, or equal to the Medicare allowable amount.

SECTION 7: GENERAL PROVISIONS

A. Administration and Record Retention

You must provide us with any information we need to administer the coverage and/or benefits to be provided or needed to compute the Premium due. While this coverage is in force, we have the right, at any reasonable time, to examine your records on any issues necessary to verify information provided by you. You must retain all records relating to this Agreement, including but not limited to those relating to LIS administration, for the current calendar year plus an additional ten (10) years.

B. Assignment and Delegation

You may not assign, delegate or otherwise transfer this Agreement and the obligations hereunder without our written consent. Any assignment, delegation, or transfer made in violation of this provision shall be void. We may assign, delegate, or otherwise transfer this Agreement to our successor in interest or an affiliated entity without your consent at any time.

C. Authorization

Where this Agreement requires that an act involving the administration of coverage and/or benefits be authorized or approved by us, such authorization or approval shall be considered given when provided in writing by a duly authorized officer of Florida Blue or his or her designee.

D. Evidence of Coverage

We will provide an Evidence of Coverage and ID Card for each Covered Retiree. The Evidence of Coverage will describe the coverage and benefits to be provided to Covered Persons by us.

You agree that, if requested by us, you will distribute the Evidence of Coverage (and any Endorsements to it) and other coverage materials to Covered Persons.

E. Grievance and Appeals Process

We have established and will maintain a process for hearing and resolving Grievances and Appeals raised by Covered Persons in accordance with CMS requirements. Details regarding this process are provided in the Evidence of Coverage.

F. Changes to the Agreement

Florida Blue may make any changes to this Agreement that are necessary to meet CMS Requirements ("CMS Mandated Amendments") with sixty (60) calendar days advanced written notice to you. Such changes shall become effective as amendments to this Agreement upon expiration of this sixty (60) calendar day notice period.

Except in the case of (a) CMS Mandated Amendments or (b) Renewal Notices as described in Section 4.A., no person may change, modify, or revise the written terms or provisions of this Agreement unless such change is made by a written amendment signed by one of our duly authorized officers. For example, no Eligible Retiree or agent of Florida Blue or the Group can change or waive the written terms or provisions of this Agreement except as stated in the first sentence of this paragraph.

G. Furnishing and Maintaining Enrollment Records

You must provide any information required by us for the purpose of creating and maintaining enrollment records, processing terminations, and recording changes in family status. In addition, you and each Eligible Retiree must submit accurate and complete Enrollment Forms on a timely basis. You are responsible for collecting the Enrollment Forms, reviewing them for accuracy and completeness, and forwarding them to us, along with the applicable Premium payment. All enrollment record information which is relevant to the eligibility or coverage status of any individual must be made available to us for inspection and copying upon request.

H. Errors or Delays

Clerical errors or delays by us in maintaining enrollment records regarding Covered Persons will not invalidate coverage which would otherwise be validly in force or continue coverage which would otherwise be validly terminated, provided you have furnished us with timely and accurate enrollment information. Errors or delays by you in furnishing accurate enrollment information to us will not affect our right to strictly enforce any and all eligibility requirements.

I. Entire Agreement

This Agreement sets forth the exclusive and entire understanding and agreement between the parties and shall be binding upon the Covered Persons, the parties, and any of their subsidiaries, affiliates, successors, heirs, and permitted assigns. All prior negotiations, agreements, and understandings are superseded hereby. No oral statements, representations, or understanding by

any person can change, alter, delete, add or otherwise modify the express written terms of this Agreement, which includes the terms of coverage and/or benefits set forth in the Evidence of Coverage, the Schedule of Benefits, and any other attachments, amendments or riders.

J. Financial Responsibilities of the Group

We reserve the right to recover any benefit payments made to or on behalf of any individual whose coverage has been terminated. Our recovery efforts may relate to benefit payments made for health care services rendered subsequent to the Covered Person's termination date and prior to the date notice of coverage termination is required to be made by you. Your cooperation with and support such recovery efforts is required.

In the event that you do not comply with the notice requirements set forth in Subsection 5.A (Monthly Invoice), you shall be solely liable to us for Premium due until the effective date established by CMS for a Covered Person’s disenrollment.

K. Indemnification

You shall hold harmless and indemnify Florida Blue, against all claims, demands, liabilities, or expenses (including reasonable attorney fees and court costs), which are related to, arise out of, or are in connection with any of your acts or omissions, or acts or omissions of any of your employees, retirees or agents, in the performance of your obligations under this Agreement. We are not your agent, nor are you our agent, for any purpose. This paragraph shall only apply to the extent allowed under Florida Statutes § 768.28.

L. Representations on the Group Application and the Enrollment Forms

We rely on the information you and your Eligible Retirees provide to determine whether to issue coverage; the appropriate Premium and financing method; and eligibility for coverage. All such information must be accurate, truthful, and complete. Statements made on the Enrollment Forms are representations and not warranties.

We may cancel, terminate, or void this Agreement if the information which you provide is fraudulent, or if you make an intentional misrepresentation.

M. Reservation of Right to Contract

We reserve the right to contract with any individuals, corporations, associations, partnerships, or other entities for assistance with the servicing of coverage and benefits to be provided by us or obligations due, under this Agreement.

N. Service Mark

You, on behalf of the Group and its Covered Retirees, hereby expressly acknowledge your understanding that this Agreement constitutes a contract solely between you and Florida Blue. We are an independent corporation operating under a license with the Blue Cross and Blue

Shield Association, an association of independent Blue Cross and Blue Shield Plans, (the "Association") permitting us to use the Blue Cross and Blue Shield Service Mark in the state of Florida and that we are not contracting as the agent of the Association. You further acknowledge and agree that you have not entered into this contract based upon representations by any person other than us and that no person, entity, or organization other than us shall be held accountable or liable to you for any of our obligations created under this Agreement. This paragraph shall not create any additional obligations whatsoever on our part other than those obligations created under other provisions of this Agreement.

O. Third Party Beneficiary

This Agreement was entered into solely and specifically for the benefit of Florida Blue and the Group. The terms and provisions of the Agreement shall be binding solely upon, and inure solely to the benefit of, Florida Blue and the Group, and no other person shall have any rights, interest or claims under this Agreement, including the Evidence of Coverage, or be entitled to sue for a breach thereof as a third-party beneficiary or otherwise. Florida Blue and the Group hereby specifically express their intent that health care providers that have not entered into contracts with Florida Blue to participate in Florida Blue's provider networks shall not be third-party beneficiaries under this Agreement, including the Evidence of Coverage.

P. Inspection and Audit

You shall permit CMS, The U.S. Department of Health and Human Services, the Comptroller General, or their designees, to inspect, evaluate, and audit any of your books, contracts, medical records, patient care documentation, documents, papers, and other records pertaining to coverage by providing records to Florida Blue, which will submit the records to CMS. This right to inspect, evaluate, and audit shall extend ten (10) years from the expiration or termination of the Agreement or completion of final audit, whichever is later, unless otherwise required by applicable law.

Q. Benefit Administrator Guide

We will provide you with a Benefit Administrator Guide, which provides details related to how your plan is administered and your responsibilities as a benefit administrator.

R. Member Communications and Campaigns

We may send CMS required or Florida Blue member communications without your consent. Samples of all required materials are available upon request for informational purposes.

We may also contact Covered Persons by telephone regarding any Florida Blue campaign and any campaign approved by the Florida Office of Insurance Regulation and/or CMS, as applicable. We will notify you of the campaign prior to making contact with members.

S. COBRA

You are solely responsible for determining when individuals are eligible for coverage under a Medicare Plan pursuant to the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). You will notify us promptly of any COBRA elections. For more information on your COBRA responsibilities refer to the Benefit Administrator Guide.

* * * * * * *

In consideration of the payment of Premiums when due and subject to all of the terms of this Agreement, Blue Cross Blue Shield of Florida, Inc. hereby agrees to provide each enrollee of **<GROUP NAME>** the benefits of this Agreement as set forth in the attached Evidence of Coverage beginning on each enrollee's effective date.

The Group has selected the following plan and premium: **<PLAN NAME(S) AND PREMIUM(S)>**

The Group's Agreement is effective as of <DATE>.

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

Blue Cross Blue Shield of Florida, Inc.		**<GROUP NAME>**	
By:	_____	By:	_____
(Signature)		(Signature)	
Name:	Lynn Esposito	Name:	_____
	(Please Print or Type)		(Please Print or Type)
Title:	Vice President, Sales Operations	Title:	_____

GCSD
310 NW 11th Avenue, Trenton, FL 32693
Phone: 352-463-3200
Fax: 352-463-3276
Superintendent Robert Rankin
GILCHRIST COUNTY SCHOOL DISTRICT
Fulfilling Every Student's Potential
www.gilchristschools.org

MEMORANDUM

TO: Superintendent Rankin

FROM: Ronda Parrish

DATE: July 25, 2014

RE: School Start Times

After meeting with the Gilchrist County Instructional Team, I am recommending the following official school start times for the 2014-2015 School Year:

Elementary Schools (PK-5): 8:20am-2:50pm
Classroom doors open at 8:15am

Middle / High Schools (6-12): 8:15am-3:10pm
Class begins at 8:15am

Thank you for your consideration.

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Columbia Date of Request: 4/3/14

Student's Name: Lila Walker Grade Level: Pre-K

Previous School Attended: none
Address: _____

Parent/Guardian: Holly Walker Phone: 352-538-7985
Address: 151 SW Plum Ct.
Fort White, FL 32038

Name of Gilchrist County School You Wish to Attend: Bell Elementary

Reason for Request: I am a teacher at Bell Elementary and her attendance at another school would cause a hardship for us to be able to drop her off and pick her up.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT**. The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED**.

The granting of one year's attendance does not guarantee any future year's attendance in the Gilchrist County School District. Consideration for continued attendance for following years shall be determined at the end of each current school year. Factors for consideration by the School District include, but are not limited to, demands on School District resources, student population, and the student's behavior and attendance record.

Holly Walker
Signature of Parent/Guardian

Lila Walker
Signature of Student

Lisa Rowland
Signature of Superintendent/Designee

Date Approved by Board: _____

RECD 5-9-14

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy Date of Request: 5/7/2014

Student's Name: Jared Dean Herrington Grade Level: pre K

Previous School Attended: Trenton - Head Start
Address: 1350 SW. SR. 26 Trenton FL 32693

Parent/Guardian: Austin Herrington Phone: 352-317-7561
Address: 6491 NW 150th St. Chiefland FL 32626

Name of Gilchrist County School You Wish to Attend: Trenton Elementary School

Reason for Request: I work in trenton, my mother works at the elementary school, and it is for best convinience.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

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Austin Herrington
Signature of Parent/Guardian

Signature of Student

Lisa Rowland
Signature of Superintendent/Designee

Date Approved by Board: _____

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Chiefland, FL Date of Request: 05/22/14

Student's Name: Bauer Solowski Grade Level: Pre-K (dob 9/13/10)

Previous School Attended: n/a
Address: _____

Parent/Guardian: Brooke Smith Phone: 352 507 3091
Address: 9151 NW 40th Street
Chiefland, FL 32626

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: Wish to have him placed in 3 year old Pre-K program. (not available in Chiefland)

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

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Signature of Parent/Guardian Signature of Student

Signature of Superintendent/Designee

REC'D MAY 28 2014
LISA R.

Date Approved by Board: 7-7-14

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 5/21/14

Student's Name: Layne Jasper White

Grade Level: Pre-K

Previous School Attended: NONE

Address: _____

Parent/Guardian: Jolee + Wesley White

Phone: (352) ~~###~~ 221-4169

Address: 14351 NW 40th Ave
Chiefland, FL 32626

Name of Gilchrist County School You Wish to Attend: Trenton Elem

Reason for Request: My son's after school care and mom's place of employment are in Trenton.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT**. The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

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Jolee White

Signature of Parent/Guardian

Signature of Student

Lisa Ballard

Signature of Superintendent/Designee

REC'D MAY 28 2014 -LR

Date Approved by Board: _____

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy Date of Request: 7-7-14

Student's Name: Hayden Henderson Grade Level: pre-K

Previous School Attended: Kountry Kids - 2-1/2 days/week
Address: Chiefland, FL 32626

Parent/Guardian: Jan + Skipper Henderson Phone: 352-463-7208 (h)
Address: 3731 NW 150th St. 352-221-0475 (c)
Trenton FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: TES is closer to my office + home + is a better school than Chiefland Elementary.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT**. The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED**.

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Jan Henderson
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: LEVY Date of Request: 7/23/14

Student's Name: GREGORY D. WATSON, III Grade Level: PRE-K

Previous School Attended: N/A
Address: _____

Parent/Guardian: TERESA WATSON Phone: 352-949-3934
Address: 14970 NW 40th AVE
CHIEFLAND, FL 32626

Name of Gilchrist County School You Wish to Attend: TRENTON ELEMENTARY SCHOOL

Reason for Request: I WORK IN ALACHUA COUNTY AND MY HUSBAND WORKS IN LEVY (NEAR COUNTY LINE) AND IN GILCHRIST. MY HUSBANDS FAMILY IS ALSO FROM GILCHRIST COUNTY. WE FEEL THAT THE SCHOOL SYSTEM HERE IS ONE OF THE BEST IN THE TRI-COUNTY AREA. WE OWN/RUN A WATERMELON FARM OFF OF 129 AND PACKAGE THEM THROUGH THE PACKING SHED IN TRENTON.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT**. The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED**.

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Teresa Watson
Signature of Parent/Guardian

Signature of Student

Lisa Parker
Signature of Superintendent/Designee

Date Approved by Board: _____

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Dixie Date of Request: 6-3-2014

Student's Name: Race Lee Hires Grade Level: K

Previous School Attended: Trenton Elem.
Address: Pre-K

Parent/Guardian: Josh + Mandy Hires Phone: 352-578-0099
Address: 5603 NE 102 Ave
Old Town, FL 32680

Name of Gilchrist County School You Wish to Attend: Trenton Elem School

Reason for Request: See Attached

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Mandy Hires
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Rec'd. 6/4/14 - LR

Date Approved by Board:

Reason for Request:

Child attended the Pre-K program at Trenton Elementary School for 2013-2014 school years. Parent works full time in Trenton at USDA office and wishes to be involved with school activities. Child has seizures and it would be in the best interest of the child to have the parents where they can quickly visit if necessary. Also, other family members live in the Trenton area and would be available in an emergency situation. Their children are enrolled and currently attending Trenton Elementary. Thank you for your consideration.

Mandy Hires

Mandy Hires

Parent of Race Hires

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Dixie

Date of Request: _____

Student's Name: Kylan Iorene Thomas

Grade Level: K

Previous School Attended: Anderson Elem (School)

Address: 352-498

Parent/Guardian: Kyle and Karla Thomas

Address: 502 NE 329th Ave Old Town, FL 32680

Phone: (352) 498-1333

Phone (352) 210-5575

Name of Gilchrist County School You Wish to Attend: Trenton Elem.

Reason for Request: Mother Working in School Health Room @ Trent. Elem For the Health Dept

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Karla Thomas

Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Dixie

Date of Request: 5.21.14

Student's Name: Brooke Guynn

Grade Level: Kindergarten

Previous School Attended: Kids World Preschool
Address: 463-3555

Parent/Guardian: Heather Guynn

Phone: 352.210.6582

Address: 207 NE 63rd St
Old Town, FL 32680

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: Brooke is very bright + needs to be challenged + I feel like she will get that in Trenton vs Dixie County Schools. Also, I work in Gainesville + she would be getting afterschool care at Kids World in Trenton.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

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H Guynn

Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy Date of Request: 4/23/14

Student's Name: Aimee Rose Talley Grade Level: K

Previous School Attended: Trenton Elem. School
Address: _____

Parent/Guardian: Kristina Talley Phone: 352-226-5498
Address: 8360 NE 116th St
Bronson, FL 32621

Name of Gilchrist County School You Wish to Attend: 2014-2015

Reason for Request: Please see attached

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

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Kristina Talley
Signature of Parent/Guardian

_____
Signature of Student

_____
Signature of Superintendent/Designee

Date Approved by Board: _____

School Board of Gilchrist County
Zoning Office
310 NW 11th Avenue
Trenton, Fl 32693
April 23, 2014

To Whom It May Concern:

My daughter, Aimee Rose Talley, is five years of age and I wouldn't like her to continue to attend Trenton Elementary School in Gilchrist County. I work at the Gilchrist County courthouse for the Office of the State Attorney and it would be a hardship on my family if she attends in Levy County. I am her only transportation because her father, Robert Talley, is a truck driver and his schedule doesn't allow him to be able to take or pick her up from school.

Aimee has made friends with the students and teachers at Trenton Elementary School. She also has learned a lot in Pre-K. I am very pleased with the education she has received and with the staff's communication with us as parents.

I also enjoy being able to be involved with the events that occur during school hours because I am a few minutes away. If my child wasn't in the Gilchrist County School I wouldn't be able to attend any of the events.

Thank you for your consideration in this matter. If you have any questions or concerns, please feel free to contact me at 352-463-3406 or 352-226-5498 or talleyk@sao8.org

Sincerely,

Kristina R. Talley

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 5/15/14

Student's Name: Alexis G. Winkel

Grade Level: Kindergarten

Previous School Attended: TES
Address: 314 NW 11 Ave.
Trenton, FL 32693

Parent/Guardian: April Young Winkel

Phone: 352-318-8154

Address: 8490 NW 155 St.
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: TES

Reason for Request: Please see attached letter.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

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April Winkel

Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

May 15, 2014

Dear Gilchrist County School Board,

I would like to begin by thanking you for allowing my daughter Alexis Winkel to attend PRE-K at Trenton Elementary School this year. Ms. Franne Martin and all of the school staff were absolutely wonderful. Having Alexis among people who cared about her and loved her liked their own gave me such peace and I am truly grateful.

