Maryville City Schools
520 S. Washington Street
Maryville, TN 37804

BOARD OF EDUCATION **5:30 PM, OCTOBER 21, 2024**
REGULAR MEETING **SAM HOUSTON ELEMENTARY SCHOOL**

I. CALL TO ORDER **CHAIR ELDER**
MOMENT OF SILENCE
PLEDGE OF ALLEGIANCE Slade McBee – Second grade

II. UPDATE FROM SAM HOUSTON ELEMENTARY SCHOOL: Molly Rice, Principal

III. ADOPT AGENDA

IV. COMMENTS FROM THE PUBLIC ON AGENDA ITEMS

V. CONSENT AGENDA ITEMS

1. Approve Minutes of September 9, 2024, meeting (Attachment)
2. Approve Maryville High School Baseball Team overnight trip to Bradenton, Florida to attend the Hurricane Classic - Funding Source: Varsity Baseball (Attachment A1)
3. Approve Maryville High School Model UN overnight to Chattanooga, Tennessee to attend conference – Funding Source: Model UN (Attachment A2)
4. Approve Coulter Grove Intermediate School Student Leadership overnight trip to Washington, DC – Funding Source: students (Attachment A3)
5. Approve Maryville High School Boys and Girls Cross Country overnight to Hendersonville, Tennessee to attend TSSAA State Championship – Funding Source: General Athletic (Attachment A4)
6. Approve Montgomery Ridge Intermediate School Rangers overnight trip to Cincinnati, Ohio- Funding Source: students (Attachment A5)
7. Ratify Executive Committee approval for Maryville High School Key Club to Dollywood (Attachment A6)
8. Approve Maryville High School Cheer trips to Murfreesboro, Tennessee and Birmingham, Alabama (Attachment A7)
9. Approve Maryville High School Varsity Boys' Basketball overnight trip to Nashville, Tennessee to compete in games at Independence High School – Funding Source: Boys' Basketball Account (Attachment A8)
10. Approve the 2024 LEA Compliance Report (Attachment A9)
11. Approve the 2024 TISA Accountability Report
12. Approve Maryville High School Wresting Team overnight trip to Asheville, North Carolina for a tournament – Funding Source: Wrestling Account (Attachment A10)

VI. AGENDA

1. Consider bids for the MHS Track and Baseball Buildings (Attachment B1)
2. Consider joining litigation through the Frantz Law Group pursuing claims against insulin manufacturers and pharmacy benefit managers for conspiring to inflate the prices of insulin products.

VII. REPORTS FROM DIRECTOR OF SCHOOLS

VIII. RECOGNITION OF STAFF AND STUDENTS

IX. COMMENTS FROM BOARD MEMBERS

X. ADJOURN

Upcoming meeting dates:
November 18, 2024, 5:30 p.m. Montgomery Ridge Intermediate School
December 16, 2024, 5:30 p.m. Central Office Multi-Purpose Room

FIELD TRIP REQUEST FORM

Maryville City Schools

School: MHS Grade/Course/Team/Organization: MHS Baseball

Coordinating Teacher(s): Jason Lambert

Trip Date: 3/9/25 - 3/13/25 Destination: Bradenton, FL (Hurricane Classic)

Cost Per Student: NA Cost Per Adult: NA

Number of Attending Students: 20 Number of Attending Adults: 3

Departure Time: Varies Return Time: Varies

Is this an overnight trip? (Yes) No *overnight trips require board approval.

Funding Source: Baseball *for trips requiring board approval.

Is a school nurse required to attend? Yes ☐ ☑ NO

Transportation: ☐ Walk ☑ Cars ☐ Bus ☐ SPED Bus Number of Buses _____

Bus Service Provider: NA

Trip Justification: Varsity baseball is playing in the Hurricane Classic.

