Maryville City Schools
520 S Washington Street
Maryville, TN 37804

BOARD OF EDUCATION **5:30 PM, SEPTEMBER 22, 2025**
REGULAR MEETING **COULTER GROVE INTERMEDIATE SCHOOL**

I. CALL TO ORDER **CHAIR ELDER**
MOMENT OF SILENCE
PLEDGE OF ALLEGIANCE Scout Jackson, seventh grade

II. UPDATE FROM COULTER GROVE INTERMEDIATE SCHOOL Dr. Ramona Best, Principal

III. ADOPT AGENDA

IV. COMMENTS FROM THE PUBLIC ON AGENDA ITEMS

V. CONSENT AGENDA ITEMS

1. Approve Minutes of August 18, 2025, meeting (Attachment)
2. Approve Maryville High School Band to Walker Valley High School, Cleveland, Tennessee for ETSBOA Jazz Clinic – Funding Source: Students (Attachment A1)
3. Approve Maryville High School Band overnight to Gatlinburg, Tennessee, for ETSBOA All-State East Senior Clinic – Funding Source: Students (Attachment A2)
4. Approve Maryville High School Band overnight to Nashville, Tennessee for TMEA All-State - Funding Source: student and Band Boosters (Attachment A3)
5. Approve Maryville High School Varsity Baseball Team overnight to Tri Cities for regular seasonal baseball games – Funding Source: MHS Baseball (Attachment A4)
6. Approve Maryville High School Varsity Baseball Team overnight to Bradenton, Florida – Funding Source: Students (Attachment A5)
7. Approve Maryville High School Key Club to Dollywood to attend District Fall Rally – Funding Source: Students (Attachment A6)
8. Approve Maryville High School Dance Team overnight to Hoover, Alabama, for NDA Competition – Funding Source: MHS Dance Team (Attachment A7)
9. Approve Maryville High School Wrestling Team overnight trips to Asheville, North Carolina and Johnson City, Tennessee for tournaments – Funding Source: Wrestling Account/Students – (Attachment A8)
10. Approve Maryville High School Boys Basketball Team overnight trips to Huntsville, Alabama and Nashville, Tennessee – Funding Source Boys Basketball Account (Attachment A9)
11. Approve Maryville High School Chorus overnight to Sevierville, Tennessee for Camp Ba-Yo-Ca – Funding Source: Students (Attachment A10)
12. Approve Maryville High School AP Art & Design overnight to New York to the AP Art Museum – Funding Source Students (Attachment A11)

VI. AGENDA

1. Consider the nominee and alternate for Student Representative to the Board for the 2025-26 school year.
2. Consider Employee Bonus Proposal for categories of employees not covered by state-funded bonus (Attachment B1)
3. Consider Change Order for the Fort Craig Renovation Project to provide space for Maryville City Schools Foundation and Family Resource Center - $307,259.00 – Funding Source: Regular Capital Outlay-Building Improvements (Attachment B2)
4. Consider agreement with Steve McDaniel to serve as Owner Representative on the Sam Houston Elementary Expansion Project (Attachment B3)
5. Consider emergency purchase of rooftop HVAC units for Coulter Grove Intermediate School from McMahan Mechanical, Inc. - $88,700.00 Funding Source: Regular Capital Outlay-Building Improvements (Attachment B4)
6. Consider bid for the Maryville High School Kitchen Equipment required for the expansion project – $636.525.26 - Funding Source: Cafeteria Funds – Food Service Equipment (Attachment B5)

VII. REPORTS FROM DIRECTOR OF SCHOOLS

VIII. RECOGNITION OF STAFF AND STUDENTS

IX. COMMENTS FROM BOARD MEMBERS

X. ADJOURN

Upcoming meeting dates:
October 20, 2025, 5:30 p.m. Sam Houston Elementary School
November 17, 2025, 5:30 p.m. Maryville High School

FIELD TRIP REQUEST FORM
Maryville City Schools

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

Coordinating Teacher(s): Jonathan Leichman

Trip Date: 1/23/2026 Destination: Walker Valley High School

Cost Per Student: $200 Cost Per Adult: _____

Number of Attending Students: Select Number of Attending Adults: 1

Departure Time: 11:00am Return Time: 1/24/2026 Participant's Family's Responsibility To Provide Transportation Home From The Clinic - TBD Following Concert Performance

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

Funding Source: Student Participation Fees *for trips requiring board approval

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

Transportation: ☐ Walk ☐ Cars ☐ Bus ☐ SPED Bus Number of Buses _____ Central Office Van: 1