I grew in the Trenton area and am glad to call this area, filled with so many friends and dear people home. I currently work as an Instructor at Daytona State College and commute back and forth. Alexis stays here with my husband while I am out of town working. Knowing that she is at the best school; (and I do honestly believe that about TES) allows me to focus on my students during the day on the other coast. My husband and I have disagreed on most of parenting decisions. He wanted her to go to Chiefland since his children are CHS alumnus. However, after spending time every day at TES and meeting the teachers and staff he now agrees that Trenton is the best choice for her. Alexis has blossomed and adjusted well to having Mommy work out of town. I know that she is among friends and receiving a wonderful education presented with love at TES.

Please allow Alexis to move forward on her educational journey by attending TES for Kindergarten. I have waited many years to have a child and I can hardly believe that she is old enough to finally have Ms. Christy Russell as a teacher!

Thank you for your consideration and favor,

April Winkel

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 5/8/14

Student's Name: Ava Grace Myres

Grade Level: Kindergarten

Previous School Attended: Trenton Elementary School

Address: _____

Parent/Guardian: Asia Dasher

Address: 2815 NW 173rd St
Trenton, Fla. 32693

Phone (352) 231-4793
(386) 584-0581

Name of Gilchrist County School You Wish to Attend: _____

Reason for Request: We live about 3 miles from the School. Our house is located about 100 yards from the County line. Ava is already in school at Trenton This year.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 4-30-14

Student's Name: Noah Moody

Grade Level: K

Previous School Attended: _____

Address: _____

_____

Parent/Guardian: Tracey Moody

Phone: 490-7408

Address: 350 NW 11th st
Chiefland, FL 32626

Name of Gilchrist County School You Wish to Attend: TES

Reason for Request: As well as Gilchrist County being my husbands place of employement, it is where our church is, we are part of this community. We are very pleased with TES as our ~~he~~ son completed his first year here. Thank you for your consideration.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Tracey Moody

Signature of Parent/Guardian

_____

Signature of Student

_____

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 4/29/14

Student's Name: Isabella Noda

Grade Level: Kindergarten

Previous School Attended: Trenton Elementary School
Address: Trenton, FL 32693

Parent/Guardian: Amanda Seay Noda

Phone: 352-949-6279

Address: 208 NW 124th St
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary School

Reason for Request: I attended Trenton Schools from kindergarten to 12th Grade as did all my siblings, mother Aunts, cousins. My grandmother worked for many years in the Trenton High school Library. It is my desire for my daughter to attend school in the town we live in and love. Trenton. She will love having teachers she knows and already loves. I work in Trenton also.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Amanda Seay Noda
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board:

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy (Fanning Springs) Date of Request: 5/16/14

Student's Name: Elijah Sache Grade Level: Kindergarden

Previous School Attended: Fun 4 Kids VPK
Address: 2739 SW 19th Circle 463-7614
Trenton, FL 32693

Parent/Guardian: Jesica Wright Phone: 352.949.5854
Address: 7150 NW 166th St
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary School

Reason for Request: Elijah and his sister both attend Fun 4 Kids in Trenton. November 2013 their father died in a sudden car accident. They are both adjusting very well, but I fear moving their day care may create unneeded stress. If Eli is permitted to attend Trenton, he can take the bus after school to Fun 4 Kids and I can keep my daughter at that day care. If not, I will need to move my daughter to a daycare in Chiefland. And she is doing very well there. She loves her teachers there. I fear a move might cause headache and she's experienced enough recently. Please consider our request. Thank you!

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Signature of Parent/Guardian

N/A
Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: LEVY Date of Request: 2/24/14

Student's Name: Adelyn Claveria Grade Level: K

Previous School Attended: T.E.S (Pre K)
Address: _____

Parent/Guardian: Anna Claveria Phone: 352 221 5504
Address: 7531 NW 165th Street
Trenton FL 32693

Name of Gilchrist County School You Wish to Attend: T.E.S.

Reason for Request: See attached letter

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Anna Claveria
Signature of Parent/Guardian

_____
Signature of Student

_____
Signature of Superintendent/Designee

Date Approved by Board: _____

To the Gilchrist County School Board members:

We are requesting consideration for accepting Adelyn Claveria into Trenton Elementary. Adelyn is currently attending the Trenton Elementary Pre-K program and will be eligible for Kindergarten for the 2014 – 2015 school season.

Vanessa Hayes, Adelyn's sister, is also attending Trenton Elementary currently and will be moving on to Trenton Middle High School for the 2014 – 2015 school season.

My husband and I have enjoyed the experience of our girls being in Trenton Elementary. We would like to have our girls complete their education through the Gilchrist County School system.

Thank you for your consideration!

Anna Claveria

Anna Claveria

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: LEVY COUNTY Date of Request: 06/09/14

Student's Name: BRIDGETTE NICOLE CHOZO Grade Level: K

Previous School Attended: VPK FUN 4 KIDS
Address: TRENTON. 463-7614

Parent/Guardian: GIANINA ALDANA Phone: 352-2105142
Address: 7870 NW 166th St
TRENTON, FL 32693

Name of Gilchrist County School You Wish to Attend: TRENTON ELEMENTARY

Reason for Request: Its More convinium for me BRIDGETTE N. CHOZO stay in this school because she is already enrolled in FUN 4 KIDS IN TRENTON close to this school and I work in North Florida Regional Medical Center

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 7/21/2014

Student's Name: Theodore Gomez

Grade Level: Kindergarten

Previous School Attended: Trenton Elementary (Pre K)
Address: _____

Parent/Guardian: Katrina Gomez

Phone: 352 262 3646

Address: 16271 NW 2nd Court
Trenton FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: We were very happy with T.E.S. this past year with Theodore's Pre K. Also I will resume work and it is on my way to High Springs.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Signature of Parent/Guardian

THEODORE

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Dixie

Date of Request: First/Fall 2014

Student's Name: Kyla Wright

Grade Level: ~~Kindergarten~~

Previous School Attended: Old Town Elem

Address: 352542-7818

Parent/Guardian: Michelle Wright

Phone: (352) 210-2140

Address: PO Box 817
Old Town FL 32680

Name of Gilchrist County School You Wish to Attend: Bell Elem

Reason for Request: I believe my daughter will have a greater chance of Education with Bell Elem and she will be closer to family for pick up.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Michelle Wright
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board:

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: May 14, 2014

Student's Name: Dallas Green

Grade Level: 2nd

Previous School Attended: Irby Elementary
Address:

Parent/Guardian: Jessica J. Williams

Phone: 352-474-1723

Address: 16710 NW 70th Ave
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: He was enrolled at Trenton has been attending school there for 3 weeks was just notified yesterday that he was out of district. Only has 2 weeks of school left want him to continue @ Trenton he is a car rider morning and afternoon.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Jessica J. Williams

Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board:

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy County Date of Request: 4-1-14

Student's Name: Trey Tuten Grade Level: 2nd 2014-2015

Previous School Attended: Foundations for the Future 770-429-4799
Address: 1500 Stanley Rd.
Kennesaw, GA 30152

Parent/Guardian: Lance & Angie Tuten Phone: 770-616-9541
Address: 17850 NW 105th Ave.
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: closer to our house. Moving from Georgia at the end of the school year & would like our children to attend the highest rated schools.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Angela M. Tuten
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR OUT OF COUNTY STUDENT TRANSFER

County of Residence: Dixie Date of Request: 5/19/14

Student's Name: Cody L. Turner Grade Level: ~~5~~ K

Previous School Attended: Dixie - Old Town Elementary
Address: 221 SE 136 Ave
Old Town, FL 32680

Parent/Guardian: Jodi L. Turner Phone: (352)356-7877
Address: 78 NE 201 Ave
Cross City, FL 32628

Name of Gilchrist County School You Wish to Attend: Trenton Elementary School

Reason for Request: My daughter Kelsie Turner is currently attending JHS for the 2013-2014 school year and plans to do so next year. My house in cross City is listed with the intent for me to move my children and myself to Trenton within the next year. I would like for my son to not have to change schools in the middle of the school year.

ACKNOWLEDGMENT

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Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board:

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy Date of Request: 7-15-14

Student's Name: Samantha Nicole Fuller (Nikki) Grade Level: 5

Previous School Attended: Chiefland Elementary 493-6040
Address: Chiefland, FL 32626

Parent/Guardian: Gigi Fuller Phone: 359-8134
Address: 13471 NW 3 Terr
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Elementary

Reason for Request: I have been hired by Trenton Middle High, my son attends THS, & I would like my daughter to attend in Trenton also.

ACKNOWLEDGMENT

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S Fuller
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board:

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy (starting Oct. 2014) Date of Request: 5-13-14

Student's Name: Dylan Maloney Grade Level: 9

Previous School Attended: Trenton Middle School
Address: 1013 North Main Street
Trenton, FL 32693

Parent/Guardian: Donna Maloney Phone: 352-949-5435
Address: 14990 NW 150th Ave
Chiefland, FL 32626

Name of Gilchrist County School You Wish to Attend: Trenton High School

Reason for Request: I am getting Married in October 2014. My kids have gone to Trenton Schools their whole lives. I would like them to continue at Trenton middle/High school. I also work at Trenton Elementary School and work the after school program.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Donna Maloney
Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

New
County of Residence: Dixie

Date of Request: 08 APR 2014

Student's Name: Hunter Potter

current
Grade Level: 5th

Previous School Attended: Trenton Elementary 4th, 5th grade
Address: Trenton FL 32693

Parent/Guardian: Levi Dzielak

Phone: 352-281-0209

New Address: 382 NE 209 AVE
old town FL 32680

Name of Gilchrist County School You Wish to Attend: Trenton Middle/High School

Reason for Request: I am requesting my son Hunter to attend Trenton Middle High School for the upcoming 6th grade year. We currently live in trenton; however have to move out of county for 1 year - until JUNE 2015 for the purpose of myself finishing Nursing School, then we will be moving back to Trenton. I have the ability to transport Hunter to/from school for the 6th grade year. (over)

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy

Date of Request: 5/30/14

Student's Name: Jordan Allen

Grade Level: 6th

Previous School Attended: Homeschooled
Address: 2760 NW 173rd St.
Trenton, FL 32693

Parent/Guardian: Danny or Madi Allen

Phone: 463-2612

Address: 2760 NW 173rd St.
Trenton, FL 32693

Name of Gilchrist County School You Wish to Attend: Trenton Middle School

Reason for Request: Jordan's sister, Victoria Allen, attends Trenton High School. The school is less than 3 miles from our house.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

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Danny W. Allen
Signature of Parent/Guardian

Jordan Allen
Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Levy (Starting Oct. 2014) Date of Request: 3-13-14

Student's Name: Dominic Howe Grade Level: 7

Previous School Attended: Trenton Middle School
Address: 1013 North Main Street
Trenton, Fl 32693

Parent/Guardian: Donna Maloney Phone: 352-949-5435
Address: 14990 NW 50th Ave
~~Chiefland~~ Fl 32626
Chiefland

Name of Gilchrist County School You Wish to Attend: Trenton Middle School

Reason for Request: I am getting married in October 2014. My kids have gone to Trenton Schools their whole lives. I would like them to continue at Trenton middle School. I also work at Trenton Elementary School and work the afterschool program.

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

The granting of one year's attendance does not guarantee any future year's attendance in the Gilchrist County School District. Consideration for continued attendance for following years shall be determined at the end of each current school year. Factors for consideration by the School District include, but are not limited to, demands on School District resources, student population, and the student's behavior and attendance record.

Donna Maloney
Signature of Parent/Guardian

Dominic Howe
Signature of Student

_____
Signature of Superintendent/Designee

Date Approved by Board: _____

GCSD

Gilchrist County School District

APPLICATION FOR
OUT OF COUNTY STUDENT TRANSFER

County of Residence: Dixie Date of Request: 07 | 21 | 2014

Student's Name: Jessie L. McDonald Grade Level: 7th

GPA 3.4

Previous School Attended: Ruth Rhiners Middle School
Address: 981 SE 351 Hwy
Cross City, FL, 32628

Parent/Guardian: Richard McDonald Phone: 352 498 1346
Address: 8128 NE 349 Hwy
Old Town, FL 32680

Name of Gilchrist County School You Wish to Attend: Bell

Reason for Request: I am a single parent with employment in Lake City with a schedule that leaves my child at home. Permitting my Daughter to attend school in Gilchrest City would help assure Her Safety

ACKNOWLEDGMENT

The parent of the above named student acknowledges and understands that transportation of the student shall be provided by the parent. The out of county student may ride Gilchrist County school buses **PROVIDED** the student boards at an approved bus stop and the bus is not overcrowded.

The parent acknowledges that attendance of an out of county student in Gilchrist County is a **PRIVILEGE, NOT A RIGHT.** The parent further acknowledges that the above named student may, if approved, attend Gilchrist County Schools **PROVIDED** the student remains in "good standing" at that school. If the student exhibits disciplinary problems, the student's attendance privilege may be **IMMEDIATELY REVOKED.**

The granting of one year's attendance does not guarantee any future year's attendance in the Gilchrist County School District. Consideration for continued attendance for following years shall be determined at the end of each current school year. Factors for consideration by the School District include, but are not limited to, demands on School District resources, student population, and the student's behavior and attendance record.

Signature of Parent/Guardian

Signature of Student

Signature of Superintendent/Designee

Date Approved by Board: _____

Progress Testing

4140 NW 27th Lane, Suite G, Gainesville, FL 32606 • Phone: 800-930-8378 • Fax: 352-336-3782
Email: *info@progresstesting.com* • Online: *www.ProgressTesting.com*

LIMITED LICENSING AGREEMENT

This Limited Licensing Agreement is made by and between Test Prep Systems, Inc. d/b/a Progress Testing (hereinafter referred to as "PROGRESS TESTING"), a Florida corporation located at 4140 NW 27th Lane, Suite G, Gainesville, Florida, and **Gilchrist County School Board** (hereinafter referred to as "the District"), located at **310 NW 11th Ave, Trenton FL 32693**. PROGRESS TESTING and the DISTRICT may hereinafter be jointly referred to as "parties" and/or individually as a "party" where the context so requires.

Whereas PROGRESS TESTING is in the business of creating and licensing certain intellectual property, namely comprehensive test banks tailored for the specific assessment needs of primary and secondary educators, and whereas the DISTRICT is a school district, state, county, municipality, or other government or private entity that in the course of their duties have a need for the professional and high-stakes assessment of students, the parties wish to enter into this Limited Licensing Agreement regarding the limited but perpetual use of the Hillsborough NonTested Item Bank (hereinafter referred to as "HiNT"), which includes the following:

- 70,000 test questions in nontested courses to be used for student growth testing
- written by Florida educators in The School District of Hillsborough County, FL
- professionally edited and prepared for other districts by Progress Testing, a Florida, woman-owned corporation

HiNT is and remains copyrighted intellectual property owned in full by PROGRESS TESTING. In addition to the essential features listed above, HiNT shall herein refer to the test bank or test banks provided by PROGRESS TESTING to the DISTRICT under this Limited Licensing Agreement and any derivative works created from such test banks. In this context, derivative works of HiNT may be test bank questions or answers or distractors which were originally provided by PROGRESS TESTING to the DISTRICT but which have been modified by the DISTRICT, either by adding and/or subtracting and/or rearranging words and/or punctuation. HiNT herein refers to the entirety of the test bank or test banks provided by PROGRESS TESTING to the DISTRICT under this Limited Licensing Agreement and to each individual question and each individual part of each question within that entirety and any derivative works thereof.

Progress Testing
4140 NW 27th Lane, Suite G, Gainesville, FL 32606 • Phone: 800-930-8378 • Fax: 352-336-3782
Email: *info@progresstesting.com* • Online: *www.ProgressTesting.com*

1.) In consideration and in exchange for the benefits of this Limited Licensing Agreement, the DISTRICT pledges and agrees as follows.

a.) The DISTRICT shall remit to PROGRESS TESTING the amount of **$708.00**, which shall be paid to PROGRESS TESTING no later than June 30th, 2014.

b.) The DISTRICT shall take all commercially reasonable steps to protect HiNT from improper use or distribution, inadvertent disclosure, or piracy.

i.) The DISTRICT shall not distribute or publish HiNT to any other person or entity, except as provided for in this Limited Licensing Agreement and only as necessary to perform high-stakes testing.

ii.) The DISTRICT shall not use HiNT for any purpose other than to deliver high-stakes testing; examples of prohibited uses include but are not limited to testing or developing or marketing any product or service and performing formative assessments.

iii.) To protect HiNT from inadvertent disclosure or distribution or from piracy, the DISTRICT shall use at least that level of caution, security practices and procedures, and electronic and physical safeguards the DISTRICT uses to protect other confidential information held by the DISTRICT, such as student records protected by the Federal Education Rights and Privacy Act. The DISTRICT shall train its personnel as necessary to recognize and fulfill the obligations undertaken by the DISTRICT in this Limited Licensing Agreement, and the DISTRICT shall take every reasonable step to require that its personnel fulfill these obligations.

iv.) The DISTRICT shall not allow any access to HiNT by any person that is not a current employee or an enrolled student of the DISTRICT, and the DISTRICT shall only allow access to HiNT by an enrolled student as necessary when delivering high-stakes testing to such student.

2.) In consideration and in exchange for the payment and promises by the DISTRICT outlined above in this Limited Licensing Agreement, PROGRESS TESTING pledges and agrees as follows.

a.) PROGRESS TESTING shall deliver a full and complete copy of HiNT to the DISTRICT in html format on or before **June 30th, 2014**.

Initials for THE DISTRICT: _____
Initials for PROGRESS TESTING: _____

b.) PROGRESS TESTING hereby grants the DISTRICT a non-exclusive limited license in perpetuity to use HiNT for the purposes of high-stakes testing. PROGRESS TESTING's license to use HiNT granted herein is non-transferrable by the DISTRICT, and PROGRESS TESTING retains ownership of HiNT and reserves all rights not specifically granted in this Limited Licensing Agreement.

c.) PROGRESS TESTING shall indemnify, defend, and hold the DISTRICT harmless, against any claim, action, cause of action, suit, proceeding, losses, damages, demands, fees, expenses, fines, penalties, and/or costs (including, without limitation, reasonable attorneys' fees, costs, and disbursements) based on or arising from any third party allegation that HiNT infringes upon any copyright or other intellectual property rights of any third party. PROGRESS TESTING, however, shall have no obligation to indemnify or defend with respect to a claim regarding any intellectual property which has been modified from the form originally provided by PROGRESS TESTING to the DISTRICT if such claim arises out of such modifications.