Trip Coordinator's Signature: Jason Lambert

Principal's Signature: Heather M. Hall

Director of Schools Signature: [signature] Date: 9/23/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval: PO#: _____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____ Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade: _____ Department/Team: _____

Coordinating Teacher(s): _____

Field Trip Destination: _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

REVISED 9.8.23

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MHS Grade/Course/Team/Organization: 9th-12th

Coordinating Teacher(s): Dr. Alex Oldham

Trip Date: 11/6 - 11/17 Destination: Aff Mun Conference - Chattanooga

Cost Per Student: $250 Cost Per Adult: $250

Number of Attending Students: 40 Number of Attending Adults: 1

Departure Time: 6AM Return Time: 4PM

Is this an overnight trip? [X] Yes [ ] No *overnight trips require board approval

Funding Source: Model UN *for trips requiring board approval

Is a school nurse required to attend? [ ] Yes [X] No

Transportation: [ ] Walk [ ] Cars [X] Bus [ ] SPED Bus Number of Buses 1

Bus Service Provider: Rocky Top

Trip Justification: Attending regional conference

Trip Coordinator's Signature: [signature]

Principal's Signature: Heather Hall

Director of Schools Signature: [signature] Date: 9/24/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

PO#: _____

Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____ Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL
COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade: _____ Department/Team: _____

Coordinating Teacher(s): _____

Field Trip Destination: _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____

Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

REVISED 9.8.23

FIELD TRIP REQUEST FORM
Maryville City Schools

School: CGIS Grade/Course/Team/Organization: Student Leadership

Coordinating Teacher(s): Barbara Taylor, John Riddle, Jason Mysinger, Julie Vananda

Trip Date: May 6-9, 2025 Destination: Washington, DC

Cost per student: $760.00 Cost per adult: 0

Number of attending students: 48 Number of attending adults: 8

Departure Time: _____ Return Time: _____; Overnight? Yes *requires board approval

Transportation: Walk _____ Cars _____ Bus x SPED Bus _____ Number of Buses 1

Bus Service Provider: Premier

Trip Justification: To visit sites and events to reinforce the importance of sacrifice and leadership in our nation's history and government

Trip Coordinator's Signature: Barbara Taylor Principal's Signature: [signature]

Director of Schools Signature: [signature] Date: 9/24/24

*School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

PO# _____

Cafe Manager:_____ (Initials) Clinic (Meds)_____ (Initials) Office (Perm. Slip) _____ (Initials) Website/Calendar_____ (Initials)

CUT & RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER - AFTER TRIP

Grade: _____ Department/Team: _____

Teacher Coordinator: _____

Field Trip Destination: _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____

Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Grade/Course/Team/Organization: Boys and Girls Cross Country

Coordinating Teacher(s): Douglas Martin

Trip Date: Nov. 7-8, 2024 Destination: Hendersonville, TN

Cost Per Student: $90 Cost Per Adult: $90

Number of Attending Students: 20 Number of Attending Adults: 2

Departure Time: 10 AM Return Time: 7PM

Is this an overnight trip? Yes No *overnight trips require board approval.

Funding Source: General Athletic *for trips requiring board approval.

Is a school nurse required to attend? NO

Transportation: ☐ Walk ☐ Cars Bus SPED Bus Number of Buses ___1___

Bus Service Provider: Rocky Top

Trip Justification: TSSAA State Championship

Trip Coordinator's Signature: _____

Principal's Signature: _____

Director of Schools Signature: _____ Date: 10/1/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval: PO#:

_____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____ Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade:_____ Department/Team: _____

Coordinating Teacher(s): _____

Field Trip Destination: _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

REVISED 9.8.23

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MRIS Grade/Course/Team/Organization: MRIS Rangers

Coordinating Teacher(s): Jeremy Miller, Keith Lambert, Amy Landers, Nate Hone, Rachel Mayse, Lindsey Sackermann

Trip Date: May 6-9 Destination: Cincinnati, Ohio

Cost per student: $780 Cost per adult: $0

Number of attending students: 48 Number of attending adults: 8

Departure Time: 5/6/2025 6:00 AM Return Time: 5/9/2025 6:45 PM ; Overnight? Yes *requires board approval

Transportation: Walk _____ Cars_____ Bus X SPED Bus_____ Number of Buses 1

Bus Service Provider: Premier Transportation (Knoxville, TN)

