The Marion County Board of Education met in regular session on Monday, October 2, 2017 at 6:00 pm.

Mr. Dragich called the meeting to order at 6:02 pm.

MEMBERS PRESENT:  Mr. Thomas Dragich, Mr. Richard Pellegrin, Dr. Simms, and Ms. Mary Jo Thomas  Mr. Montgomery (ABSENT)

10- 1000 INFORMATION – RECOGNITIONS – RECOMMENDATIONS – REPORTS

Barb Owens – Teaching and Excellence Award

Ms. Thomas made a motion, seconded by Mr. Pellegrin to approve the following.

10- 2000 MINUTES – AGREEMENTS – CONTRACTS

2170 MINUTES
The approval of the minutes for the Regular Meeting on September 18, 2017.

2171 BOOSTERS – NMHS – GIRLS SOCCER
The approval of the North Marion High School Girls Soccer Boosters for the 2017-18 SY.

2172 BOOSTERS – NMHS – BOYS SOCCER
The approval of the North Marion High School Boys Soccer Boosters for the 2017-18 SY.

2173 BOOSTERS – NMHS – WRESTLING
The approval of the North Marion High School Wrestling Boosters for the 2017-18 SY.

2174 DEMCO – MEDIA/LIBRARY NMHS
The approval of the quote from Demco to purchase furniture for the Media/Library Center at North Marion High School, in the amount $38,462.00.  
FUNDING: County Furniture
5138 **EMPLOYMENT – VOLUNTEER COACHES**
The approval of the following:
Fairmont Senior
Caleb Anselene  Boys Assistant Soccer  SSAC

5139 **RESIGNATION - COACHES**
The approval of the following resignation(s) effective pending replacement:
Gary Lanham  Girls Varsity Basketball  Barrackville
Effective: September 15, 2017

5140 **EMPLOYMENT – SUBSTITUTE TEACHERS**
The approval of the following pending WV certification and CIB verification:
Bridgett Church  Severe/Multi Cat
Jaime Ford  Biology/General Science
Amanda Petersen  Sub Permit
Kim Posey  Sub Permit
Kerri Ann Rogers  Sub Permit
Thomas Stalnaker  Sub Permit
Phylisa Thomas  Sub Permit
Jacob Whitmore  Sub Permit

5141 **EMPLOYMENT – PROFESSIONALS**
The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate:
Lesley Rakocky  Grade 3  East Dale
Effective: October 4, 2017
Sara Williams  Grade 5  Mannington
Effective: October 4, 2017

5142 **EMPLOYMENT – PROFESSIONALS – CONTRACTED SERVICES**
The approval of the following three (3) Cadre Leader Positions to be paid $30.00 per hour with a maximum for 83 hours for the 2017-2018 school year:
Mary Adams
Lee Ann Burton
Katrina Wilson
Tammy Myers  
Cook I  
Watson  
Boys and Girls Club  
Effective: October 4, 2017

5148 LEAVE OF ABSENCE - SERVICE PERSONNEL

The approval of the following:
Melanie Gorman
Special Ed Aide/  
Autism Mentor  
East Dale

Requests a FMLA, without pay, from September 4, 2017 to November 5, 2017, as needed.