3.) This Limited Licensing Agreement shall begin and become effective, assuming the timely and appropriate execution of signatures below by authorized representatives of both parties, on the date of signature and noted below. This Limited Licensing Agreement is intended to be 'in perpetuity' and hence may not be terminated except upon an allegation of one or more substantive breaches of this Limited Licensing Agreement. In the event that a lawsuit is filed alleging such breach, the DISTRICT shall immediately cease all use of HiNT for the duration of the lawsuit, and in the event that a court of competent jurisdiction terminates the DISTRICT's rights under this Limited Licensing Agreement, the DISTRICT shall, within 20 calendar days, destroy all copies in all media of HiNT which are in the possession, custody, or control of the DISTRICT, and the DISTRICT shall certify such destruction in writing to PROGRESS TESTING within ten (10) business days after completion of same.

4.) Both parties acknowledge and agree as follows.

a. This Limited Licensing Agreement is non-exclusive and does not restrict either party from pursuing any other business opportunities, on its own or with other persons or businesses, including competitors of the other party.

b. This Limited Licensing Agreement does not transfer ownership of PROGRESS TESTING's intellectual property to the DISTRICT or to any other person or entity in any manner, and PROGRESS TESTING retains all rights and privileges related to HiNT.

Initials for THE DISTRICT: ____
Initials for PROGRESS TESTING: ____

c. The parties each represent and warrant that they have the right to enter into and pursue the goals of this Limited Licensing Agreement, and the parties each represent that they have not entered into any other obligations that are inconsistent with this Limited Licensing Agreement.

5.) If any Claim is asserted against a party to this Limited Licensing Agreement such that one party becomes obligated to indemnify, defend, and hold the other party harmless, the indemnified party shall permit the indemnifying party to assume entire control of the defense, compromise, or settlement of any such indemnified claim through its own counsel and at its own expense, except that no such defense, compromise, or settlement shall include any terms and/or conditions applicable to the indemnified party without the consent of the indemnified party, and such consent shall not be unreasonably withheld or delayed.

6.) All notices or other communications contemplated herein shall be in writing or by electronic mail and shall be deemed delivered when delivered by hand or by U. S. mail or by common carrier to the physical address noted in the first paragraph of this Limited Licensing Agreement. Delivery will also be deemed accomplished if a notice is sent by electronic mail but only if such electronic mail is acknowledged as received by the receiving party.

7.) If any provision of this Limited Licensing Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, the remainder of this Limited Licensing Agreement shall continue in full force and effect, and if limiting the offending provision would make the provision valid, and then such provision shall be deemed to be construed as so limited.

8.) This Limited Licensing Agreement constitutes the entire agreement regarding this subject between the parties and supersedes all prior understandings or representations of any kind preceding the date of the last signature on this Limited Licensing Agreement. There are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Limited Licensing Agreement.

9.) This Limited Licensing Agreement may only be amended by a writing signed by both parties and specifically referring to this Limited Licensing Agreement.

10.) Either party's failure to enforce any provision of this Limited Licensing Agreement will not be deemed a waiver of the provision or any right under this Limited Licensing Agreement.

11.) The laws of the United States and of the State of Florida shall govern this Limited Licensing Agreement, without reference to its conflicts of laws, and both parties herby consent to the exercise of personal jurisdiction over both parties by the courts of the State of Florida because both parties are either located in the State of Florida or have substantial business contacts in the State of Florida.

12.) This Limited Licensing Agreement shall be deemed to have been drafted equally by both Parties hereto.

13.) Should litigation ensue related to the performance of this Limited Licensing Agreement, the prevailing party shall be entitled to collect from the non-prevailing party its reasonable expenses of enforcement, including, without limitation, its reasonable attorney's fees and the costs incurred at the pre-trial, trial, and appellate levels and in any bankruptcy forum.

IN WITNESS WHEREOF, the parties have caused this Limited Licensing Agreement to be executed this the **6/30/2014.**

Test Prep Systems, Inc. (d/b/a Progress Testing)	**The DISTRICT**
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

SCHOOL BOARD OF GILCHRIST COUNTY

TRANSPORTATION AGREEMENT

THIS AGREEMENT, made this 29th day of July, 2014, by and between the SCHOOL BOARD OF GILCHRIST COUNTY, FLORIDA (hereinafter referred to as "SCHOOL BOARD") located in Gilchrist County, Florida and DONNA EVELAND, social security number XXX-XX-8947, (hereinafter referred to as "PARENT"), of 934 NW 14th Avenue, Trenton, Florida 32693.

WITNESSETH:

I. PURPOSE OF THIS AGREEMENT:

A. The purpose of this Agreement is to provide reimbursement to Parent for transportation of his/her child,TE, Student ID# 2100007453, to Step by Step Success, 7558 SW 61st Avenue, Ocala, Florida 34476.

II. PARENT AGREES TO:

A. Provide an automobile, proof of a valid driver's license and proof of insurance to the School Board.

B. Provide a copy of social security card.

C. Provide transportation of his/her child to Step by Step Success during the 2014-2015 school term.

D. Be responsible for his/her own Worker's Compensation insurance, unemployment insurance, federal income tax withholding, Social Security, and Medicare, if required.

E. Submit a mileage voucher monthly to the School Board.

F. Shall be liable for, and agrees to be liable for, and shall indemnify, defend and hold the School Board harmless from and against any and all claims, suits, judgments or damages, including appeals arising out of or in the course of the Parent's provision of the services called for in this Agreement or the operation of Parent's automobile.

G. Provide release of information for Gilchrist County School District to verify attendance at Step by Step Success.

III. THE SCHOOL BOARD AGREES TO:

A. Honor all mileage vouchers for payment within thirty (30) days of submission.

B. Pay Parent mileage at the School Board approved rate. The School Board shall not pay for more than two (2) round trips per week to Step by Step Success for mileage, not to exceed two hundred seventy (270) miles total per week.

C. Appoint an individual to be responsible for coordinating services with Parent.

IV. TERM OF AGREEMENT; RENEWAL; MODIFICATION

THIS AGREEMENT shall become effective on the 1st day of July, 2014, and shall continue in effect through the 30th day of June, 2015. Renewal or modification of this agreement shall be made only in writing, and by the written consent of both parties. Any such written renewal or modification shall be attached to this initial agreement, and shall be dated and signed by both parties. The terms of this agreement may be canceled by a thirty (30) day written notice by either party to the other.

V. NOTICE REQUIREMENT:

NOTICES required or authorized under this agreement shall be sent by certified or registered mail, return receipt requested to:

For Schools: Mr. Rob Rankin, Superintendent
School Board of Gilchrist County, Florida
310 NW 11th Avenue
Trenton, Florida 32693
Telephone: (352) 463 -3200

For Parent: Mrs.Donna Eveland
934 NE 14th Avenue
Trenton, FL 32693
Telephone:

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

SCHOOL BOARD OF
GILCHRIST COUNTY, FLORIDA

BY: _____
JULIE THOMAS, CHAIR

ATTEST:

_____
ROB RANKIN,
SUPERINTENDENT AND SECRETARY TO THE BOARD

_____
WITNESS

_____
DONNA EVELAND, PARENT

_____
WITNESS

CHILD CARE AGREEMENT

THIS AGREEMENT made this 29th, day of July, 2014, by and between the **SCHOOL BOARD OF GILCHRIST COUNTY, FLORIDA** (hereinafter referred to as **SCHOOL BOARD)** located in Gilchrist County, Florida and Kathryn Powers social security number XXX-XX-1277 mailing address 7117 SE 78th Place, Trenton, FL 32693, (hereinafter referred to as **PARENT**).

WITNESSETH:

I. PURPOSE OF THIS AGREEMENT:

A. The purpose of this Agreement is to provide day care services for the child of the PARENT during the school calendar year, 2014-2015, as long as the PARENT is enrolled in the Teen Parenting Program offered by the Gilchrist County School District.

II. PARENT AGREES TO:

A. Provide day care services at the rate of Fifteen Dollars ($15.00) per day for the child for the days that PARENT attends school.
B. Provide proper care and clean environmental conditions for the health, safety and well being of the child.
C. Be responsible for Worker's Compensation insurance, unemployment insurance, federal income tax withholding, Social Security, and Medicare, if required.
D. Provide liability insurance.
E. Submit a monthly statement, on or before the 25th of each month.
F. Indemnify and hold harmless the School Board for any loss, damage, expense or costs, incurred by the School Board which may arise out of the act, failure to act, or negligence of the Parent, his/her agents, or employees or defects in the premises of the construction, operation and maintenance of any improvements on the premises of the PARENT.
G. Provide the Social Security Number of any third party, in the event payment is assigned to a third party.

III. THE SCHOOL BOARD AGREES TO:

A. Honor all monthly statements within thirty (30) days of submission.
B. Pay the PARENT according to the rate set out in Paragraph II above.
C. Appoint an individual to be responsible for coordinating services with PARENT.

IV. TERM OF AGREEMENT; RENEWAL; MODIFICATION:

THIS AGREEMENT shall become effective on the 18th day of August, 2014, and shall continue in effect through the 2nd day of June, 2015. Renewal or modification of this AGREEMENT shall be made only in writing, and by the written consent of all parties. Any such written renewal or modification shall be attached to this initial AGREEMENT, and shall be dated and signed by all

parties. The terms of this AGREEMENT may be canceled by a thirty (30) day written notice by either party to the other.

V. NOTICE REQUIREMENT:

NOTICES required or authorized under this Agreement shall be sent by certified or registered mail, return receipt requested to:

For Schools: Robert Rankin, Superintendent
School Board of Gilchrist County, Florida
310 NW 11th Avenue
Trenton, Florida 32693

For Parent: Kathryn Powers
7117 SE 78th Place
Trenton, FL 32693
Telephone: 352-214-9405

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

THE SCHOOL BOARD OF
GILCHRIST COUNTY, FLORIDA

By: _____
JULIE C. THOMAS, CHAIR

ATTEST:

_____
ROBERT RANKIN, SUPERINTENDENT
AND SECRETARY TO THE BOARD

_____ _____
Witness as to Parent PARENT

_____
Witness as to Parent

CHILD CARE AGREEMENT

THIS AGREEMENT made this 29th, day of July, 2014, by and between the **SCHOOL BOARD OF GILCHRIST COUNTY, FLORIDA** (hereinafter referred to as **SCHOOL BOARD)** located in Gilchrist County, Florida and Amber Smith social security number XXX-XX-1082 mailing address 6730 NW 55th Street, Bell, FL 32619, (hereinafter referred to as **PARENT**).

WITNESSETH:

I. PURPOSE OF THIS AGREEMENT:

A. The purpose of this Agreement is to provide day care services for the child of the PARENT during the school calendar year, 2014-2015, as long as the PARENT is enrolled in the Teen Parenting Program offered by the Gilchrist County School District.

II. PARENT AGREES TO:

A. Provide day care services at the rate of Fifteen Dollars ($15.00) per day for the child for the days that PARENT attends school.
B. Provide proper care and clean environmental conditions for the health, safety and well being of the child.
C. Be responsible for Worker's Compensation insurance, unemployment insurance, federal income tax withholding, Social Security, and Medicare, if required.
D. Provide liability insurance.
E. Submit a monthly statement, on or before the 25th of each month.
F. Indemnify and hold harmless the School Board for any loss, damage, expense or costs, incurred by the School Board which may arise out of the act, failure to act, or negligence of the Parent, his/her agents, or employees or defects in the premises of the construction, operation and maintenance of any improvements on the premises of the PARENT.
G. Provide the Social Security Number of any third party, in the event payment is assigned to a third party.

III. THE SCHOOL BOARD AGREES TO:

A. Honor all monthly statements within thirty (30) days of submission.
B. Pay the PARENT according to the rate set out in Paragraph II above.
C. Appoint an individual to be responsible for coordinating services with PARENT.

IV. TERM OF AGREEMENT; RENEWAL; MODIFICATION:

THIS AGREEMENT shall become effective on the 18th day of August, 2014, and shall continue in effect through the 2nd day of June, 2015. Renewal or modification of this AGREEMENT shall be made only in writing, and by the written consent of all parties. Any such written renewal or modification shall be attached to this initial AGREEMENT, and shall be dated and signed by all

parties. The terms of this AGREEMENT may be canceled by a thirty (30) day written notice by either party to the other.

V. NOTICE REQUIREMENT:

NOTICES required or authorized under this Agreement shall be sent by certified or registered mail, return receipt requested to:

For Schools: Robert Rankin, Superintendent
School Board of Gilchrist County, Florida
310 NW 11th Avenue
Trenton, Florida 32693

For Parent: Amber Smith
6730 NW 55th Street
Bell, FL 32619
Telephone: 352-318-6633

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

THE SCHOOL BOARD OF
GILCHRIST COUNTY, FLORIDA

By: _____
JULIE C. THOMAS, CHAIR

ATTEST:

_____
ROBERT RANKIN, SUPERINTENDENT
AND SECRETARY TO THE BOARD

_____ _____
Witness as to Parent PARENT

_____
Witness as to Parent

VENUE RENTAL QUOTE

Issued 6/5/2014 ***(valid for 14 days)***

FLMNH Attn: Events & Rentals
PO Box 112710 | Gainesville, FL 32611-2710
PHONE: (352) 273-2045 | FAX: (352) 846-0253
www.flmnh.ufl.edu/rentals

Event Name:	Bell High School prom	**Event Date:**	4/3/2015 or 4/4/2015
		Event Times:	7:00-11:00pm
Issued To:	Sue Hurst 930 S. Main St. Bell, FL 32619 hursts@mygcsd.org 352-463-3232	**Museum Contact:**	Amber Tison, Rentals Coordinator atison@flmnh.ufl.edu (352) 273-2045 Ciara Lister, Rentals Assistant clister@flmnh.ufl.edu (352) 273-2046

DESCRIPTION	PRICE	DISCOUNT	SUBTOTAL
Denny Gal./Galleria, Thompson Gal., non-profit	$2,000.00		$2,000.00
Setup & Breakdown/Security	$275.00		$275.00
Event Insurance, 101-500 guests	$140.00		$140.00
		Subtotal	$2,415.00
Notes: Approx. 200 guests		*Tax exempt*	$0.00
		TOTAL	**$2,415.00**

Included in Rental Package:

1. All tables (12-36"round pubs, 29-8' rectangular banquets) and chairs (175), for both guest and vendor use.
2. All A/V equipment, including: laptop, projector, microphone and audio system.
3. Free parking in the Cultural Plaza parking lot and garage after 3:30pm on weekdays/all weekend.
4. Complimentary access to all permanent exhibits (if requested).
5. Caterer and vendor preparation area.
6. Two hours for event setup and one hour for event strike.
7. Pre-planning recommendations, vendor liaison service, day-of facility coordination and security staff.

Additional Information:

• Quote does not secure booking. Receipt of signed rental agreement and deposit confirms reservation and acceptance of quote.
• Quote is not an invoice. Additional fees may be charged after event if guest count changes, if additional spaces are rented, if there is damage or if vendors/clients stay more than one hour after event end time (guests 15 minutes).
• Insurance and staffing fees are subject to change based on number of guests and length of event.
• The FLMNH only allows caterers from our approved list. Please check before contracting with your caterer.
• See rental agreement for complete list of terms.

— NOT AN INVOICE. DO NOT PAY. —

THANK YOU FOR CONSIDERING THE FLORIDA MUSEUM OF NATURAL HISTORY.

FLORIDA MUSEUM OF NATURAL HISTORY

Rental Information

We are thrilled that you have considered the Florida Museum of Natural History as the venue for your special event!

From wedding receptions and holiday parties to presentations and client appreciations, the Museum is guaranteed to provide a unique and stunning backdrop for your evening.

Following is important information regarding our rental process, so please review it carefully.

Thanks again for considering the Florida Museum!

Florida Museum of Natural History
University of Florida Cultural Plaza
3215 Hull Road | Gainesville, FL | 32611

Office of Special Events & Rentals
http://www.flmnh.ufl.edu/rentals
specialevents@flmnh.ufl.edu
352-273-2045

Reservations, Bookings, and Payments

All reservations are considered tentative until a contract is fully executed and a deposit is received (University of Florida groups are exempt from paying deposits but may be charged for cancellations). All events must be contracted and full payment received thirty (30) days prior to the scheduled event (UF groups – thirty (30) days after).

Clients must wait to pay deposits and balances until they receive their respective invoices from the Special Events & Rentals office. If a client wishes to pay over the phone by credit card, they must schedule an appointment with the Special Events & Rentals office.

Deposit payments can be made with cash or credit cards (Visa, MasterCard, Discover or American Express accepted) ONLY. *Final payments* can be made in the above listed formats as well as with checks. UF groups should pay via E2R.

Clients must also purchase Event Liability Insurance through FLMNH unless they can provide proof of their own event insurance meeting the University's requirements. This cost will be added to the quote/invoices and ranges from $110-$140.

In the event of a cancellation, refunds will be determined by the following scale:

- less than three months before event: *no refunds*
- three to six months before event: *25% of deposit refunded*
- more than six months before event: *50% of deposit refunded*

Some Guidelines for Use of the Florida Museum

The nature of renting a museum for special events requires the implementation of certain policies and rules regarding usage. Compliance with these guidelines is required and appreciated.

All renters must adhere to the provisions of the Rental Agreement unless any provision is specifically waived in writing by the FLMNH director. The written provisions of the Rental Agreement supersede any other agreement.

