

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:

- 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