5149 REASSIGNMENT - SERVICE PERSONNEL

The approval of the following:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>Jessica Ashley</td>
<td>Custodian I/II</td>
</tr>
<tr>
<td>Barrackville/</td>
<td>Fairmont Senior High</td>
</tr>
<tr>
<td>Meadowdale</td>
<td>Full Time</td>
</tr>
<tr>
<td>Effective: 2nd Semester 2017-18 SY</td>
<td></td>
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<tr>
<td>Tina Gump</td>
<td>Autism Mentor</td>
</tr>
<tr>
<td>East Fairmont High</td>
<td>Itinerant – Blackshore</td>
</tr>
<tr>
<td>Effective: 2018-2019 School Year</td>
<td></td>
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<tr>
<td>Dennis Hayes</td>
<td>Bus #60</td>
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<tr>
<td>Transportation</td>
<td>Transportation</td>
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<tr>
<td>Effective: October 4, 2017</td>
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<tr>
<td>Joni Latocha</td>
<td>Special Ed Aide/</td>
</tr>
<tr>
<td>Autism Mentor</td>
<td>Autism Mentor</td>
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<tr>
<td>Jayenne</td>
<td>Mannington</td>
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<tr>
<td>Effective: 2018-2019 School Year</td>
<td></td>
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<tr>
<td>Susan Lee</td>
<td>Special Ed Aide</td>
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<tr>
<td>East Park</td>
<td>Itinerant Pleasant Valley</td>
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<td>Effective: October 4, 2017</td>
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<tr>
<td>Karlin Post</td>
<td>Custodian I/II</td>
</tr>
<tr>
<td>Rivesville (1/2 time)</td>
<td>East Fairmont High (Full time)</td>
</tr>
<tr>
<td>Effective: October 4, 2017</td>
<td></td>
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<tr>
<td>Daniel Thorn</td>
<td>Bus #47</td>
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<tr>
<td>Transportation</td>
<td>Transportation</td>
</tr>
<tr>
<td>Effective: October 4, 2017</td>
<td></td>
</tr>
</tbody>
</table>
Stephen VanGilder  Emergency Substitute Bus Operator

Alisha Williams  Substitute Cook

5152 RESIGNATION — SUBSTITUTE SERVICE
The approval of the following:

Traci Andy  Substitute Aide
  Effective: September 15, 2017

LaTricia Moore  Substitute LPN
  Effective: September 15, 2017

Cristina Richmond  Substitute Secretary
  Effective: September 18, 2017

10- 6000 DISCUSSION — NEW POLICIES AND REVISIONS
REVIEWED: 09-18-17, 10-02-17

6002 1130 CONFLICT OF INTEREST

6003 1530 EVALUATION OF SCHOOL LEADERS

2460 Update of Marion County Policy 2460 to include the newest version of West Virginia Board of Education Policy 2419. (Only reading)

10- 7000 SUPERINTENDENT'S REPORT

10- 8000 MATTERS FROM THE BOARD
N/A
Mr. Dragich called the meeting to order at 9:08 am.

Mr. Dragich, Mr. Montgomery, Mr. Pellegrin, Dr. Simms and Ms. Thomas were all present.

11- 8000 WORK SESSION – DISCUSSIONS AT PROGRAMATIC LEVELS

Barnes – Travus Oates
East Fairmont High School – Mr. David Nuzum
Fairmont Senior High School – Mrs. Karen Finamore
Marion County Tech Center – Mr. Ray Frazier
MCACEC – Mr. Ray Frazier
North Marion High School – Mrs. Rusty DeVito

No Votes were taken!

ADJOURNED
Mr. Pellegrin made a motion, seconded by Ms. Thomas to adjourn at 11:57 pm.
YEAS: Dragich, Montgomery, Pellegrin, Simms & Thomas
NAYS: 0

Thomas Dragich, President

Gary L. Price, Superintendent/Secretary

Robin Haught, Executive Secretary
**Proposal**

**S & M Glass Inc.**  
204 MORGANTOWN AVENUE  
FAIRMONT, WV 26554  
387-1602

**PROPOSAL SUBMITTED TO**  
Fairview Middle School  
PHONE  
DATE  
9-26-17

**STREET**  
**JOB NAME**  
Fairview Middle School

**CITY, STATE AND ZIP CODE**  
**JOB LOCATION**  
**ARCHITECT**  
**DATE OF PLANS**

We hereby submit specifications and estimates for:

- **6 - WHITE VINYL WINDOWS (STACKED)**
- **BRAKE METAL EXTERIOR**
- **SIMONTON SOUND AND SECURITY WINDOW**

**Think this is best way. It will give you what you want. Installing Screens & Labor will be quite a bit more & Labor more.**

**This quote does not include cleaning of glass or framing.**

We propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

- **$15,660.00**

Payment to be made as follows:

---

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge, over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Glass and metal cleaning not included.