Private events can only be held between the hours of 5:30PM and 11:00PM. Event setup can start two hours before event start time or 5:00PM, whichever is earlier. One hour after event end time is included for teardown.

The FLMNH may only be used on an as-is basis. Exhibits may be different at the time of booking than at the time of the event and cannot be moved or changed for the event.

There is no additional charge for the use of our pub or banquet tables, chairs, projector, screen, sound system, laptop computer, or wireless mic. We do not have 60" or 72" round tables.

Due to the University of Florida's pouring rights contract with PepsiCo, *only* Pepsi products can be served during events at the FLMNH.

The following items are prohibited at the FLMNH: glitter, rice, birdseed, and similar items; chocolate fountains; incense, oil lamps, or gas-powered implements; and live flowers obtained from anywhere other than a florist, retailer or wholesaler. Candles are permitted, provided they are in a container with 2" above the flame. Sparklers and bubbles are permitted outside only.

Items cannot be attached to the walls or ceiling, and the use of balloons and large-scale decor must receive prior authorization from the Special Events & Rentals office.

Frequently Asked Questions

How do I secure a date for my special event?

Return the signed contract and deposit as soon as possible to secure your event date. If the contract and deposit have not been returned and the Museum receives another request for the same date, our staff will attempt to contact you before releasing the date.

When can I arrange a site visit?

Site visits are available by appointment Monday-Friday from 10:00AM - 5:00PM. Please contact us to schedule an appointment.

What does the rental fee include?

The rental fee includes limited pre-event logistical assistance as well as on-site security and an on-site facility/event contact. Tables, chairs, audiovisual components, setup and teardown time, and access to permanent exhibits are included in the rental fee. There may be a charge for damage to our items.

Is my event the only event in the building?

Yes, you will have exclusive access to the Museum through the duration of your event.

What is the earliest time my event can start?

The earliest guests may arrive is 5:30PM. However, event preparation and vendor arrival can begin two hours before event start time or 5:00PM, whichever is earlier. Our Special Events & Rentals staff will work with your vendors to ensure that they are provided enough time to prepare for your event.

May I use my own caterer?

To protect the Museum's collections, exhibits and clients, it is important we work with caterers who have demonstrated respect and agreed to adhere to the Museum's special event policies. Refer to our list of approved caterers permitted to work with the Museum before contracting with your caterer.

May alcohol be served at my event?

Yes, as long as you use a licensed and insured bartender. If you choose a caterer from the Museum list that is not approved to serve alcohol, Special Events & Rentals staff can recommend approved bartenders to work with your caterer.

Do you provide linens and decorations? What about music?

The Museum does not provide linens or decorations. We can provide background music if requested.

Do you have a dance floor?

No, but you are permitted to rent one as long as the vendor works within our setup and strike guidelines. We typically recommend a 9'x12' or 12'x15' floor, depending on guest count.

Frequently Asked Questions

Can the Butterfly Rainforest be opened for my events?

Absolutely! Entrance to the Butterfly Rainforest can be made available for a significant discount (recommended March-October). Please contact us for current rates.

Will my guests have access to the other exhibits?

Upon request, your guests will be able to tour the Museum's indoor permanent exhibits at no additional cost. Admission to the Butterfly Rainforest and temporary exhibits may require an additional charge.

How is parking handled?

Self-parking in the UF Cultural Plaza lot and garage is complimentary after 3:30PM weekdays and all weekend, but parking cannot be reserved or guaranteed. This includes game days.

May I have a band or D.J. at my event?

Yes, there are several great locations throughout the Museum where a band or D.J. can set up. Please contact us for recommendations.

May I have a photographer at my event?

Certainly! We currently have no restrictions for photography. Please contact us for photographer recommendations.

Is there a rental insurance requirement?

A certificate of liability insurance is required by the University of Florida for all groups who rent the Museum unless they can provide proof of their own insurance. Special Event Liability Insurance rates depend on the type of event and number of attendees and the cost will be added to your quote accordingly.

Do you offer any discounts?

Yes. We offer a 10% off-season discount off the venue fee for events in January, February, July and August.

© Footstone Photography

Dates to Consider

Sunset Times

Are you considering renting the Butterfly Rainforest? Butterflies do go to sleep, so check out the sunset time ranges below to see if your guests would be able to fully enjoy the Rainforest.

All times are approximate.

January:	5:42 p.m. to 6:06 p.m.
February:	6:07 p.m. to 6:28 p.m.
March:	6:29 p.m. to 7:47 p.m.
April:	7:48 p.m. to 8:06 p.m.
May:	8:06 p.m. to 8:25 p.m.
June:	8:25 p.m. to 8:34 p.m.
July:	8:23 p.m. to 8:34 p.m.
August:	7:53 p.m. to 8:22 p.m.
September:	7:16 p.m. to 7:51 p.m.
October:	6:43 p.m. to 7:15 p.m.
November:	5:30 p.m. to 6:43 p.m.
December:	5:30 p.m. to 5:41 p.m.

Daylight Saving Time

2014: March 9th - November 2nd.

2015: March 8th – November 1st.

Gator Home Games

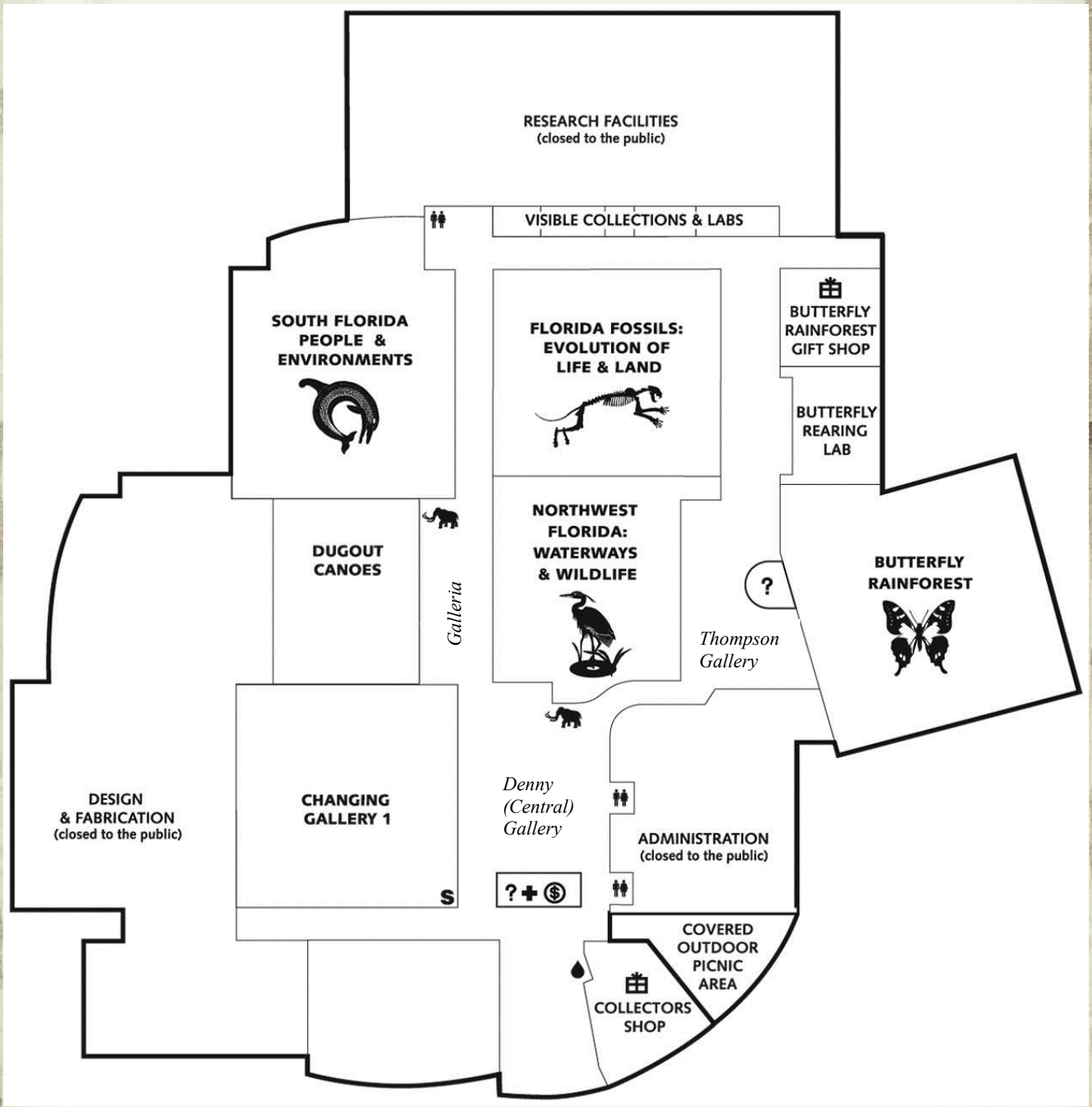
Please carefully consider the date of your event and its proximity to one of the home football games listed below.

Hotels in and around Gainesville fill up quickly on home game weekends and also tend to be much more expensive than other weekends, so make sure you are satisfied with the date you have chosen.

2014:

8/30:	Idaho
9/06:	Eastern Michigan
9/13:	Kentucky
10/11:	LSU
10/18:	Missouri (Homecoming)
11/15:	South Carolina
11/22:	Eastern Kentucky

Museum Layout



Preferred Vendors
(non-catering)

Currently, the choice of non-catering vendors at the Florida Museum is left to the discretion of the client, pending approval from Special Events staff. Following is a list of vendors we enjoy working with and can recommend to our clients.

CAKE:

KB Kakes
386-518-6878 | kbkakes.com

Sugar Refined Bake Shop
352-472-9895 | www.sugar-refined.com

DÉCOR/FLORAL:

Balloons by Florally Yours
352-384-9989 | florallyours.balloonhq.com

Keith Watson Productions
352-264-8812 | keithwatsonproductions.com

The Plant Shoppe Florist
352-371-6249 | theplantshoppe.com

Prange's Florist
352-335-0100 | pranges.com

DJ:

Gnys Entertainment
352-678-7030 | gnysentertainment.com

Storybook Events
352-222-2168 | storybookevents.com

Wayne's World Entertainment
352-262-3820 | waynesworldentertainment.com

MAKEUP:

Your Wedding Make-up
407-415-3202 | yourweddingmakeup.com

PHOTOGRAPHY:

Footstone Photography
352-562-3066 | footstonephotography.com

Jimmy Ho Photography
352-871-7217 | jimmyhophotography.com

Russell Martin Photography
352-266-8015 | russellmartinphotography.com

Sweet Serendipity Photography
352-278-3448 | blog.sweetserendipityphotography.com

RENTALS:

Aviant Party Rentals
352-522-1805 | aviantpartyrentals.com

Beautiful Moments Party Rental & Supplies
352-307-8180 | beautifulmomentsparty.com

The Grande Event
352-378-4213 | thegrandeevent.com

Approved Caterers
(and those in progress)

APPROVED:

NAME	CONTACT	APPROVED FOR ALCOHOL?
Cacciatore Catering	352-692-0701 | cacciatorefoods.com	Yes
Celebrations Catering	352-377-0787 | celebrations-catering.com	Yes
Chef Brothers Catering	352-727-4702 | chefbrothers.com	Yes
Classic Fare Catering	352-392-3463 | gatordining.com	Yes
Dos Mamas Eastside Eatery	352-505-0369 | dosmamasgainesville.com	Beer/Wine Only
Sweetwater Branch Inn	352-373-6760 sweetwaterinn.com/catering/catering.asp	Beer/Wine Only
White Apron Catering	352-376-8467 | whiteapproncatering.com	Yes

IN PROGRESS:

(full approval requires three successful events, but you can help them get there)

NAME	CONTACT	APPROVED FOR ALCOHOL?
Blue Water Bay	352-475-1928 | thebluewaterbay.com	Yes
Custom Caterers	352-466-0307 | customcaterers.net	Yes
David's BBQ & Catering	352-373-2002 | davidsbbq.com/catering	No
Embers Wood Grill	352-380-0901 | embersofflorida.com	Yes
Stewart's Catering Co.	352-335-4527	Yes
Willy's Mexicana Grill	352-336-8040 | willys.com	No

If you choose a caterer without alcohol liability, we can recommend independent bartending services.

Updated May 2014

3300 Business Park Drive
Stevens Point, WI 54482

Accident & Health

Catastrophe K-12 Renewal Quote Letter - Blanket Special Risk Insurance

Insuring Company:
National Union Fire Insurance Company of Pittsburgh, PA
175 Water Street, 18th Floor, New York, NY 10038

July 16, 2014

Michael McGrath
Davis Insurance Agency
PO Box 1328
Ocala, FL 34478

Dear Michael McGrath:

Based on the information provided, National Union Fire Insurance Company of Pittsburgh, PA is pleased to offer a Blanket Special Risk Quote for **Gilchrist County School Board**.

******Policy/ Policy Number: Please note, upon binding this renewal your policy will be rewritten and a new policy number may be assigned.******

Policy Effective Date		Policy Expiration Date
August 1, 2014	to	August 1, 2015

Risk Address: 310 NW 11th Avenue
Trenton, FL 32693

Insureds:

Description of Class
All enrolled students of the school or school district. Grades Prek-12

Description of Activity:

While on the Policyholder's premises enrolled as a full-time student with the Policyholder, including all sports and school activities, Including Interscholastic Football; during the hours and on the days when the Policyholder is in session, including one hour before and after; or during the hours and on the days when the Policyholder is not in session while participating in or attending Policyholder sponsored activity. This includes: coverage away from the Policyholder's premises while participating in any activity authorized by the Policyholder or traveling to and from such activity in a vehicle designated by the Policyholder whether or not the Policyholder is in session; and traveling directly and uninterruptedly to or from the student's residence to attend regular Policyholder sessions.

Benefits:	Limits:
Accidental Death:	$10,000
Incurral Period:	365 Days
Heart and Circulatory	included
Accidental Dismemberment:	$20,000
Incurral Period:	365 Days
Accident Medical Expense (Excess):	$6,000,000
Deductible (Integrated):	$25,000
Benefit Period:	520Weeks
Incurral Period	180 days
Catastrophe Cash Benefit:	$500,000
Initial Lump Sum:	$100,000
Monthly Maximum Amount :	$3,333.33
Maximum Number of Months:	120
Incurral Period:	180 Days
Waiting Period:	6 Consecutive Months
Seat Belt and Air Bag	$5000
Brain Death	$100,000

Policy Forms	
Blanket Accident Insurance Policy	C11695DBG-FL
Master Application	C11696DBG (Rev. 12/12)-FL
Accident Medical Expense Benefit Rider	S30549DBG-FL (Rev. 12/09)
Excess Benefits with Integrated Deductible Rider	C11704DBG(Rev. 10/08)
Coverage Territory Endorsement	89644(7/05)
Subrogation and Right of Recovery Endorsement	C11716DBG
Injury Definition and Exclusions Amendatory Rider	S30399DBG-FL
Catastrophe Cash Benefit	S30554DBG-FL
Brain Death Catastrophe Cash Benefit Rider	S30432DBG
Payment of Claims Amendatory Endorsement	S30433DBG
Amendatory Endorsement	S30443DBG-FL
Heart and/or Circulatory Benefit Rider	S30559DBG
Seat Belt and Air Bag Benefit Rider	C11715DBG
Important Consumer Service Information Regarding Your Insurance	U40002-FL
Certificate of Coverage	C22842DBG-FL

9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment;
10. elective treatment or surgery;
11. Experimental or Investigative treatment or procedures;
12. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
13. Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
14. educational or vocational testing or training;
15. treatment of Osgood-Schlatter's disease;
16. detached retina unless due to an Injury;
17. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;
18. plastic or cosmetic surgery, except due to a covered Injury;
19. charges that are payable under motor vehicle medical benefits;
20. hernia , except as a result of participation in a Covered Activity;
21. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

Commission:

Premium: $5,500.00

Thank you for allowing the National Union Fire Insurance Company to quote this risk. If you would like to discuss the quote or have any questions, please feel free to call me at (715) 295-3306.

Sincerely,

Adam Foesch
Underwriter

This quote letter provides a summary of the policy features only and does not cover all the terms, conditions and limitations. The policy will contain the actual terms, conditions and limitations of the coverage to be provided. If there is any conflict between this quote letter and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms of the policy as issued.

Please note that this quote is valid for 90 days (the valid period of 90 days does not extend beyond the expiration date of the current policy period).

If you wish to bind coverage, please sign and email to Adam.Foesch@AIG.com

Broker Signature

8-1-14
Effective Date of Coverage

Policy Exclusions:

1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2) sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
3) the Insured's commission of or attempt to commit a crime.
4) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5) declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
6) Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
   a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
   b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
   c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9) the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10) the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
11) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13) any condition for which the Insured is paid benefits under any Workers' compensation Act or similar law.
14) the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15) any loss incurred while outside the United States, its Territories or Canada.

Accident Medical Expense Benefit Exclusions:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Maximum shown in the Benefit Schedule
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;
4. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;

LICENSE AGREEMENT

THIS LICENSE AGREEMENT (this "Agreement") is made and entered into as of the date it is executed by all parties, by and between Gilchrist County Public Schools, with its principal place of business at 310 NW 11th Avenue, Trenton FL 32693 ("Licensee") and the Florida Department of Education, with its principal place of business at 325 W. Gaines Street, Tallahassee, FL 32399 ("DOE").

WHEREAS, the DOE maintains local assessment items (“Local Items”) in a secure item bank for Florida public schools (collectively, "the Florida Interim Assessment Item Bank and Test Platform (IBTP)");

WHEREAS, the DOE wishes to license Local Items from the IBTP to the Licensee pursuant to s. 1008.22,Fla. Stat., and The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. s. 1232g, and regulations thereunder, in order to support districts in the development and acquisition of local assessments described under this Agreement;

THEREFORE, In consideration of the premises and the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

I. RIGHTS AND LICENSES

(a) License Grant. On the terms and subject to the conditions set forth in this Agreement, the DOE hereby grants to Licensee a limited, non-exclusive license to use the Local Items to develop and administer local assessments. Licensee may copy Local Items for back-up purposes only.