Trip Justification: MRIS Ranger Trip

Trip Coordinator's Signature: Jeremy Miller Principal's Signature: David Morton

Director of Schools Signature: Mb Wmsby Date: 10-2-24

*School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

CUT & RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER - AFTER TRIP

Grade: _____ Department/Team: _____

Teacher Coordinator: _____

Field Trip Destination: _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____

Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

MARYVILLE CITY SCHOOLS

Mike Winstead
Director of Schools

520 S Washington Street
Maryville, Tennessee 37804

October 3, 2024
Maryville City School Board
Executive Committee Meeting

Approve Maryville High School Key Club trip to Dollywood – Funding Source: Students $55.00 per student

APPROVED:

Director of Schools Mike Winstead Date 10/03/2024

Chair, Board of Education J Elder Date 10/03/2024

Maryville Board of Education
Nick Black Candy Morgan Julie Elder Isaac Simerly Bart Stinnett

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High Grade/Course/Team/Organization: Coordinating Teacher(s): Jenny Sobota, Rachel Minzyk

Trip Date: 10-19-24 (Saturday) Destination: Dollywood / Key Club Fall Rally

Cost Per Student: $55 for tickets, $10 for passholders Cost Per Adult: same

Number of Attending Students: 14 Number of Attending Adults: 7

Departure Time: 9:30Am Return Time: TBD - prior to 10pm

Is this an overnight trip? No *overnight trips require board approval

Funding Source: Student payment *for trips requiring board approval

Is a school nurse required to attend? YES ☐ NO ☒

Transportation: ☐ Walk ☒ Cars ☐ Bus ☐ SPED Bus Buses # 1

Bus Service Provider: Maryville City Schools CDC

Trip Justification: Trip Coordinator's Signature: _____

Principal's Signature: _____

Director of Schools Signature: _____ Date: 10/3/24

School Board Approval, as applicable: _____ Date: 10/3/24

To Be Completed After Approval:

PO#:_____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____

Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade:_____ Department/Team:

Coordinating Teacher(s):

Field Trip Destination: Campbellsville University Wrestling Camp

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person

Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High

Grade/Course/Team/Organization: Coordinating Teacher(s): Harding - Cheer

Trip Date: 10/27/24

Destination: Blackman High School - Murfreesboro, TN

Cost Per Student: $75

Cost Per Adult: $35

Number of Attending Students: 25

Number of Attending Adults: 4

Departure Time: 5AM

Return Time: 11PM

Is this an overnight trip? NO

*overnight trips require board approval

Funding Source: Cheer Account Student payment

*for trips requiring board approval

Is a school nurse required to attend? YES ☐ NO ☑

Transportation: ☐ Walk ☐ Cars ☑ Bus ☐ SPED Bus Buses #___1___

Bus Service Provider: Maryville City Schools

Trip Justification: MHS Cheer will attend an exhibition competition to prepare for State & Regional Competition.

Trip Coordinator's Signature: S. Harding

Principal's Signature: Heather Little

Director of Schools Signature: [signature] Date: 10/3/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

PO#:_____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____

Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade:_____ Department/Team:

Coordinating Teacher(s):

Field Trip Destination: ___ _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

REVISED 9.8.23

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High Grade/Course/Team/Organization: Coordinating Teacher(s): Harding - MHS Cheer

Trip Date: 11/10/24 Destination: Birmingham, Alabama

Cost Per Student: $75 Cost Per Adult: $75

Number of Attending Students: 25 Number of Attending Adults: 4

Departure Time: 5AM Return Time: 11pm

Is this an overnight trip? NO *overnight trips require board approval

Funding Source: Cheer Account Student payment *for trips requiring board approval

Is a school nurse required to attend? YES ☐ NO ☐

Transportation: ☐ Walk ☑ Cars ☐ Bus ☐ SPED Bus Buses #_ Parent Transportation

Bus Service Provider: /

Trip Justification: Trip Coordinator's Signature: _____ - MHS Cheer to Regional Championship #1.