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance:  
Signature:

Authorized Signature:  
Bob Martin

Note: This proposal may be withdrawn by us if not accepted within  

Authorized Signature:  

Signature:  

Date of Acceptance:  
Signature:  

---

Concord Press - (304) 362-8708

09/26/2017 16:48 340 366 3397
GENERAL TERMS AND CONDITIONS OF THE SCALISE INDUSTRIES FACILITIES AGREEMENT

1. Scope of Work. The service work to be performed by SCALISE INDUSTRIES ("SCALISE") for CUSTOMER under this Service Agreement (the "Work") will be as stated in the Scope of Work section of the Service Agreement, which Scope of Work is mutually agreed upon and accepted by CUSTOMER. Any work not specifically identified in the Scope of Work section is not included in this Service Agreement.

2. Basis of Work. The Work will be performed in accordance with the specifications, criteria, and standards listed in this Service Agreement.

3. Access, Temporary Services, and Cleanup. Unless otherwise stated in the Scope of Work, the following services and utilities will be furnished by CUSTOMER or others to provide safe and reasonable working conditions for the progress and completion of the Work: (a) timely access to and ingress throughout the site and the structures for the hoisting and placement of SCALISE’s equipment and materials; (b) timely access to areas and equipment to allow SCALISE to install, start, and stop the equipment as necessary to perform required services; (c) sufficient quantities of the specified quality and type of filters, fuels, lubricants, chemicals, water and any other solids, liquids and gases required to perform SCALISE’s Scope of Work; and (d) placement and removal of a centrally located dumpster in which SCALISE will place debris generated by its Work.

4. Changes. At any time during the term of the Service Agreement, CUSTOMER may request changes in the Work within SCALISE’s general scope. If such changes will involve changes in the Service Agreement Price and/or Schedule, SCALISE will submit a proposal regarding its requested changes to the Service Agreement Price and/or Schedule and CUSTOMER will issue a change order adjusting the Service Agreement Price and/or Schedule as mutually agreed. Unless CUSTOMER and SCALISE agree to the contrary, no work will be undertaken by SCALISE on any such change until the change order has been issued and signed by both parties. In the event an agreement on price is not reached, CUSTOMER may direct SCALISE to proceed with the change and such work will then be done on a time and material basis plus a percentage fee of thirty (30%) applied to all costs of labor, material, supervision, and subcontracts.

5. Payments. Payments will be made within thirty (30) days of the date invoiced. Late payments received after the date on which they are due will be subject to interest at a rate of one percent (1%) per month, or any part thereof until payment is received.

6. a) Warranty. SCALISE will repair or replace any construction work performed by it or its subcontractors that is found to be defective in materials or workmanship within one (1) year from the date installation, provided that SCALISE has been provided prompt, written notice of any such defects. The foregoing repair or replacement will be the limit of SCALISE’s liability for defects and will provide the exclusive remedy for CUSTOMER.

b) All parts provided by Scalise Industries will be warranted for a period of 90 days from the date of installation unless the parts manufacturer provides different warranty terms. The warranty covers parts only, labor will be charged at contracted rates.

c) With respect to all equipment within the Scope of Work that is procured by SCALISE from outside manufacturers or vendors, SCALISE will use its best good faith efforts to obtain similar warranties from these manufacturers or vendors. SCALISE will pass on for the benefit of CUSTOMER all such warranties. Further, SCALISE agrees to act on behalf of the CUSTOMER for purposes of enforcing such warranties with respect to equipment furnished by outside sources.

d) Repair or replacement of items not provided by SCALISE is excluded from this Warranty. This Warranty is conditioned upon proper operation and maintenance by CUSTOMER and will not apply if the failure is caused or contributed to by accident, alteration, abuse, misuse, failure to properly operate the system, or other causes beyond the control of SCALISE. Only SCALISE’s personnel or agents will be permitted to perform the Warranty work. If a Warranty call is made and inspection indicates a condition that is not covered under this Service Agreement or this Warranty, SCALISE will be reimbursed for its services.

e) THIS WARRANTY IS THE EXCLUSIVE REMEDY FOR DEFECTS IN SCALISE’S WORK AND IS IN LIEU OF ANY OTHER WARRANTY OR GUARANTEE, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR AN INTENDED USE.

7. Safety. SCALISE will conduct the Work in strict accordance with its Safety Manual, the safety programs instituted by CUSTOMER, and all applicable OSHA safety regulations. CUSTOMER and SCALISE will make available to each other all pertinent Material Safety Data Sheets (MSDS) pursuant to OSHA’s Hazard Communication Standard Regulations.

8. Hazardous Substances. SCALISE’s obligations under this Service Agreement do not include the identification, abatement or removal of any asbestos products or other hazardous substances. In the event such products or substances are encountered, SCALISE’s sole obligations will be to notify CUSTOMER of the existence of such products and materials. SCALISE will have the right thereafter to suspend its Work until such products or materials and the resultant hazards are removed. The time for completion of the Work will be extended to the extent caused by such a suspension, and the Service Agreement Price will be equitably adjusted.
To: Gary L. Price, Superintendent  
DATE: October 5, 2017  
SUBJECT: Double Stack Convection Oven – Watson

Request approval to purchase a Double Stack Convection Oven for Watson Elementary from Hooten Equipment in the amount of $6,765.00.

Hooten Equipment $6,765.00 (recommend)  
Douglas Equipment $7,907.00  
C&T Design $8,055.00

Funding from Child Nutrition.
10) Financial records submitted to the principal at the conclusion of the season: Yes

11) Principal is to receive 2 copies of the annual financial statements by each school support organization: Yes

12) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal: Yes

13) All items provided to athletes and coaches to be returned at the end of the year: Yes

Signatures

Principal

(Submit to Superintendent prior to June 1)

Superintendent

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.
Payment Plan Options

Plan A
The entire premium is due in one installment on the policy effective date.

Plan B
The premium will be split into three consecutive monthly installments. The first is due on the policy effective date, and the remaining two will be due in two consecutive monthly installments.

Plan C
The premium will be billed in three installments. One half of the premium will be split into two consecutive monthly installments, the first of which is due on the policy effective date. The second half of the premium will be due six months from the policy effective date.

Plan D
The premium will be split into four installments. The first is due on the policy effective date, and the remaining will be due in three month intervals.

Monthly
The premium will be split into nine consecutive monthly installments. The first is due on the policy effective date and the remaining will be due in eight consecutive monthly installments.

ERIExpressPay
The premium will be split into twelve consecutive monthly installments that will be automatically debited from a checking or savings account (For new policies, a down payment is recommended). Completion of an ACH Authorization form is required. Contact your Agent for more information.

Alternate Plans
You may also qualify for payment plans of 2, 10, 11 or 12 monthly installments if you elect to have two or more policies invoiced together under a single account. Please contact your Agent if you would like more information concerning these alternate payment plans.

Installment Service Charges
- Applied at the time of invoicing (where applicable) to offset the cost of billing the deferred installments. All Installment Service Charges are paid to Erie Indemnity Company.
  ♦ Payment Plans A, B and ERIExpressPay - No installment service charges are applicable.
  ♦ Payment Plans other than A, B and ERIExpressPay - A $5.00 installment service charge will be applied to the second and subsequent scheduled installments.

Note: When two or more policies are invoiced together under a single account, a maximum of one installment service charge will be charged per invoice.

Additional Policy Fees - Applicable to all Payment Plans
♦ Returned Payment Fee: For checks or other payments returned unpaid - $25.00

All policy fees are paid to Erie Indemnity Company.

Returned payments or late payments may result in lapses or cancellation of coverage.
**CERTIFICATE OF LIABILITY INSURANCE**

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

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

**PRODUCER**
United Security Agency, Inc.
PO Box 987
Fairmont, WV 26554

**CONTACT**
PHONE: (304) 363-1660
FAX: (304) 363-5956

**INSURED**
North Marion Cheer Boosters
1 North Marion Dr.
Farmington, WV 26517

**INSURER(S) AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>INSURER A</th>
<th>Erie Insurance</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURER B</td>
<td>North Marion Cheer Boosters</td>
<td></td>
</tr>
<tr>
<td>INSURER C</td>
<td>1 North Marion Dr. Farmington, WV 26517</td>
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<tr>
<td>INSURER D</td>
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<tr>
<td>INSURER E</td>
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<tr>
<td>INSURER F</td>
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</tr>
</tbody>
</table>

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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

<table>
<thead>
<tr>
<th>INSR. LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL/ SUBR.</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS MADE OCCUR</td>
<td>Q33-6000049</td>
<td>09/10/2017</td>
<td>09/10/2018</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<tr>
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<td></td>
<td>DAMAGE TO RENTED PREMISES (A occurrence) $1,000,000</td>
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<td>MED EXP (Any one person) $5,000</td>
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<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
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<td>GENERAL AGGREGATE $2,000,000</td>
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<td></td>
<td>PRODUCTS - COM/OP AVG Included</td>
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<td></td>
<td>AUTOMOBILE LIABILITY</td>
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<td></td>
<td></td>
<td>COMBINED SINGLE LIMIT (Ea accident) $</td>
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<td></td>
<td>ANY AUTO OWNED</td>
<td>SCHEDULED AUTOS</td>
<td></td>
<td></td>
<td></td>
<td>BODILY INJURY (Per person) $</td>
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<td>HIRED AUTOS ONLY</td>
<td>NON-OWNED AUTOS ONLY</td>
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<td>BODILY INJURY (Per accident) $</td>
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<td></td>
<td>UMBRELLA LIAB</td>
<td>OCCUR</td>
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<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per accident) $</td>
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<td>EXCESS LIAB</td>
<td>CLAIMS-MADE</td>
<td></td>
<td></td>
<td></td>
<td>EACH OCCURRENCE $</td>
</tr>
<tr>
<td></td>
<td>DED</td>
<td>RETENTION</td>
<td></td>
<td></td>
<td></td>
<td>AGGREGATE $</td>
</tr>
</tbody>
</table>

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**

Y/N: [ ] Y [ ] N

If yes, describe under DESCRIPTION OF OPERATIONS below

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

Evidence of Insurance

**CERTIFICATE HOLDER**
Marion County Board of Education
1516 Mary Lou Retton Drive
Fairmont, WV 26554

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

**AUTHORIZED REPRESENTATIVE**

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion County Board of Education</td>
<td>Jane L. Wilson</td>
</tr>
</tbody>
</table>

ACORD 25 (2016/03) © 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD
Marion County Schools – BOOSTER INFO / 2017-2018

School: Fairmont Sr. High School

Booster Group: Wrestling

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: Polar Bear Wrestling Boosters

2) Booster Group by-laws submitted by September 1st of each year: (UPDATED) Attached

3) Date of the election of booster officers: Nov, 2016

4) Name of booster President: JL Abbott Phone # 304-476-1583

5) Name of booster Vice President: Aaron Natemicoa Phone # 304-376-1314

6) Name of booster Secretary: Beth Richardson Phone # 304-692-7722

7) Name of booster Treasurer: Mit Abbott Phone # 304-476-1153

8) Booster fundraisers listed on school fundraiser calendar in the main office: Not yet

9) Proof of booster Liability Insurance to principal: Attached Date submitted: Attached
Agent: EE1212  UNITED SECURITY AGENCY

**ITEM 2. Policy Period**  
**Policy Number**

01/11/17 TO 01/11/18  Q25 6100033 W

**ITEM 1. Named Insured and Address**

POLAR BEAR WRESTLING BOOSTERS  
C/O MELISSA ABBOTT/PRESIDENT  
68 NIXON SCHOOL RD  
FAIRMONT WV 26554-8397

**ITEM 3. Other Interest**

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

**TYPE OF POLICY - OCCURRENCE**  
**BUSINESS TYPE - OTHER**

**COUNTY - MARION**

THE ERIE'S LIMIT OF PROTECTION FOR EACH COVERAGE IS STATED BELOW.

THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS.

**LIMITS OF INSURANCE**

<table>
<thead>
<tr>
<th>Limit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>EACH OCCURRENCE LIMIT</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>DAMAGE TO PREMISES</td>
<td>$1,000,000 ANY ONE PREMISES</td>
</tr>
<tr>
<td>RENTED TO YOU LIMIT</td>
<td>$5,000 ANY ONE PERSON</td>
</tr>
<tr>
<td>MEDICAL EXPENSE LIMIT</td>
<td>$5,000 ANY ONE PERSON</td>
</tr>
<tr>
<td>PERSONAL &amp; ADVERTISING INJURY LIMIT</td>
<td>$1,000,000 ANY ONE PERSON OR ORGANIZATION</td>
</tr>
<tr>
<td>GENERAL AGGREGATE LIMIT</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT</td>
<td>INCL IN GENERAL AGGREGATE LIMIT</td>
</tr>
</tbody>
</table>

**COVERAGES & PREMIUMS**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREMISES/OPERATIONS</td>
<td>$205.</td>
</tr>
<tr>
<td>PRODUCTS/COMPLETED OPERATIONS</td>
<td>INCLUDED</td>
</tr>
</tbody>
</table>

**OPTIONAL COVERAGES -**

**SURCHARGE IMPOSED BY THE ST OF WV** - - - - $ 1.13

**TOTAL DEPOSIT PREMIUM** - - - - $ 206.13

**APPLICABLE FORMS - SEE SCHEDULE OF FORMS**
10) Financial records submitted to the principal at the conclusion of the season: **YES**

11) Principal is to receive 2 copies of the annual financial statements by each school support organization: ✓

12) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. ✓

13) All items provided to athletes and coaches to be returned at the end of the year. ✓

Signatures

Principal

(Submit to Superintendent prior to June 1)

Superintendent

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.
DATE: September 26, 2017
TO: Mr. Price
FROM: Chad Norman
RE: Board Agenda Item

I am requesting approval for Alpha Technologies in the amount of $33,850.00 for 2017-2018 yearly renewal for VMware. This is for renewal of service and support for yearly service contract.

Funding: Technology
Dear VMware Customer,

This notice and quote is a courtesy reminder that your Support & Subscription (SnS) is set to expire soon or recently expired on 23-SEP-2017. Don't miss out on receiving the latest updates/upgrades and the security of being able to contact VMware's Global Support Services Organization. If you are not the appropriate person within your company to manage this renewal, please send an email to let me know with whom I should be working.

Please review the below product detail to ensure accuracy. Please pass this quotation onto your preferred reseller or a local VMware VIP Reseller to assist you in purchasing this renewal.

If you would like to co-term a number of licenses/contracts to one specific end date making future renewals an annual event please contact your VMware Support Sales Representative listed below. We ask that you consider a three year service extension for which we give the following discount: 3YR - 12%.

If you choose to not renew your contract upon expiration, you will not be able to receive updates/upgrades or open a Support Request. If at a later time you decide to reinstate your SnS, the term will start the day after your previous contract expiration date and a 20% reinstatement fee will be applied on past due SnS and 1 year forward SnS.

If you have already initiated payment of the below product(s) or are currently working with your local VIP partner, then please disregard this notice.

We would like to take this opportunity to thank you for your continued business with VMware. If you require further information or assistance, please do not hesitate to send an email or call us.

Sincerely,

Mariana Zamora
VMware Support Sales Manager
P: 
E: zamoram@vmware.com

Note: This quotation is provided pursuant to the terms and conditions of the license agreement that you executed when you acquired your licenses.

VMware, Inc. 3401 Hillview Ave, Palo Alto, CA, 93404. Tel: 1-877-486-9273 or 650-427-5000, Fax: 650-427-5001
Copyright © 2012 VMware, Inc. All rights reserved. VMware is a registered trademark of VMware, Inc.
Dear VMware Customer,

This notice and quote is a courtesy reminder that your Support & Subscription (SnS) is set to expire soon or recently expired on 23-SEP-2017. Don't miss out on receiving the latest updates/upgrades and the security of being able to contact VMware's Global Support Services Organization. If you are not the appropriate person within your company to manage this renewal, please send an email to let me know with whom I should be working.