(b) Restrictions on Use.

i. Licensee may not share Local Items with any other parties.

ii. Licensee will maintain the security of the Local Items as required as part of section 1008.24, Florida Statutes.

Licensee may not release or re-publish Local Items without the express written consent of the DOE. Licensee may not make any use of Local Items, except as expressly permitted herein.

(c) Support. DOE will provide reasonable assistance to Licensee in responding to inquiries relating to the Local Items.

2. LICENSED DATA REQUEST AND DELIVERY

(a) Matching. Upon receipt of the request for Local Items ("File Request"), the DOE will produce ("Response Files"). The Response Files will include the Local Items and unique identifying information for each Local Item. .

(b) Delivery. Upon receipt of File Request, the DOE shall deliver Response Files containing Local Items to the Licensee. All files will be delivered via a secure file transfer protocol FTP.

3. PROPRIETARY RIGHTS

DOE Property. As between the DOE and Licensee, Licensee expressly acknowledges, certifies and agrees that the DOE owns, and shall continue to own, all right, title and interest in and to the Local Items provided hereunder and does not convey any proprietary interest therein to Licensee other than the license as specified herein. Licensee agrees that it shall not use the Local Items in any way other than as herein authorized or in any manner represent that they have any ownership interest in and to the Local Items. Furthermore, Licensee agrees and acknowledges that any modifications, changes, or improvements to the Local Items made by Licensee, shall be the responsibility of the Licensee. .

4. SECURITY

(a) The parties acknowledge their separate obligations to perform this Agreement in accordance with the requirements of ss. 1008.22 and 1008.24, Fla. Stat.,FERPA, 20 USC 1232g and 34 CFR Part 99 and the State Public records Law, Title X, Chapter 119, Florida Statutes, by establishing rights or duties of confidentiality, privacy, and nondisclosure. To fulfill these obligations, the parties agree that electronic files transmitted between the parties may contain personally identifiable information on "pupils" or "students" as defined in FERPA. Therefore, the following provisions shall apply:

i. If the purpose for which files are sent does not require the DOE or Licensee or personnel and/or agents in their employ ("Personnel") to print, display, or otherwise personally review the contents of the tape, Personnel shall refrain from doing so.

ii. If the purpose for which files are sent does require either party's Personnel to print, display, or otherwise personally view the contents of the file, for example, to avoid or correct a malfunction of the matching process, the Personnel shall do so in a manner that prevents the disclosure of the contents of the file by persons not involved in the process.

iii. The parties agree to provide written instructions regarding

subparagraphs (a), i and ii above to affected Personnel.

iv. Each electronic file sent by the DOE and in the possession of Licensee, and each file sent by Licensee and in possession of DOE, that contains personally identifiable information as to a pupil or student, and each hard copy of such information shall be stored in a secure location, such as a locked desk or file cabinet, except when in use of the purpose for which it was provided. Automated records shall be stored in secured computer facilities with strict Automated Data Processing ("ADP") controls.

5. TERM AND TERMINATION

(a) Term. This Agreement shall commence as of the date first above written or when signed by all parties whichever is later and shall continue in effect thereafter unless and until terminated in accordance with its provisions.

(b) Termination. Either party may terminate this Agreement upon written notice to the other party without cause upon thirty (30) days notification to the other party.

(c) Effect of Termination. Licensee shall destroy all personally identifiable information provided, including the Response Files, within five (5) years of the date of receipt. The Licensee may retain non-personally identifiable Data.

6. CONFIDENTIALITY

(a) General. A party who receives any confidential or proprietary information of the other party ("Confidential Information") shall keep confidential and agrees not to disclose the Confidential Information to third parties without the prior written approval of the other or as provided for under this Agreement. Without limiting the generality of the foregoing, Confidential Information shall include the Licensed Data. Each party shall carry out its respective obligations hereunder using the same degree of care that it uses in protecting its own Confidential Information.

(b) Exceptions. Confidential Information does not include (A) Licensee's analysis of the Local Items or (B) information which (i) was rightfully known to the receiving party prior to its disclosure hereunder by the disclosing party; (ii) is or becomes publicly known through no wrongful act of the receiving party; (iii) has been rightfully received from a third party authorized to make such a disclosure; (iv) is independently developed by the receiving party without reference to Confidential Information disclosed hereunder.

7. REPRESENTATIONS AND WARRANTIES

(a) Each of the DOE and Licensee represent, warrant and covenant to each other,

as an essential part of this Agreement, that: (i) it is duly organized and validly existing and in good standing under the laws of the state of its incorporation or formation; and (ii) it is fully able to perform its obligations and to grant the licenses and rights granted hereunder.

(b) The parties understand and agree that this agreement will result in sharing information that has been provided to them by other entities. Neither party warrants or guarantees the completeness, accuracy or reliability of the information in its databases. The parties specifically declaim any responsibility or liability for errors or omissions in the information exchanged as a result of this agreement, including direct, indirect, incidental, special, or consequential damage resulting from the use of information released under this Agreement.

8. MISCELLANEOUS PROVISIONS

(a) Entire Agreement. This Agreement constitutes the entire agreement between the parties concerning the subject matter hereof and supersedes any pre-existing agreement and any oral or written communication between the parties.

(b) Relationship. This Agreement does not provide for a joint venture, partnership, agency or employment relationship between the parties.

(c) Amendments. This Agreement can only be modified by a written agreement signed by both parties.

(d) Force Majeure. Neither party shall be responsible for failure to perform hereunder or for any loss or damage (including indirect or consequential damages) due to causes beyond its reasonable control, including, without limitation, governmental requirements, work stoppages, fire, civil disobedience, embargo, war, acts of terrorism, riots, rebellions, earthquakes, strikes, floods, water and the elements, inability to secure equipment, raw materials or transport, acts of God, or similar occurrences or any threat of the foregoing.

(f) Assignment. Neither party shall, in whole or in part, assign or delegate its rights, duties or obligations under this Agreement to any person or entity, without the other's prior written consent.

(g) Notice. All notices or other communications hereunder shall be deemed to have been duly given and made if in writing and if served by personal delivery upon the party for whom it is intended on the day so delivered, if delivered by registered or certified mail, return receipt requested, on the third business day following such mailing or by a national courier service on the business day following such mailing, or if sent by fax on the day faxed, or if not a business day, the next succeeding business day, provided that the fax is promptly confirmed by telephone confirmation thereof, to the person at the address set forth below, or such other address as may be designated in writing hereafter, in the same manner, by such person:

Licensee shall provide all notices to DOE under this Agreement to, Florida Department of Education, 325 W. Gaines Street, Tallahassee, FL 32399, (850) 245-0764.

DOE shall provide all notices to the Licensee under this Agreement to Superintendent, Gilchrist County Public Schools, 310 NW 11th Avenue, Trenton, FL 32693, 352-463-3200.

(h) Waiver. A waiver by either party at any time of a breach or default of any provision of this Agreement shall not apply to any breach or default of any other provision of this Agreement or imply that a breach or default of the same provision at any other time has been or will be waived or that this Agreement has been in any way amended, nor shall any failure by either party to object to conduct of the other be deemed to waive such party's right to claim that a repetition of such conduct is a breach or default hereof. Any waiver must be made in writing and signed by the party effecting any such waiver.

(i) Severability. If any provision of this Agreement shall for any reason be held invalid, illegal or unenforceable the same shall not affect the validity of this Agreement or any of the provisions hereof and this Agreement shall be interpreted and construed as if such provision, to the extent invalid, illegal or unenforceable, had not been contained herein.

(j) Survival. The provisions of Sections 1(b), 4, 6, and 7 shall survive the termination or expiration of this Agreement.

(k) Headings. The section headings used herein are for reference and convenience only and shall not enter into the interpretation hereof.

(l) Counterparts. This Agreement may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first above written or on the date signed by all parties whichever is later.

Gilchrist County Public Schools	FLORIDA DEPARTMENT OF EDUCATION
By: _____	By: _____
Name: Julie C. Thomas	Name: _____
Title: Chair	Title: _____

MyPayment NETWORK

My Payment Network
Proposal and Price Quote
For
Gilchrist County School District

Description

Gilchrist County School District will use the SchoolPay service to take payments online for a variety of payment needs, such as band and technology equipment rental programs, and more. SchoolPay system includes two modules for use by Gilchrist County School District staff and parents:

- Administrator Module
- Parent Center Module

Administrator Module

The SchoolPay system includes an administrator module for use by Gilchrist County School District staff for the overall monitoring and operation of the Gilchrist County School District SchoolPay account: Administrator Module features include:

- Creating secure payment pages for one-time and recurring transactions
- Running transaction reports and reconciliation reports
- Researching payment activity in general
- Issuing refunds and voids

Parent Center Module

The SchoolPay Parent Center gives parents a secure online account from which they can:

- Make payments in a few clicks
- Make payments for all household children in the district regardless of school
- Make payments to the school, district or PTA
- View their transaction history and run reports on their spending

Fees

Set-up and Annual Maintenance Fees

Gilchrist County School District will incur the following fees in the creation and maintenance of the SchoolPay account:

- Set-up fee of $449.95 covers merchant account creation, training of district/school staff and launching Parent Accounts
- Annual maintenance fee of $224.95 covers all upgrades and new features and training for new staff members
- Data connections are $1,000 per year as ordered by the district (optional)

Transaction Fees

- $.50 + 75 basis points for electronic check payments
- 2.99% + $.30 for qualified (VISA, MasterCard and Discover) transactions
- 3.54% + $.30 for non-qualified (VISA and MasterCard) transactions*
- Additional $.25 per transaction for American Express

MyPayment
NETWORK

Term

My Payment Network requires a two-year commitment in using the service with an automatic one year renewal on the anniversary. Gilchrist County School District can elect not to renew by alerting My Payment Network in writing 60 days before the renewal date.

Security

My Payment Network is PCI DSS (Payment Card Industry Data Security Standard) compliant and is audited to that standard. My Payment Network is registered with VISA and is on the list of approved and compliant online payment providers at VISA.

***Non-Qualified Transactions**

Non-qualified transactions will be about 5-10 percent of your overall transaction volume. Non-qualified transactions are those transactions that come from certain corporate credit cards and certain premium reward cards. Unfortunately, there seems to be no way of knowing in advance if the transaction will be non-qualified. My Payment Network has negotiated with its processing partners to cap non qualified transactions at a 55 basis point increase. My Payment Network often hears of schools that are charged 4.5 percent for non-qualified transactions. Having a cap is rare and is My Payment Network's way to take some of the pain out of non-qualified transactions.

MyPayment NETWORK

MERCHANT SERVICES AGREEMENT for SUB-MERCHANTS

In connection with Gilchrist County School District ("Merchant") with tax ID _____ and in agreement with My Payment Network, Inc. ("Provider"), Vantiv, LLC and its designated Member Bank (collectively "Vantiv") will provide Merchant with certain payment processing services ("Services") in accordance with the terms of this Merchant Services Agreement. In consideration of Merchant's receipt of credit or debit card funded payments, and participation in programs affiliated with MasterCard International Inc. ("MasterCard"), VISA U.S.A. Inc. ("VISA"), Discover ("Discover"), and certain similar entities (collectively, "Associations), Merchant is required to (i) enter into a direct relationship with an entity that is a member of the Associations and (ii) agree to comply with Association rules as they pertain to applicable credit and debit card payments. By executing this Merchant Services Agreement, Merchant is fulfilling the Association rule of entering into a direct relationship with a Member of the Associations; however, Vantiv understands that Merchant may have contracted with Provider to obtain certain processing services and that Provider may have agreed to be responsible to Merchant for all or part of Merchant's obligations contained herein.

NOW, THEREFORE, in consideration of the foregoing recitals and of the mutual promises contained herein, the parties agree as follows:

1. **Certain Merchant Responsibilities.**

Merchant agrees to participate, and to cause third parties acting as Merchant's agent ("Agents"), to participate, in the Associations in compliance with, and subject to, the by-laws, operating regulations and/or all other rules, policies and procedures of the Associations (collectively "Operating Regulations"). Merchant also agrees to comply with all applicable state, federal, and local laws, rules, and regulations ("Laws"). Without limiting the foregoing, Merchant agrees that it will fully comply with any and all confidentiality and security requirements of the USA Patriot Act (or similar law, rule or regulation), VISA, MasterCard, Discover, and/or Other Networks, including but not limited to the Payment Card Industry Data Security Standard, the VISA Cardholder Information Security Program, the MasterCard Site Data Protection Program, and any other program or requirement that may be published and/or mandated by the Associations. For purposes of this section, Agents include, but are not limited to, Merchant's software providers and/or equipment providers.

If appropriately indicated in Merchant's agreement with Provider, Merchant may be a limited-acceptance Merchant, which means that Merchant has elected to accept only certain Visa and MasterCard card types (i.e., consumer credit, consumer debit, and commercial cards) and must display appropriate signage to indicate the same. Vantiv has no obligation other than those expressly provided under the Operating Regulations and applicable law as they may relate to limited acceptance. Merchant, and not Vantiv, will be solely responsible for the implementation of its decision for limited acceptance, including but not limited to policing the card type(s) accepted at the point of sale.

Merchant shall only complete sales transactions produced as the direct result of bona fide sales made by Merchant to cardholders, and is expressly prohibited from processing, factoring, laundering, offering, and/or presenting sales transactions which are produced as a result of sales made by any person or entity other than Merchant, or for purposes related to financing terrorist activities.

Merchant may set a minimum transaction amount to accept a card that provides access to a credit account, under the following conditions: i) the minimum transaction amount does not differentiate between card issuers; ii) the minimum transaction amount does not differentiate between MasterCard, Visa, or any other acceptance brand; and iii) the minimum transaction amount does not exceed ten dollars (or any higher amount established by the Federal Reserve). Merchant may set a maximum transaction amount to accept a card that provides access to a credit account, under the following conditions: Merchant is a i) department, agency or instrumentality of the U.S. government; ii) corporation owned or controlled by the U.S. government; or iii) Merchant whose primary business is reflected by one of the following MCCs: 8220, 8244, 8249 –Schools, Trade or Vocational; and the maximum transaction amount does not differentiate between MasterCard, Visa, or any other acceptance brand.

2. **Merchant Prohibitions.**

Merchant must not i) require a cardholder to complete a postcard or similar device that includes the cardholder's account number, card expiration date, signature, or any other card account data in plain view when mailed, ii) add any tax to transactions, unless applicable law expressly requires that a Merchant impose a tax (any tax amount, if allowed, must be included in the transaction amount and not collected separately), iii) request or use an account number for any purpose other than as payment for its goods or services, iv) disburse funds in the form of travelers checks if the sole purpose is to allow the cardholder to make a cash purchase of goods or services from Merchant, v) disburse funds in the form of cash unless Merchant is dispensing funds in the form of travelers checks, TravelMoney cards, or foreign currency (in such case, the transaction amount is limited to the value of the travelers checks, TravelMoney cards, or foreign currency, plus any commission or fee charged by the Merchant), or Merchant is participating in a cash back service, vi) submit any transaction receipt for a transaction that was previously charged back to the acquirer and subsequently returned to Merchant, irrespective of cardholder approval, vii) accept a Visa consumer credit card or commercial Visa product issued by a U.S. issuer to collect or refinance an existing debt, viii) accept a card to collect or refinance an existing debit that has been deemed uncollectable by Merchant, or ix) submit a transaction that represents collection of a dishonored check. Merchant further agrees that, under no circumstance, will Merchant store cardholder data in violation of the Laws or the Operating Regulations including but not limited to the storage

of track-2 data. Neither Merchant nor its Agent shall retain or store magnetic-stripe data subsequent to the authorization of a sales transaction.

3. **Settlement.**

Upon receipt of Merchant's sales data for card transactions through Provider Services, Vantiv will process Merchant's sales data to facilitate the funds transfer between the various Associations and Merchant. After Vantiv receives credit for such sales data, Vantiv will fund Merchant, either directly to the Merchant-Owned Designated Account or through Provider to an account designated by Provider ("Provider Designated Account"), at Vantiv's sole option, for such card transactions. Merchant agrees that the deposit of funds to the Provider Designated Account shall discharge Vantiv of its settlement obligation to Merchant, and that any dispute regarding the receipt or amount of settlement shall be between Provider and Merchant. Vantiv will debit the Provider Designated Account for funds owed to Vantiv as a result of the Services provided hereunder, unless a

Merchant-owned account is otherwise designated below. Further, if a cardholder disputes a transaction, if a transaction is charged back for any reason, or if Vantiv reasonably believes a transaction is unauthorized or otherwise unacceptable, the amount of such transaction may be charged back and debited from Merchant or Provider.

☐ Merchant-Owned Designated Account:

Name of Bank: _____

ABA No.: _____

Account No.: _____

Account Name: _____

4. **Term and Termination**

This Merchant Services Agreement shall be binding upon Merchant upon Merchant's execution and remain effect for a period of two (2) years.

Notwithstanding the foregoing, Vantiv may immediately cease providing Services and/or terminate this Merchant Services Agreement without notice if (i) Merchant or Provider fails to pay any amount to Vantiv when due, (ii) in Vantiv's opinion, provision of a service to Merchant or Provider may be a violation of the Operating Regulations, or any applicable state, federal, or local laws, rules, and regulations ("Laws"), (iii) Vantiv believes that Merchant has violated or is likely to violate the Operating Regulations or the Laws, or iv) Vantiv is required to do so by any of the Associations.