Principal's Signature: _____

Director of Schools Signature: _____ Date: 10/3/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

PO#:_____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____

Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade:_____ Department/Team:

Coordinating Teacher(s):

Field Trip Destination: ___ _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

REVISED 9.8.23

FIELD TRIP REQUEST FORM

Maryville City Schools

School:MHS Grade/Course/Team/Organization: Varsity boys' basketball

Coordinating Teacher(s): Wes Lambert

Trip Date: 11/22/24- 11/23/24 Destination: Nashville, TN

Cost Per Student: $O Cost Per Adult: $0

Number of Attending Students: 18 Number of Attending Adults: 6

Departure Time: 3:30pm Return Time: 11/23/24 @ 11 pm

Is this an overnight trip? (Yes) No *overnight trips require board approval.

Funding Source: boys' basketball account *for trips requiring board approval.

Is a school nurse required to attend? NO

Transportation: ☐ Walk ☐ Cars (Bus) SPED Bus Number of Buses 1

Bus Service Provider: Rocky Top

Trip Justification: Season games at Independence High School

Trip Coordinator's Signature: Wes Lambert

Principal's Signature: Heather Mitchell

Director of Schools Signature: Rob Words Date: 10/4/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval: PO#:

_____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____ Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade:_____ Department/Team: _____

Coordinating Teacher(s): _____

Field Trip Destination: _____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

TN Department of Education

2024 Local Education Agency Compliance Report

Local education agencies (LEAs) are required to comply with all federal and state education laws and State Board of Education (SBE) rules. This annual compliance report is one mechanism the department uses to ensure education laws and rules are faithfully executed. The commissioner of education is charged with taking corrective action when an LEA is noncompliant with those laws and rules or is not following a department-approved compliance plan.

Each LEA must submit this report and, if applicable, the corresponding corrective action plan, to the department by **November 29, 2024**. During completion, an LEA should carefully check the status of its compliance with all federal and state education laws and SBE rules. The department monitors and verifies LEA compliance via multiple data sources (e.g., Education Information System, internal program managers) and will consider those sources in making a final determination of an LEA's compliance. Please be advised annual compliance report data may inform an LEA's approval classification.

- (●) I certify that the LEA is in compliance with all federal and state education laws and SBE rules.
- ( ) I certify that, with the exception of areas indicated in the **attached corrective action plan**, the LEA is in compliance with all federal and state education laws and SBE rules.

LEA Name: Maryville City Schools

Director of Schools/Superintendent Name:

Director of Schools/Superintendent Signature: Mike Winstead

Digitally signed by Mike Winstead
Date: 2024.09.30 06:47:24 -04'00'

School Board Chair Name:

School Board Chair Signature:

Date of School Board Approval:

UPLOAD COMPLETED REPORT TO ePlan BY NOVEMBER 29, 2024
(including the corresponding corrective action plan if applicable).
Upload instructions are accessible here.

TN Department of Education

Appendix A

2024 Noncompliance Corrective Action Plan

Instructions: Below is a screenshot of the corrective action plan template. The actual template, which is provided here in Word format, includes an example and can also be accessed by downloading and opening this PDF and then clicking the attachment (paper clip) icon in the navigation pane.

Additionally, the current edition of *Commissioner's Update for Directors* includes individual links to the compliance report, corrective action plan template, and ePlan submission instructions.

Area of Noncompliance	Scope and Reason(s) for Noncompliance	Corrective Action Step(s)	Person(s) Responsible	Anticipated Completion Date(s)
T.C.A. § 49-5-413(a) (background checks)	An internal audit conducted on October 1, 2024, revealed eleven (13) employees with an expired background check.	▪ Notify the thirteen (13) impacted employees and their managers of the noncompliance in writing and include next steps. ▪ Coordinate fingerprinting scheduling, results processing, and related communications. ▪ Notify the TDOE director of LEA approval of corrective action plan completion.	Human Resources Director Human Resources Director Human Resources Director (with director of schools copied)	Oct. 15, 2024 Oct. 15 – Oct. 29, 2024 Nov. 1, 2024

EXAMPLE

TN Department of Education

Appendix B

For your convenience, the following is a list of helpful links to state education laws and SBE rules:

Public chapters regarding education passed during the 2024 legislative session: https://www.tn.gov/content/dam/tn/education/legal/2024_Legislative_Report_Final.pdf

Current and pending SBE rules:
https://www.tn.gov/sbe/rules--policies-and-guidance.html

SBE frequently asked questions:
https://www.tn.gov/sbe/about-us/frequently-asked-questions.html

Tennessee Code Annotated:
http://www.lexisnexis.com/hottopics/tncode/

If you have questions regarding education laws or SBE rules, please contact the department's general counsel, Christy Ballard, at (615) 741-2921 or Christy.Ballard@tn.gov.