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Sincerely,
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P:  
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Copyright © 2012 VMware, Inc. All rights reserved. VMware is a registered trademark of VMware, Inc.
DATE: October 3, 2017  
TO: Mr. Price  
FROM: Chad Norman  
RE: Board Agenda Item  

I am requesting approval for Pomeroy in the amount of $19,477.00 for a laptop cart and 29 dell laptops for Rivesville Elementary/Middle School. Funding: $5,000.00 Bowers Grant and remaining $14,477.00 funded by Technology.
Ms. Haught (Robin),

October 10, 2017

I forward the following item to be placed on the agenda for approval.

The Network Operation Center which is located at West Fairmont Middle School is due to renew the service/maintenance agreement. Before the contract can be renewed the entire system must be evaluated and recertified. The preventive maintenance service offering provides a comprehensive visual, environmental and electronic inspection of the Smart-UPS, Symmetra LX and all components are performing to defined technical and environmental specifications.

See information enclosed.

Thank you,

Chad A. Norman

October 10, 2017
Contract Billing Frequency: N/A

- **Semi Annual Invoicing:** MGE shall invoice the contract amount as follows: (i) 50% upon Customer’s signature of this Proposal, and (ii) 50% on or about the middle of the 5th month of the Contract. If this invoicing option is chosen, **add 5% to the total contract amount.**

- **Quarterly Invoicing:** MGE shall invoice the contract as follows: (i) 25% upon Customer’s signature of this Proposal, (ii) 25% on or about the middle of the 2nd month, (iii) 25% on or about the middle of the 5th month and (iv) 25% on or about the middle of the 8th month. If this invoicing option is chosen, **add 8% to the total contract amount.**

- **Monthly Invoicing:** MGE shall invoice the contract monthly during the Term. If this invoicing option is chosen, **add 10% to the total contract amount.**

This Service and Order Summary Form, together with the Terms and Conditions located at [http://www.apc.com/support/service/termsandconditions.pdf](http://www.apc.com/support/service/termsandconditions.pdf) (the “APC Terms”), will constitute the entire agreement between the parties. Customer acknowledges and accepts that by referencing the aforementioned url, APC Sales and Services Corporation (“APC”) has officially fulfilled its obligation under any applicable law to inform Customer of the APC Terms. All references to substitution or addition of any other terms and conditions on this or any other document are hereby specifically and unequivocally rejected. The pricing above does not include taxes. Proposal is valid for ninety (90) days. By submitting a purchase order, Customer acknowledges that Customer has read, understands, and agrees to be bound by the APC Terms. Customer hereby authorizes APC to commence performance under this contract and approves payment to APC by the method listed above. If any legal action is initiated to collect past due amounts, APC shall be entitled to recover, in addition to all said past due amounts, any damages, legal interest, collection costs and a reasonable attorney’s fee.

**CUSTOMER**

Company Name: Meyers County Schools

Signature: [Signature]

Date: 10/10/2017

Printed Name: CHAD A. NORMAN

**INTERNAL ONLY**

Entitlement Number: 

Customer Bill To #: 

Customer Site #: 

**APC by Schneider Electric**

Sales RSSR: 

Address: 

Phone: 

Return Order to: APC Partner

Renmark, Inc., c/o Mary Hollern
412-318-4579 (phone) 412-318-4901 (fax)
mary@renmarkusa.com

Please make purchase order to: Renmark, Inc.

9800A McKnight Road

Pittsburgh, PA 15237

Return to Mary @ Renmark for order entry and processing.

Please note: There are additional charges for Inside Delivery. Complex Deliveries that require special equipment or handling and after hours are quoted separately from the standard freight charge.
Ms. Haught (Robin),

The Marion County Transportation Department is requesting approval from Superintendent Price and Board of Education members for a Commercial Grade 20 Horsepower Air Compressor with a dryer and a 132-gallon tank. This compressor would also have the capabilities to convert from 150 psi to 175 psi. (See enclosed paperwork)

This will allow the garage to operate all tools which operate with compressed air technology. Current tank is older and has been serviced multiple times to prolong life.

Respectfully,

Chad A. Norman
Administrative Assistant

Company: MATZ Equip.
Cost: $15,744.00
Funding: Transportation