5. **Indemnification and Limits of Liability.**

Merchant agrees to provide Vantiv with written notice, specifically detailing any alleged failure, within thirty (30) days of the date on which the alleged failure or error first occurred; failure to so provide notice shall be deemed an acceptance by Merchant and a waiver of any and all rights to dispute such failure or error. Vantiv shall bear no liability and have no obligations to correct any errors resulting from Merchant's failure to comply with the duties and obligations of the preceding sentence

Merchant shall indemnify and hold harmless Vantiv, and its directors, officers, employees, affiliates, and agents from and against all proceedings, claims, demands, losses, liabilities, damages and expenses resulting from or otherwise arising out of (i) the Services in this Merchant Services Agreement, (ii) Merchant's or Merchant's employees and agents acts or omissions in connection with the Services provided pursuant to this Merchant Services Agreement, (iii) any infiltration, hack, breach, or violation of the processing system resulting from, arising out of, or in any way related to Merchant's ability to use of the services provided herein including but not limited to Merchant's use of an Agent or any other third party processor or system or (iv) any issue between Merchant and Provider. This indemnification shall survive the termination of the Agreement. Vantiv's liability related to or arising out of this Merchant Services Agreement shall in no event exceed $5,000. Merchant's sole and exclusive remedy for any and all claims against Vantiv arising out of or in any way related to the transactions contemplated herein shall be termination of this Merchant Services Agreement. Merchant acknowledges that Vantiv is not liable for any action or failure to act by Provider, and that Merchant shall have no liability whatsoever in connection with any products or services provided to Merchant by Provider.

6. **Exception Items; Risk Monitoring Programs.**

Merchant agrees to reacquire and pay Vantiv the amount of any sales transaction, and Vantiv shall have the right at any time to charge Merchant's Account therefore with notice in accordance with Vantiv's standard operating procedure, for any return (whether or not a credit voucher is delivered to Vantiv), chargeback, compliance case, any other Association action, or if the extension of credit for merchandise sold or services or sales transactions

performed was in violation of law or the rules or regulations of any governmental agency, federal, state, local or otherwise; or if Vantiv has not received payment for any sales transaction, notwithstanding Vantiv's prior payment to Merchant for such sales transaction pursuant to Section 3 above or any other section. Not limiting the generality of the foregoing, Merchant agrees that any operational and/or other Services performed on behalf of Merchant, including but not limited to, production of facsimile drafts in response to copy requests, response to compliance cases, augmentation of Merchant data for interchange, transaction stand-in, digital draft storage and retrieval, etc. shall in no way affect Merchant's obligations and liability in this Agreement including those in the foregoing sentence. Merchant may instruct Vantiv in the defense of chargebacks, compliance cases and similar actions, and Merchant agrees that it will promptly provide any such instructions to Vantiv. In order to monitor potential economic hardship or damage to the goodwill of the Associations, the Associations have implemented merchant review programs to identify questionable business activity or merchants whose sales transactions generate excessive Cardholder complaints, chargebacks or other disputes. These review programs include potential fines and handling fees. In the event any fees, fines or penalties resulting from Merchant's sales transactions are levied against Vantiv for any reason, Merchant shall reimburse Vantiv on demand or Vantiv may, at its sole option, charge Merchant's Account. In the event Merchant or any of its locations are identified by such review programs, Vantiv, in its sole option, reserves the right to immediately terminate this Agreement and/or cease processing for the applicable Merchant locations upon notice to Merchant.

7. Miscellaneous.

This Merchant Services Agreement is entered into, governed by, and construed pursuant to the laws of the State of Ohio without regard to conflicts of law provisions. This Agreement may not be assigned by Merchant without the prior written consent of Vantiv. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors, transferees and assignees. This Agreement is for the benefit of, and may be enforced only by, Vantiv and Merchant and is not for the benefit of, and may not be enforced by, any other party. Vantiv may amend this Merchant Services Agreement upon notice to Merchant in accordance with Vantiv's standard operating procedure. If any provision of this Agreement is determined to be illegal or invalid, such illegality or invalidity of that provision will not affect any of the remaining provisions and this Merchant Services Agreement will be construed as if such provision is not contained in the Agreement "Member Bank" as used in this Merchant Services Agreement shall mean a member of VISA, MasterCard and/or Discover, as applicable, that provides sponsorship services in connection with this Merchant Services Agreement. As of the commencement of this Merchant Services Agreement, Member Bank shall be Fifth Third Bank, an Ohio Banking Corporation, located at 38 Fountain Square Plaza, Cincinnati, OH 45263. The Member Bank is a party to this Merchant Services Agreement. The Member Bank may be changed, and its rights and obligations assigned to another party by Vantiv at any time without notice to Merchant.

IN WITNESS WHEREOF, this Merchant Services Agreement has been executed by the parties' authorized officers as of the dates set forth below.

For My Payment Network, Inc:		Gilchrist County School District	
By:		By:	
Name:		Name:	Julie C. Thomas
Title:		Title:	Chair
Date:		Date:	July 29, 2014
Address:		Address:	310 NW 11th Avenue
			Trenton, FL 32693

MyPayment NETWORK

Appendix A
Fees

The Customer agrees to pay the following fees. Customer authorizes the Service Provider's authorized agents to automatically take transaction fees directly from the Customer's bank account(s) that are registered with the Service and listed on any merchant applications signed by the Customer. Data Management fees shall be invoiced upon execution of the agreement.

Customer agrees to pay the monthly fee listed below. Customer agrees to pay the Set Up and Data Management fees listed below within 30 days of receiving the invoice.

Set-up fee	$449.95
Annual Fee	$224.95
Transaction Fees	2.99% + 30 cents for qualified transactions (VISA, MasterCard, Discover) 3.54% + 30 cents non-qualified transactions (VISA, MC, Discover) $0.25 for American Express transactions .75% + 50 cents for electronic check transaction
Monthly Fees	NA
Data Management Fees	Will be assessed if the Gilchrist County School District needs these services
Training and Customer Support Costs	All inclusive in set up fees. No additional costs.
Total Initial Costs	**$449.95**

MyPayment NETWORK

Exhibit B

PCI Security Policies

The following policies were developed by the United Compliance Framework to support merchants with best practices for complying with Payment Card Industry Data Security Standards. Each merchant accepting credit card for payment is expected to comply with best practices for maintaining data security.

1.1 - Inventory and physically secure all media that stores confidential information

- 1.1.1 - The organization must ensure all paper and electronic media that contains cardholder data are physically secured. Verify procedures exist for controlling physical access to paper and electronic media, including reports, faxes, CDs, disks, and hard drives.

1.2 - Maintain media controls

- 1.2.1 - Maintain strict control over the internal or external distribution of any kind of media that contains cardholder data.
    - 1.2.1.1 - The organization must ensure all paper and electronic media that contains cardholder data are physically secured. Verify procedures exist for controlling physical access to paper and electronic media, including reports, faxes, CDs, disks, and hard drives.
    - 1.2.1.2 - The organization must ensure any media that contains cardholder data is strictly controlled during any distribution, either internally or externally. Verify a policy exists for the distribution of media containing cardholder data and that the policy covers the distribution to individuals in the organization.
        - 1.2.1.2.1 - The organization must ensure procedures are in place to have management approve any transit of sensitive media from a secured area.
        - 1.2.1.2.2 - The organization must maintain control over all media that contains cardholder data. Verify a policy exists for controlling the storage of media containing cardholder data.
        - 1.2.1.2.3 - The organization must ensure all media containing cardholder data is classified as confidential. Ensure all media containing sensitive information is labeled "Confidential."
        - 1.2.1.2.4 - The organization must ensure all media containing cardholder data can be tracked when being sent outside the facility. Ensure all media containing cardholder data that is sent outside the organization is authorized, logged, and tracked during transit.

1.3 - Label media

- 1.3.1 - The organization must ensure all media containing cardholder data is classified as confidential. Ensure all media containing sensitive information is labeled "Confidential."

1.4 - Track while in transit

- 1.4.1 - The organization must ensure all media containing cardholder data can be tracked when being sent outside the facility. Ensure all media containing cardholder data that is sent outside the organization is authorized, logged, and tracked during transit.

1.5 - Obtain management approval for transit

- 1.5.1 - The organization must ensure procedures are in place to have management approve any transit of sensitive media from a secured area.

1.6 - Physical protection while media is in storage

- 1.6.1 - The organization must maintain control over all media that contains cardholder data. Verify a policy exists for controlling the storage of media containing cardholder data.

1.7 - Manage disposition and destruction

- 1.7.1 - The organization must ensure all cardholder data is destroyed when it is no longer needed. Verify the media destruction policy covers all types of media that contains cardholder data.
    - 1.7.1.1 - The organization will ensure that all hardcopy materials and media to be destroyed are done so in accordance with the strictest standards and guidelines.

1.8 - Destruction and disposal of hard copy materials and media

- 1.8.1 - The organization will ensure that all hardcopy materials and media to be destroyed are done so in accordance with the strictest standards and guidelines.

1.9 - Management of third party services

- 1.9.1 - The organization must ensure the service provider policies and procedures includes a list of all service providers, how the organization will monitor the compliance of the service provider with the PCI DSS requirements, and due diligence. Verify all third party service providers have policies and procedures in place requiring a list of all connected entities, performing due diligence prior to connecting the entities, verifying PCI DSS compliance, and for connecting and disconnecting entities.
    - 1.9.1.1 - Maintain a list of service providers. The testing procedures from Appendix A of this document should be performed to ensure the hosting providers are protecting the environment and cardholder data.
    - 1.9.1.2 - Establish processes and procedures for engaging service providers, including proper due diligence prior to engagement.
        - 1.9.1.2.1 - The organization must ensure a written agreement exists stating that the service provider is responsible for all cardholder data that the service provider possesses. Ensure all third party contracts contain a statement requiring the third party to acknowledge its responsibility for the security cardholder data it possesses.
            - 1.9.1.2.1.1 - Hosting providers must ensure the organization's environment and cardholder data that it is sharing is protected.
            - 1.9.1.2.1.2 - Shared hosting providers must ensure that only processes that have access to the cardholder data can be executed by that organization and that the organization's access and privileges are restricted to its own cardholder data environment. Verify if shared hosting providers are running their own applications, they are executed with the unique ID of the entity. Verify that any applications used by the hosting provider do not have a privileged user ID; the service provider has only read, write, or execute permissions for files it owns; the service provider's users do not have write access to shared binaries; logs only can be read by the owner of the information; and restrictions are in place for disk space, bandwidth, memory, and CPU usage.
        - 1.9.1.2.2 - Maintain a program to monitor service providers' compliance status.
    - 1.9.1.3 - The organization will maintain a policy, standard, and procedure to select suppliers according to a fair and formal practice to ensure a viable best fit based on requirements.

1.10 - Supplier Interfaces

- 1.10.1 - Maintain a list of service providers. The testing procedures from Appendix A of this document should be performed to ensure the hosting providers are protecting the environment and cardholder data.

1.11 - Acknowledgment of responsibility for data in possession and control

- 1.11.1 - The organization must ensure a written agreement exists stating that the service provider is responsible for all cardholder data that the service provider possesses. Ensure all third party contracts contain a statement requiring the third party to acknowledge its responsibility for the security cardholder data it possesses.
    - 1.11.1.1 - Hosting providers must ensure the organization's environment and cardholder data that it is sharing is protected.
    - 1.11.1.2 - Shared hosting providers must ensure that only processes that have access to the cardholder data can be executed by that organization and that the organization's access and privileges are restricted to its own cardholder data environment. Verify if shared hosting providers are running their own applications, they are executed with the unique ID of the entity. Verify that any applications used by the hosting provider do not have a privileged user ID; the service provider has only read, write, or execute permissions for files it owns; the service provider's users do not have write access to shared binaries; logs only can be read by the owner of the information; and restrictions are in place for disk space, bandwidth, memory, and CPU usage.

1.12 - Formalize third party relationships

- 1.12.1 - Establish processes and procedures for engaging service providers, including proper due diligence prior to engagement.
    - 1.12.1.1 - The organization must ensure a written agreement exists stating that the service provider is responsible for all cardholder data that the service provider possesses. Ensure all third party contracts contain a statement requiring the third party to acknowledge its responsibility for the security cardholder data it possesses.
        - 1.12.1.1.1 - Hosting providers must ensure the organization's environment and cardholder data that it is sharing is protected.
        - 1.12.1.1.2 - Shared hosting providers must ensure that only processes that have access to the cardholder data can be executed by that organization and that the organization's access and privileges are restricted to its own cardholder data environment. Verify if shared hosting providers are running their own applications, they are executed with the unique ID of the entity. Verify that any applications used by the hosting provider do not have a privileged user ID; the service provider has only read, write, or execute permissions for files it owns; the service provider's users do not have write access to shared binaries; logs only can be read by the owner of the information; and restrictions are in place for disk space, bandwidth, memory, and CPU usage.
    - 1.12.1.2 - Maintain a program to monitor service providers' compliance status.

1.13 - Audit provisions

- 3.13.1 - Maintain a program to monitor service providers' compliance status.

2.0 Enforcement

Failure to comply with the policies outlined above may result in a failure of the companies PCI compliance and may result in penalties up to termination of the offending employee.

MyPayment
NETWORK

Policies provided by IT UCF

The Unified Compliance Framework is the first independent initiative to exclusively support IT compliance management by focusing on commonalities across regulations, standards-based development, and simplified architectures. Unified Compliance's strategic approach to IT compliance reduces cost and limits liability. The UCF's strategic approach simplifies compliance and standards, reduces cost, limits liability, and leverages the value of compliance-related technologies through a harmonized set of controls against which all regulatory standards and best practices can be mapped.

The UCF was created by Dorian Cougias and his research partner, Marcelo Halpern of the international law firm Latham and Watkins, which oversees all legal aspects of the UCF.

Merchant Signature acknowledges you have read the best practices for complying with payment card industry standards for maintaining data security and will incorporate practices into your operations for managing and working with cardholder data.

_____
Initials

_____
Date

My Payment Network, Inc.
214 N. Hamilton Street, Ste. 102, Madison, WI 53703

GCSD

Gilchrist County School District

Position Form

Board Approved Date _____

New Position Request

Position Title: _____ ☐ Regular ☐ Temporary ☐ Grant Funded

Number of Days to Work: _____ Position Effective Date: _____

Paid Hours Per Day: _____

_____

Signature of Requestor Date

Position Status Change

Position From: Food Service Worker 3 hr Position To: Food Service Worker 4 hr

School/Site: BES Effective Date: _____

☑ Regular ☐ Temporary ☐ Grant Funded ☐ Regular ☐ Temporary ☐ Grant Funded

☐ Instructional ☐ Non-Instructional ☐ Administrative Non-Exempt ☐ Administrative Exempt ☐ Other

Donna A Tucker 7-29-14

Signature of Requestor Date

Pay Grade _____

This section to be completed by H.R. / Payroll Department

New Position Funding

Account: Fund _____ Function _____ Object _____ Facility _____ Project _____ Sub-project _____

Skyward Assignment Code: _____ Pay Grade _____

☐ Instructional ☐ Non-Instructional ☐ Administrative Non-Exempt ☐ Administrative Exempt ☐ Other

_____

Human Resources Date

_____ 7/28/14

Superintendent Date

_____

Finance Date

Rationale:

Nancy Darlene Thomas

Person Appointed Effective Date

Comments

GCSD

Gilchrist County School District

Position Form

Board Approved Date _____

New Position Request

Position Title: _____ ☐ Regular ☐ Temporary ☐ Grant Funded

Number of Days to Work: _____ Position Effective Date: _____

Paid Hours Per Day: _____

_____

Signature of Requestor Date

Position Status Change

Position From: Food Service Worker 3.5 hr Position To: Food Service Worker 4 hr

School/Site: BES Effective Date: _____

☑ Regular ☐ Temporary ☐ Grant Funded ☐ Regular ☐ Temporary ☐ Grant Funded

☐ Instructional ☐ Non-Instructional ☐ Administrative Non-Exempt ☐ Administrative Exempt ☐ Other

Danna A Tucker 7-29-14

Signature of Requestor Date

Pay Grade _____

This section to be completed by H.R. / Payroll Department

New Position Funding

Account: Fund _____ Function _____ Object _____ Facility _____ Project _____ Sub-project _____

Skyward Assignment Code: _____ Pay Grade _____

☐ Instructional ☐ Non-Instructional ☐ Administrative Non-Exempt ☐ Administrative Exempt ☐ Other

_____

Human Resources Date

_____ 7/28/14

Superintendent Date

_____

Finance Date

Rationale:

Tina Thomas BES

Person Appointed Effective Date

Comments

GCSD
Gilchrist County School District

Position Form

Board Approved Date _____

New Position Request

Position Title: _____ ☐ Regular ☐ Temporary ☐ Grant Funded

Number of Days to Work: _____ Position Effective Date: _____

Paid Hours Per Day: _____

_____
Signature of Requestor Date

Position Status Change

Position From: Food Service Worker 5 hr Position To: Food Service Worker 7 hr

School/Site: BHS Effective Date: _____

☑ Regular ☐ Temporary ☐ Grant Funded ☐ Regular ☐ Temporary ☐ Grant Funded

☐ Instructional ☐ Non-Instructional ☐ Administrative Non-Exempt ☐ Administrative Exempt ☐ Other

Danna J Tucker 7-29-14
Signature of Requestor Date

Pay Grade _____

This section to be completed by H.R. / Payroll Department

New Position Funding

Account: Fund _____ Function _____ Object _____ Facility _____ Project _____ Sub-project _____

Skyward Assignment Code: _____ Pay Grade _____

☐ Instructional ☐ Non-Instructional ☐ Administrative Non-Exempt ☐ Administrative Exempt ☐ Other

_____
Human Resources Date

_____ 7/28/14
Superintendent Date

_____
Finance Date

Rationale:

Louis Arambula
Person Appointed Effective Date

Comments

GCSD
Gilchrist County School District

Board Approval Date

Recommendation Form

Name of Applicant: Sarah Rendek

Address: 25148 SW 21ST PLACE NEWBERRY, FL 32669

Substitute / Volunteer

☐ Instructional ☐ Non-Instructional ☐ Volunteer

Signature of Interviewer Date

☐ Food Service ☐ Transportation ☐ Maintenance
(Must be Recommended by Department Director)