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High

Team: Coordinating Teacher(s): Wrestling Teams: Alex Cate

Trip Date: Dec 20-21st

Destination: Wrestling Tournament in Asheville, NC

Cost Per Student: $50

Cost Per Adult: $50

Number of Attending Students: 40

Number of Attending Adults: 4

Departure Time: Friday 10AM

Return Time: Saturday 10PM

Is this an overnight trip? YES

*overnight trips require board approval

Funding Source: Wrestling Account Student payment

*for trips requiring board approval

Is a school nurse required to attend? YES ☐ NO ☑

Transportation: ☐ Walk ☐ Cars ☑ Bus ☐ SPED Bus Buses #___1___

Bus Service Provider: [redacted] Rocky Top Buses

Trip Justification: Trip Coordinator's Signature: R A Cate

Principal's Signature: B C Cutt

Director of Schools Signature: A M Winstead Date: 10/16/24

School Board Approval, as applicable: _____ Date: _____

To Be Completed After Approval:

PO#:_____ Please Initial Below:

Cafe Manager: _____ Clinic (Meds): _____ Office (Perm. Slip): _____

Website/Calendar: _____

CUT AND RETURN TOP PORTION TO OFFICE FOR APPROVAL

COMPLETE BOTTOM HALF & RETURN TO BOOKKEEPER AFTER TRIP

Grade:_____ Department/Team:

Coordinating Teacher(s):

Field Trip Destination: ___Campbellsville University Wrestling Camp_____

Final Count of Students Paying: _____

Final Count of Students Waived: _____

Final Count of Adults Paying: _____ Signature of Person Verifying: _____

FOR BOOKKEEPER TO COMPLETE:

Amount Donated: _____

Total Paid by Students: _____

Total Paid by Adults: _____

cope ARCHITECTURE

BID TABULATION FORM

Project Name: MHS Track & Baseball

Project Number: 24010

Tabulation Form No.: 1

Opening Date: 10/03/24

Opening Time: 2:00 PM

Bidder	Leon Williams Maryville	Holston Knoxville	Richardson Maryville	Skilled Services Knoxville	
Contractors License Number & Limits	#13553; Unlimited	#70827; $1,500,000		#34266; Unlimited	
Bid Envelope Cover Completed?	Yes	Yes		Yes	
HVAC Subcontractor	United Services; #47699; CMC	Action Heating & Cooling, Inc; #77469; CMC-C, CMC-A		Skilled Services; #34266; BC, CE, CMC	
Plumbing Subcontractor	BK Plumbing; #60366; CMC-A	United Services, Inc; #47699; CE, HVAC CMC		Skilled Services; #34266; BC, CE, CMC	
Electrical Subcontractor	Danny Davis Electrical Contractors; #27066; CE	The Eastenn Company, LLC; #73997; CE		Skilled Services; #34266; BC, CE, CMC	
Masonry Subcontractor	Creative Masonry; #79933; LMC	FL Lay Masonry Contractors; #27222; LMC		Lay FL Masonry; #27222; LMC	
Geothermal Subcontractor	N/A	Bellamy Excavating, LLC; #56317; BC, HC, HRA, MU		N/A	
Affidavits Included? (Drug-Free, Criminal History, Noncollusion, Insurance List, Iran Divestment)	Yes	Yes		Yes	
5% Bid Deposit					
Addendum 1-3 Acknowledged	Yes	Yes		Yes	
BASE BID	$1,496,000	$1,453,000		$1,565,450	
Calendar Days for Completion	250	250		300	
Attended Mandatory Pre-Bid Conference	Yes	Yes		Yes	

Certified Correct By: