

CONTRACT DISCLOSURE FORM

Name of Public Educational Entity: _____

Name of Person Disclosing Transaction: _____

Note: Fully complete this form and return to the administration office. NO TRANSACTION OR SERVICE MAY BE RENDERED UNTIL THIS FORM HAS BEEN COMPLETED AND APPROVED. A.C.A. § 6-24-101 et seq. requires FULL and COMPLETE DISCLOSURE of transactions with public educational entities. KNOWINGLY FAILING to FULLY DISCLOSE pertinent information relating to a transaction could result in criminal charges.

I am a (an) Board Member Administrator Employee

Note: "Board member" means any board member, director, or other member of a governing body of a public educational entity.

"Administrator" means any superintendent or assistant superintendent or his or her equivalent, open-enrollment public charter school director, school district treasurer, business manager, or other individual directly responsible for entity-wide purchasing.

"Employee" means a full-time employee or part-time employee of a public educational entity.

Mailing Address City State Zip

Home Telephone: _____ Work Telephone: _____

Nature of transaction subject to disclosure and approval: _____

Estimated dollar amount of transactions with public educational entity for entire school year:

Check One:

Form B

- I have a financial interest in the transaction with the public educational entity.
- A family member has a financial interest in the transaction with the public educational entity.
- Both a family member and I have a financial interest in the transaction with the public educational entity.

Nature of financial interest: (State how you and/or family members are financially interested in the transaction): _____

Justification for Approval: (State reason why you believe the transactions are in the best interest of the public educational entity. State the unusual and limited circumstances involved.)

Check here if Emergency Transaction as defined by A.C.A. § 6-24-101(9).

PLEASE ATTACH ANY OTHER ADDITIONAL INFORMATION OR DOCUMENTS YOU BELIEVE ARE NECESSARY FOR A FULL, COMPLETE, AND ACCURATE DISCLOSURE OF THE FACTS AND CIRCUMSTANCES OF THE TRANSACTIONS.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Date completed form received by district: _____

School Official's Signature

Telephone Number

FAX Number

Local Board Action:

APPROVED

DISAPPROVED

Date Presented to Board: _____

Board President's Signature: _____

Required to be presented to the Commissioner of the Department of Education for written approval:

YES NO

Written Adopted Resolution Attached: YES NO

Required Additional Documentation: _____

Date Certified to ADE: _____

Date Commissioner's Written Approval received by district: _____

Effective Date: _____

Please return by certified mail to: Office of the Commissioner
Arkansas Dept. of Education
#4 Capitol Mall, Room 304-A
Little Rock, AR 72201