Signature of Interviewer Date

☐ Mentor (TSIC) _____ ☐ NAB Volunteer _____ ☐ 21st CCLC / Extended Day _____

Employment ***This section to be completed by Principal or Supervisor***

☐ Appointment ☐ Transfer ☑ Status Change

Position of Teacher Support Colleague (HS) Position of TSC & HS Reading Coach

School/Site THS & BHS School/Site THS

Replacing _____ ☐ New Position ☐ HQ Certification Verified

_____ Observations/Evaluations & Previous Performance Reviewed
(Initial)

Effective Date 8/11/2014 Through _____

Supervisor Signature Interview / Receiving Supervisor

This section to be completed by H.R. / Payroll Department

[✓] Instructional [ ] Non-Instructional [ ] Admin Non-Exempt [ ] Admin Exempt [ ] Temp [ ] Grant Funded

[ ] Lateral Transfer [ ] Promotion [ ] Demotion [ ] Competitive Demotion [✓] Re-assignment [ ] Other

Skyward Assignment Code: 59090 (TSC) 64023 (HS Read Coach) Position #: 360 359 [✓] HQ Certification Verified

Account: Fund _____ Function _____ Object _____ Facility _____ Project _____ Sub-project _____

Pay Grade _____ Step _____ Degree None Contract Type None # of Checks _____

Comments: _____

Human Resources Date Finance Date

Superintendent Date 1/24/14

GCSD

Gilchrist County School District

Recommendation Form

Board Approval Date

Name of Applicant: Jennifer Verhaeren

Address: 224 SE 1ST AVE TRENTON, FL 32693

Substitute / Volunteer

☐ Instructional ☐ Non-Instructional ☐ Volunteer

Signature of Interviewer Date

☐ Food Service ☐ Transportation ☐ Maintenance
(Must be Recommended by Department Director)

Signature of Interviewer Date

☐ Mentor (TSIC) _____ ☐ NAB Volunteer _____ ☐ 21st CCLC / Extended Day _____

Employment ***This section to be completed by Principal or Supervisor***

☐ Appointment ☐ Transfer ☑ Status Change

Position of Reading Coach (HS) Position of TSC & HS Reading Coach

School/Site THS & BHS School/Site BHS

Replacing _____ ☐ New Position ☐ HQ Certification Verified

_____ Observations/Evaluations & Previous Performance Reviewed
(Initial)

Effective Date 8/11/2014 Through _____

Supervisor Signature Interview / Receiving Supervisor

This section to be completed by H.R. / Payroll Department

[☑] Instructional [ ] Non-Instructional [ ] Admin Non-Exempt [ ] Admin Exempt [ ] Temp [ ] Grant Funded

[ ] Lateral Transfer [ ] Promotion [ ] Demotion [ ] Competitive Demotion [☑] Re-assignment [ ] Other

Skyward Assignment Code: 591040 TSC 604023 HS Read Coach Position #: 375 144 [☑] HQ Certification Verified

Account: Fund _____ Function _____ Object _____ Facility _____ Project _____ Sub-project _____

Pay Grade _____ Step SLM Degree _____ Contract Type _____ # of Checks _____

Comments: _____

Human Resources Date Finance Date

Superintendent Date 7/28/14

GCSD

Gilchrist County School District

Recommendation Form

Board Approval Date

Name of Applicant: Marge Montgomery

Address: 4220 NW 20 Ave Bell FL 32619

Substitute / Volunteer

[✓] Instructional [✓] Non-Instructional [✓] Volunteer

Billie Hall 7/24/14
Signature of Interviewer Date

[ ] Food Service [ ] Transportation [ ] Maintenance
(Must be Recommended by Department Director)

Signature of Interviewer Date

[ ] Mentor (TSIC) _____ [ ] NAB Volunteer _____ [✓] 21st CCLC / Extended Day _____

Employment ***This section to be completed by Principal or Supervisor***

[ ] Appointment [ ] Transfer [ ] Status Change

Position of _____ Position of _____

School/Site _____ School/Site _____

Replacing _____ [ ] New Position [ ] HQ Certification Verified

_____ Observations/Evaluations & Previous Performance Reviewed
(Initial)

Effective Date _____ Through _____

Supervisor Signature

Interview / Receiving Supervisor

This section to be completed by H.R. / Payroll Department

[ ] Instructional [ ] Non-Instructional [ ] Admin Non-Exempt [ ] Admin Exempt [ ] Temp [ ] Grant Funded

[ ] Lateral Transfer [ ] Promotion [ ] Demotion [ ] Competitive Demotion [ ] Re-assignment [ ] Other

Skyward Assignment Code: _____ Position #:_____ [ ] HQ Certification Verified

Account: Fund _____ Function _____ Object _____ Facility _____ Project _____ Sub-project _____

Pay Grade _____ Step _____ Degree _____ Contract Type _____ # of Checks _____

Comments: _____

Billie Hall 7/24/14
Human Resources Date

Finance Date

Superintendent 7/24/14
Date

Summer Positions - THS

Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
THS	Clerical	1	25	5.5	138	Leigh Hartzog			
THS	Clerical					Rayanne Ferguson			
THS	(Front Office) Clerk	1	25	5.5	138	Leigh Hartzog			
THS	(Front Office) Clerk					Rayanne Ferguson			
THS	(Front Office) Clerk							Allie Lang	
THS	(Front Office) Clerk							Kelci Beach	
THS	Guidance Clerk (MS & HS) IDEA	2	1	8	16	Rayanne Ferguson			
THS	Guidance Counselor (MS)	1	8	8	64	Alanna Susi			
THS	Guidance Counselor (HS)	1	20	8	160	Erin Whitaker			
THS	Guidance Counselor (MS) IDEA	1	1	8	8	Alanna Susi			
THS	Teacher (Reg. for IEP) IDEA	1	1	8	8	Connie Loy			REMOVE
THS	Teacher (Reg. for IEP) IDEA							Char Leasor	REMOVE
THS	Teacher (Reg. for IEP) IDEA								Katlyn Yohn
THS	Teacher (ESE for IEP) IDEA	1	1	8	8	Connie Loy			
BHS	Staffing Specialist (HS) IDEA	1	1	8	8	Mandy NesSmith			
THS	Teacher (Reg. for IEP) IDEA	1	1	8	8	Christine Smith			
THS	Teacher (ESE for IEP) IDEA	1	1	8	8	Diana Manders			
THS	Physical Education Teacher	1			300	Andrew Thomas			
THS	MS Agriculture Teacher	1	4	8	32	Heather Rucker			
THS	MS Agriculture Teacher	1	1	8	8		Heather Rucker		
THS	HS Agriculture Teacher	1	24	6.5	156	Ashley Young			
THS	Case Iowa Institute	1	9	9	81				Ashley Young

Summer Positions - THS

Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
THS	Data Processor	1	14	8	112	Audrey Parrish			
THS	Drivers Education-Begins 6/10	1	30	8	240	Mac Rendek			
THS	Summer Algebra I Remediation Teacher	1	12	5	60		Don Stewart		
THS	Summer Algebra I Remediation Teacher	1	12	5	60		Cyndi Fields		
THS	Summer Algebra I EOC Remediation Teacher	1	1	6	6				Christine Smith

Summer Positions - District Office

Funding	Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
1000 5200 0120 0032/0041 12015	DO	SLP	1	20	6.5	130	Patricia DiMeo			
1000 5200 0120 0032/0041 12015	DO	SLP					Amy Douglas			
1000 5200 0120 0032/0041 12015	DO	SLP					Angela Luke			
	DO	SLP					Allison Cooper (contract)			
	DO	OT/PT Occupational & Physical Therapy	1			100	Rita Ritter & Jennifer Johnson (contract)			
4200 6120 0130 9007 40810 F2015	DO	Staffing Specialist	1			150	Mandy NesSmith			
1000 5500 0120 9001 10110 PKSVP	DO	Staffing Specialist/PK Coordinator	1			150	Salley Martin			
4900 6300 0130 9001 49TIF	DO	TIF/SEEC Grant - TSC Elementary	2	32	7.5	240		Janet Bradley		
4900 6300 0130 9001 49TIF	DO	TIF/SEEC Grant - TSC High School				240		Sarah Rendek		
1000 7800 0160 9002 12016	DO	Bus Driver - 21st Century	2	28	4	224	Cheryl Batton			Chg to 4 hrs/day
								Willa Skaggs		
							Joyce Lent			
							Susan Wells			
							Angela Scott			
							John Miller			
							Felicia Barron			
							Tara Spears	REMOVE		
							Norma Vernon			
							Jean Jones			
							Carla Whitby			
							Laura Nitch	REMOVE		
							Darlene Thomas			
							Kaye Caslisle			
							Kathy Thorton			
							Rosalie Osorio			
							Maragret Holt			
							Kity Slysofski			
							Beth Fowler			
							Paula Hauprich			
							Elisabeth Diamond			
							Diane Ridgeway			
							Tina Thomas			
							Darlene Bass			
							Tommy Brown			
								Madonna Spears		
								Brenda Suber		
								Glenn Peelman		
								Ron White		
								Jennifer Sherlock		

Summer Positions - District Office

Funding	Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
								Joanna Saffell		
								Billy Mikell		
								Connie Hodge		
								Kay Goodrich		
								Horace Hart		
									Shannon Lampp-Hill	
									Jennifer Philman	
										VC Cannon
								(and all school board approved substitute bus drivers		
1000 7800 0160 9002 12016	DO	Bus Aide (21st Century)	1	28	4	112	Cheryl Batton			Chg to 4 hrs/day
								Willa Scaggs		
							Joyce Lent			
							Susan Wells			
							Angela Scott			
							John Miller			
							Felecia Barron			
							Tara Spears	REMOVE		
							Norma Vernon			
							Jean Jones			
							Carla Whitby			
							Darlene Thomas			
							Kaye Carlisle			
							Kathy Thornton			
							Rosalie Osorio			
							Margaret Holt			
							Kitty Slysofski			
							Beth Fowler			
							Paula Hauprich			
							Elisabeth Diamond			
							Diane Ridgeway			
							Tina Thomas			
							Darlene Bass			
							Tommy Brown			
								Madonna Spears		
								Brenda Suber		
								Glenn Peelman		
								Ron White		
								Jennifer Sherlock		
								Johnna Saffell		
								Billy Mikell		
								Connie Hodge		
								Kay Goodrich		
								John Hauprich		

Summer Positions - District Office

Funding	Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
								Horace Hart		
									Shannon Lampp-Hill	
									Jennifer Philman	
								All School Board Approved Substitute Bus Aides		
1000 7800 0160 9002 12016	DO	Bus Driver - ESY	1	12	4	48	Cheryl Batton			Chg to 4 hrs/day
								Willa Skaggs		
							Joyce Lent			
							Susan Wells			
							Angela Scott			
							John Miller			
							Felicia Barron			
							Tara Spears	REMOVE		
							Norma Vernon			
							Jean Jones			
							Carla Whitby			
							Laura Nitch	REMOVE		
							Darlene Thomas			
							Kaye Caslisle			
							Kathy Thorton			
							Rosalie Osorio			
							Maragret Holt			
							Kity Slysofski			
							Beth Fowler			
							Paula Hauprich			
							Elisabeth Diamond			
							Diane Ridgeway			
							Tina Thomas			
							Darlene Bass			
							Tommy Brown			
								Madonna Spears		
								Brenda Suber		
								Glenn Peelman		
								Ron White		
								Jennifer Sherlock		
								Joanna Saffell		
								Billy Mikell		
								Bill Martin		
								Connie Hodge		
								Kay Goodrich		
								Horace Hart		
									Shannon Lampp-Hill	
									Jennifer Philman	
								(and all school board approved substitute bus drivers		

Summer Positions - District Office

Funding	Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
1000 7800 0160 9002 12016	DO	Bus Aide - 2 hrs/day ESY	1	12	4	48		Kay Goodrich		Chg to 4 hrs/day
								Jean Roberts		
								Joan Reed		
								Joy Bradley		
								Lanna Foust		
								Jeff Price		
									Sharla Smith	
								All school board approved substitute bus aides		
4200 5300 0120 XXXX 40850 F2014	DO	Academy Coordinator	1	8	6.5	52	Katrina Havelock 0031			
4200 5300 0120 XXXX 40850 F2014	DO	Academy Coordinator	1	4	6.5	26	Don Barselou			
1000 5200 0120 0031 12015	DO	Life Skills Teacher ESY	1	12	6.5	78	Jean Roberts			
							Joan Reed			
1000 5200 0150 0031 12016	DO	Life Skills Paraprofessional ESY	1	12	6.5	78	Joan Reed			
							Jean Roberts			
1000 5200 0150 00XX 12016	DO	Life Skills Paraprofessional ESY	1	12	6.5	78		Joy Bradley		
								Jeff Price		
								Lana Foust		
4200 6140 0120 9007 40810 F2014	DO	School Psychologist	1	25	8	200	Jill Bullock			
4200 6140 0120 9007 40810 F2014	DO	School Psychologist - CONTRACT	1	25	8	200			Catherine Gay (contracted)	
1000 6110 0130 XXXX 12015	DO	Truancy Coordinator	1	4	8	32	Sharon Langford			
1000 5100 0120 XXXX 12015	DO	Reading Coaches	3	15	6.5	292.5	Jennifer Verhaeren			
1000 5100 0120 XXXX 12015	DO	Reading Coaches					Cindy Kight			
1000 5100 0120 XXXX 12015	DO	Reading Coaches					Krista Perryman			
1000 5100 0120 XXXX 12015	DO	Curriculum Maps/ Scales/ AP Syllabus	1	1	6.5	6.5				Don Keels
1000 5100 0120 XXXX 12015	DO	Curriculum Maps/ Scales/ AP Syllabus	1	1	6.5	6.5				Lesa Rowe
1000 5100 0120 0041 10130 R0023	DO	3rd grade reading Camp 6/16-7/24	4	26	8	832	Jill Wells			
1000 5100 0120 0041 10130 R0023	DO	3rd grade reading Camp 6/16-7/24					Kim Whitley			
1000 5100 0120 0041 10130 R0023	DO	3rd grade reading Camp 6/16-7/24					Kati Welbers			
1000 5100 0120 0032 10130 R0023	DO	3rd grade reading Camp 6/16-7/24					Kaye Rolling			
1000 5100 0120 0032 10130 R0023	DO	3rd grade reading Camp 6/16-7/24					Faye Smith			
1000 5100 0120 0041 10130 R0023	DO	3rd grade reading Camp 6/16-7/24					Melody Madej	REMOVE		
1000 5100 0120 0041 10130 R0023	DO	3rd grade reading Camp 6/16-7/24						Casey Lambert		
1000 5100 0120 0032 10130 R0023	DO	3rd grade reading Camp 6/16-7/24						Nell Hartsfield		
1000 5100 0120 0032 10130 R0023	DO	3rd grade reading Camp 6/16-7/24						Susan Owens		

Summer Positions - District Office

Funding	Location	Position	Qty	Days	Hrs/Day	Hrs	Person in Position (June 4, 2013)	Board Mtg 6/24/14	Board Mtg 7/15/14	Board Mtg 7/29/14
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr	6	33	10	1980	Any Staff Approved for 21st Century			
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr						Patricia DiMeo		
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr						Carrie Petrello		
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr						Wendy Polk		
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr						Fowler, Elyse		
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr						Fowler, Deanna		
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr								Amanda Walker
1000 9100 0120 00XX 10240	DO	Extended Day Program $10/hr								Melissa Beach
1000 9100 0120 00XX 10240	DO	Extended Day Program Coordinator $12/hr								Peggy Hilliard
1000 9100 0120 00XX 10240	DO	Extended Day Program Coordinator $12/hr						Donna Maloney		
1000 9100 0120 00XX 10240	DO	Extended Day Program Coordinator $12/hr						Sandra Carawan		

GCSD

Board Approved Date

GILCHRIST COUNTY SCHOOL DISTRICT

Supplement Recommendation /Termination Form

Jeryl Brown
Employee Name

THS
Location / Site

Is being recommended to receive or terminate the following supplement(s)

Supplement Description	Effective Date	Termination Date
Over 300 Minutes	1/6/14	6/5/14

Principal/Director Signature

7-29-14
Date

Supplement Code SP875 # of Years Received NA Supplement Amount $1,030

Account: Fund 1000 Function 5200 Object 0120 Facility 0021 Project 12014 Sub-project

Payroll Supervisor Signature

Human Resources

Gilchrist County School District

GILCHRIST COUNTY SCHOOL BOARD
TRIPS
JULY 29, 2014

Bell Middle/High School

1. 21st Century, 30 Students, G. Smith, T. Cannon, C. Collins, D. Collins, E. Jones, S. Hurst, 1 Bus, 9:00 AM to 10:30 AM,, Funding Source BHS, to Hart Springs, July 31, 2014

Trenton Middle/High School

1. Varsity/JV Spirit Cheer Teams, 26 Students, C. Smith, 1 Bus, Depart July 13, 2014 at 7:30 AM, Return July 16, 2014 at 4:00 PM, Funding Source – Cheer Teams; to Embry Riddle University in Daytona

2. Football, 20 Students, J. Akins, T. Parrish, A. Thomas, 1 Bus, 8:45 AM to 6:00 PM, Funding Source – THS; to 7 on 7 Tourney, July 19, 2014

3. FFA, 16 Students, A. Young, H. Rucker, Suburban/Private Vehicle; Depart September 12, 2014 at 3:30 PM, Return September 13, 2014 at 4:00 PM, Funding Source – THS; to Chapter Officer Leadership RFetreat at Otter Springs Resort

4. Football, 20 Students, A. Thomas, J. Akins, T. Parrish, 1 Bus, 3:30 PM to 8:00 PM, Funding Source – THS; to Gainesville, July 15, 2014

GCSD

Gilchrist County School District

Fulfilling Every Students Potential

Improving Your Schools, Enhancing Learning & Teaching Environments

Outcome-Focused Energy and Water Savings for
Gilchrist County School District

Johnson Controls

OUR FOCUS

Positive Results for YOU

More comfortable, productive
classroom environments
for students and faculty

Johnson Controls

Agenda (approximately 15 mins)

- Introductions
- Demand Side Management
- Supply Side Management
- Behavioral Engagement
- Why Johnson Controls
- Next Steps

Johnson Controls

Introductions

Gary Kummer – Regional GM

Justin Newbern – Energy Account Executive

Michele Marks – Account Manager

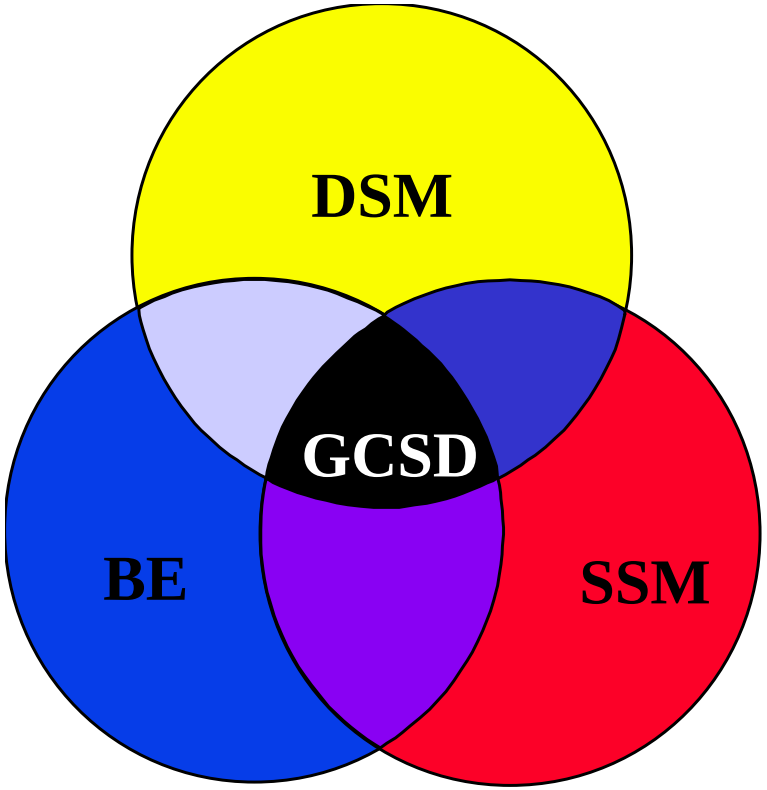
Johnson Controls

Approaches to Energy Savings

Demand Side Management (DSM)

Behavioral Engagement (BE)

Supply Side Management (SSM)

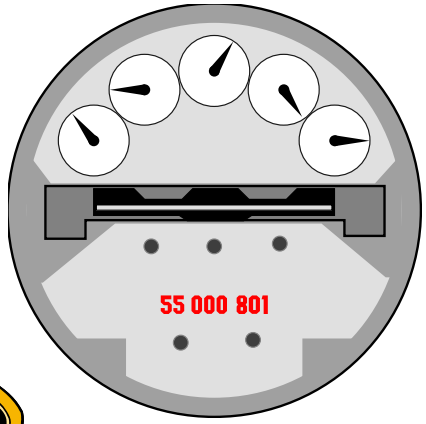


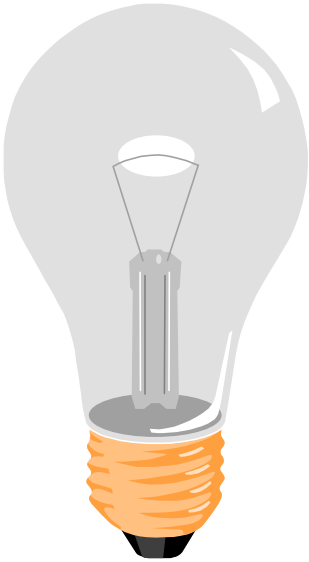
Our Integrated Approach

Johnson Controls

Demand Side Management – Renewing Assets

- ☑ **Replace inefficient equipment**
- ☑ **Optimize existing equipment**
- ☑ **Install new equipment**





Demand Side Management (DSM)

Johnson Controls

Where Savings Can Be Recognized

Replacing aging equipment can have a substantial impact on energy consumption

Reducing water consumption can add dollars to your bottom line

Automating buildings will eliminate human error and ensure that buildings are only operating when occupied

Lighting projects are a quick way to reduce energy costs

Johnson Controls

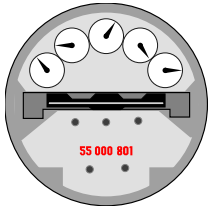
Demand Side Management

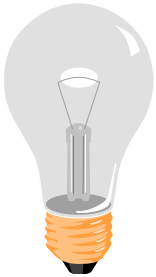
Example

- **Existing: 800 fixtures with (4) - 34 watt lamps and standard magnetic ballasts consuming 158 watts each**
- **Assuming 2,050 hours per year and $0.07 per kwh**
- **Convert to (2) - T8 lamps with electronic ballasts and tandem wiring to consume 53 watts each**

(800) * (0.158 - 0.053) * (2,050) * (0.07) =

$ 12,054 annual savings



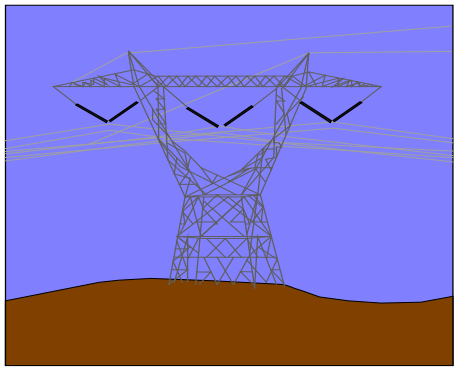


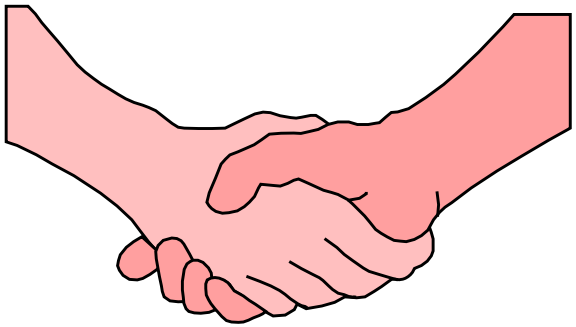
Demand Side Management (DSM)

Johnson Controls

Supply Side Management

- ☑ Utility Provided Auditing / Metering
- ☑ Rate Negotiation / Rate Changes
- ☑ Rebates / Regulation





Supply Side Management (SSM)

Johnson Controls

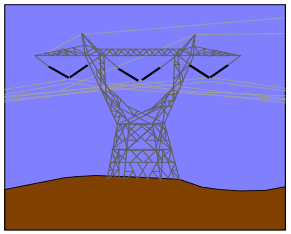
Supply Side Management

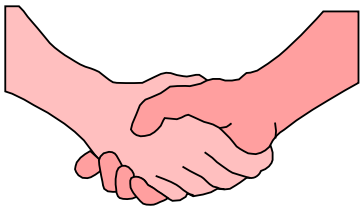
Example

- **Existing: 800 fixtures with (4) - 34 watt lamps and standard magnetic ballasts consuming 158 watts each**
- **SSM will generate savings throughout school**
- **Reduce utility rate from $0.07 per kwh to $0.06 per kwh**

(800) * (0.158) * (2,050) * (0.07 - 0.06) =

$ 2,591 annual savings



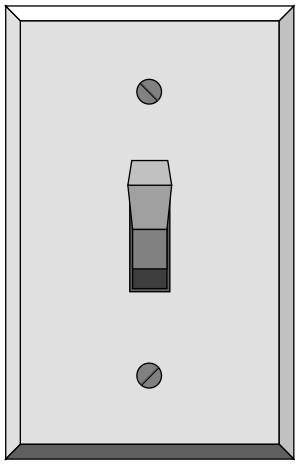


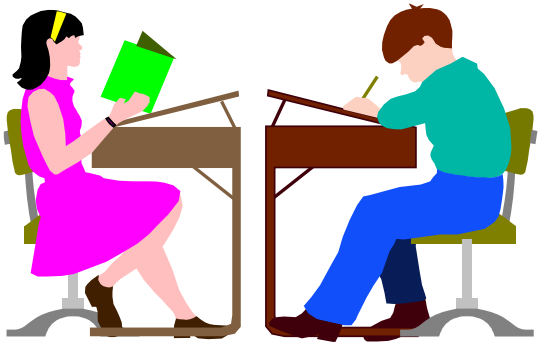
Supply Side Management (SSM)

Johnson Controls

Behavioral Engagement

- ☑ Maintenance Staff
- ☑ Faculty, Students, and Custodians
- ☑ Active Conservation





Behavioral Engagement (BE)

Johnson Controls

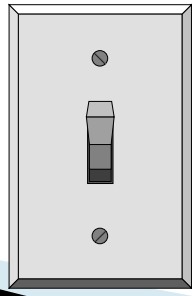
Behavioral Engagement

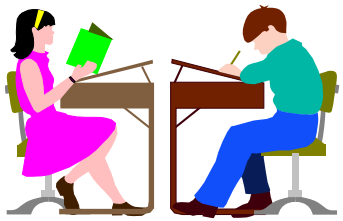
Example

- **Existing:** 800 fixtures with (4) - 34 watt lamps and standard magnetic ballasts consuming 158 watts each
- Assuming 2,050 hours per year and $0.07 per kwh
- Turn lights off 2 hours earlier each day -- 1,640 hours

(800) * (0.158) * (2,050 - 1,640) * (0.07) =

$ 3,628 annual savings





Behavioral Engagement (BE)

Johnson Controls

Why Johnson Controls

- ☑ Maximize Energy & Operational Savings

  10-Year Savings = 20-30% from baseline = ~$2.5M

- ☑ Single Source of Accountability
- ☑ Market Leader with Proven Processes
- ☑ Assist with GCSD Goals
  - Goal 1: Student Achievement
  - Goal 2: Comfortable Learning Environment
  - Goal 3: Safe, Secure, and Reliable
  - Goal 4: Community Program Support
  - Goal 5: Support Operations Staff

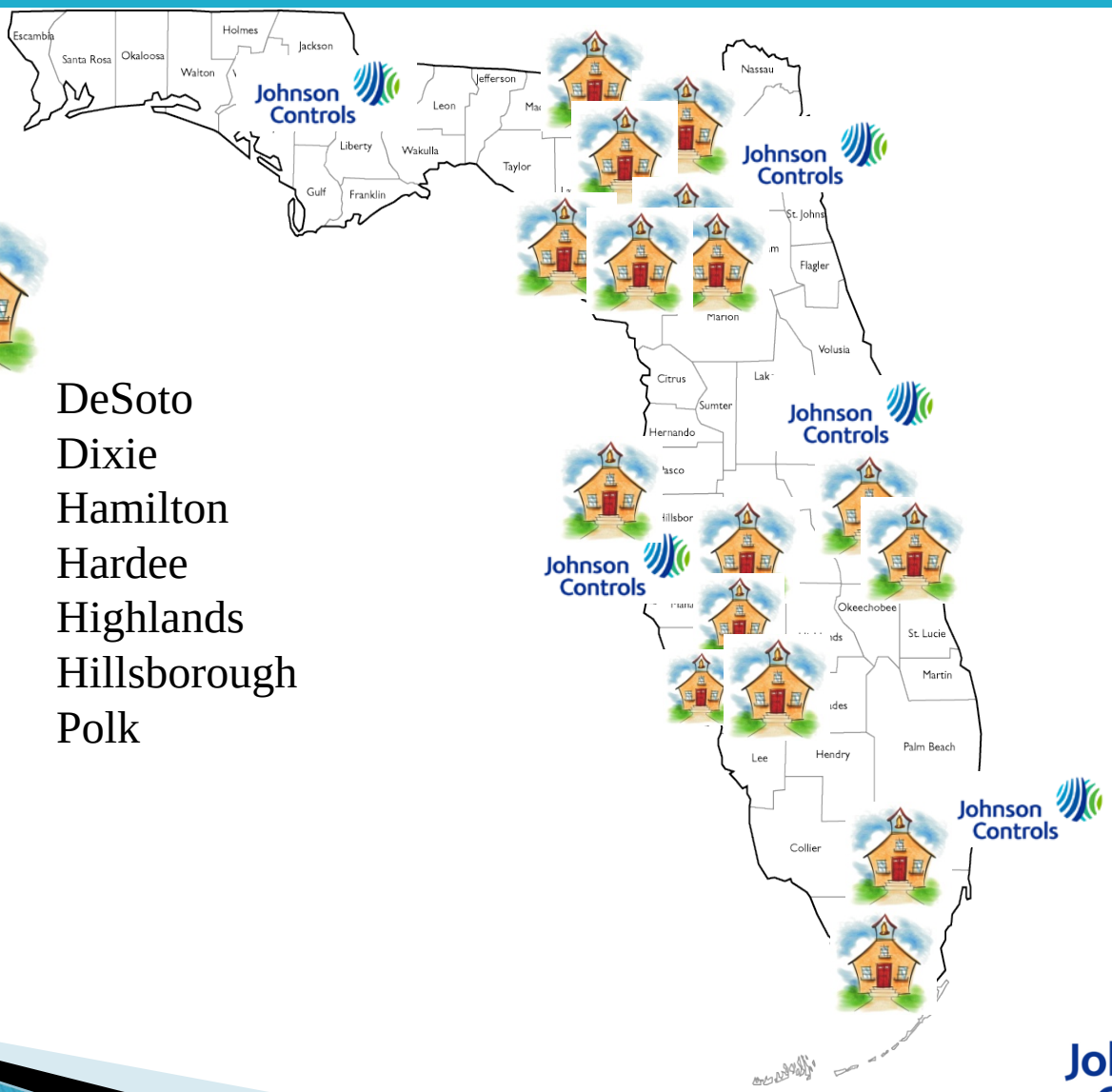
Johnson Controls

The Approach to Delivering Savings Matters

Considerations	Johnson Controls
Guarantee Cancellation Fee?	No
Savings Guarantee Term	Entire Contract Term
Savings Validation	Industry approved Standards
Program Results	Reduced operating costs AND Renewed Assets
FL Energy Contract Status	Approved
Team	Local, licensed engineers
Savings Reconciliation	Annually, Savings ≥ Project costs & services
After the Program	Savings go to District

Johnson Controls

Project Experience

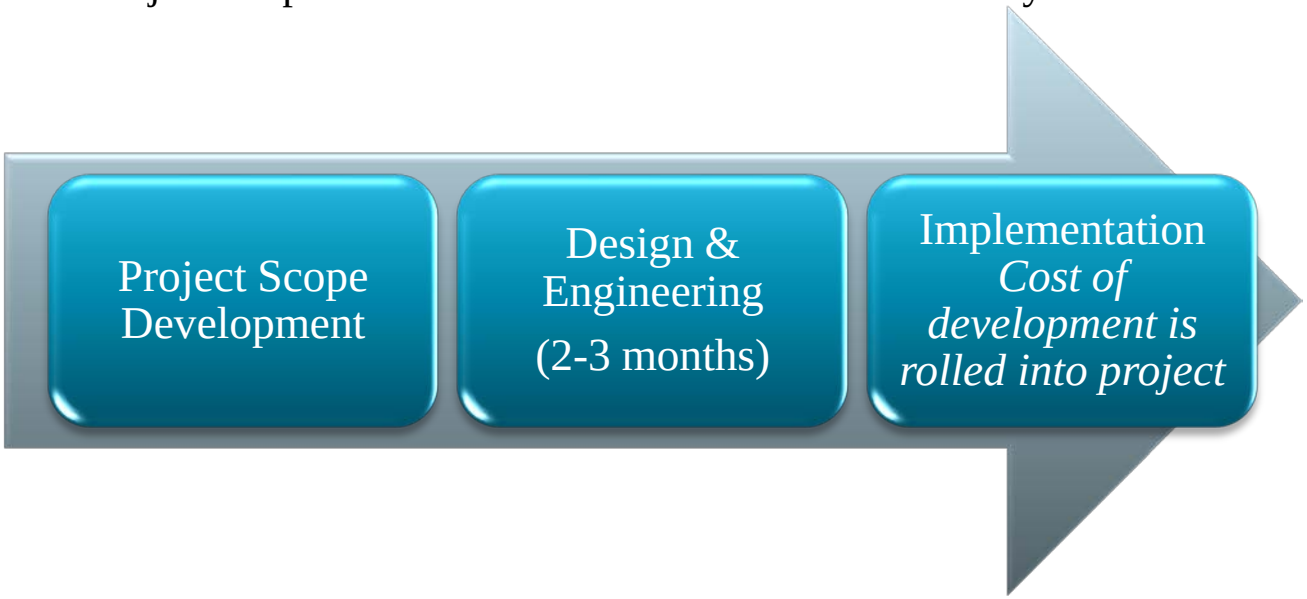


Alachua
Baker
Bradford
Brevard
Broward
Columbia
Dade
DeSoto
Dixie
Hamilton
Hardee
Highlands
Hillsborough
Polk

Johnson Controls

Steps in the Process:

- What projects or services does GCSD want?
  - 750,000 square feet, 4 campuses - ~$20,000 - $30,000 (design/development)
- Project Design & Engineering
  - Project Paybacks, Planning, and Schedule Coordination
- Project Implementation
  - Savings Begin for GCSD on Day 1
  - Projects implemented around School Activities/Holidays/Weekends



Next Step: Perform the Project Scope Development

Johnson Controls

Question… When does customer start paying for project?
Answer…. Not until project is complete and savings begin!

Energy and Operational Cost $$$

1st Project Payment

Engineering, Contract, Negotiations, Obtain Project Financing

Savings

Final Engineering and Installations

Guaranteed Savings

Design

Implementation

Measurement & Verification

2-3 months

6-8 months (typically)

10–12 years (typically)

Johnson Controls

Feedback/Questions

Johnson Controls