Bus Service Provider: N/A

Trip Justification: ETSBOA Jazz Clinic

Trip Coordinator's Signature: [signature]

Principal's Signature: [signature]

Director of Schools Signature: [signature] Date: 8/18/25

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: _____

FIELD TRIP REQUEST FORM
Maryville City Schools

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

Coordinating Teacher(s): Jonathan Leichman

Trip Date: 2/5/2026 Destination: The Park Vista - a Double Tree by Hilton Hotel - Gatlinburg

Cost Per Student: #200 Cost Per Adult: _____

Number of Attending Students: Select Number of Attending Adults: 2

Departure Time: 12:00noon Return Time: 2/7/2026 Participant's family's responsibility to provide transportation home from the clinic - TBD following Concert Performance

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

Funding Source: Student Participation Fees *for trips requiring board approval

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

Transportation: ☐ Walk ☐ Cars ☑ Bus ☐ SPED Bus Number of Buses 1

Bus Service Provider: Rocky Top Tours

Trip Justification: ETSBOA All-State East Senior Clinic

Trip Coordinator's Signature: _____

Principal's Signature: _____

Director of Schools Signature: _____ Date: 8/18/25

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: 9-12 Band

Coordinating Teacher(s): Jonathan Leichman

Trip Date: 4/9/2026 Destination: Gaylord Opryland Resort and Convention Center (Nashville, TN)

Cost Per Student: $250 Cost Per Adult: _____

Number of Attending Students: Select Number of Attending Adults: _____

Departure Time: 12:00 noon Return Time: 4/12/2026 Participant's Family's Responsibility to provide transportation home from the clinic - TBD Following Concert Performance

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

Funding Source: Student participation fees, Band Boosters if needed to assist *for trips requiring board approval

Is a school nurse required to attend? ☐ Yes ☑ No C/O

Transportation: ☐ Walk ☐ Cars ☑ Bus ☐ SPED Bus Number of Buses 1 And/or 1 to 2 (7) Passenger Mini Vans

Bus Service Provider: Rocky Top Tours

Trip Justification: TMEA All-state

Trip Coordinator's Signature: [signature]

Principal's Signature: [signature]

Director of Schools Signature: [signature] Date: 8/18/25

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

Select MJHS Band students

School: MHS Grade/Course/Team/Organization: 8-12 MHS Band

Coordinating Teacher(s): Jonathan Leichman and Sean Copeland

Trip Date: 4/9/26 - 4/12/26 Destination: Gaylord Opryland Resort and Convention Center (Nashville, TN)

Cost Per Student: $100-200 Cost Per Adult: _____

Number of Attending Students: 80+ Number of Attending Adults: _____

Departure Time: TBD Return Time: TBD

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

Funding Source: Student Participation Fees Fundraising Band Boosters *for trips requiring board approval

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

Transportation: ☐ Walk ☐ Cars ☑ Bus ☐ SPED Bus Number of Buses 2

Bus Service Provider: Rocky Top Tours

Trip Justification: TMEA 67th Professional Development Conference Performing Ensemble

Trip Coordinator's Signature: [signature]

Principal's Signature: [signature]

Director of Schools Signature: [signature] Date: 8/18/25

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 Baseball
Coordinating Teacher(s): Jason Lambert & Natasha McMurray
Trip Date: 4/24-4/25 Destination: Tri Cities
Cost Per Student: TBD Cost Per Adult: TBD
Number of Attending Students: 25 Number of Attending Adults: 3
Departure Time: 11:45am Return Time: 7pm
Is this an overnight trip? ☑ Yes ☐ No *overnight trips require board approval
Funding Source: MHS Baseball *for trips requiring board approval
Is a school nurse required to attend? ☐ Yes ☒ No
Transportation: ☐ Walk ☑ Cars ☑ Bus ☐ SPED Bus Number of Buses 1
Bus Service Provider: Rooney Top
Trip Justification: Regular Season Baseball Games
Trip Coordinator's Signature: _____
Principal's Signature: _____
Director of Schools Signature: _____ Date: 8/20/25
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: _____

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MHS Grade/Course/Team/Organization: Varsity Baseball
Coordinating Teacher(s): Jason Lambert & Natasha McMurray
Trip Date: 3/16-3/19 Destination: Bradenton, FL
Cost Per Student: TBD Cost Per Adult: n/a
Number of Attending Students: 25 Number of Attending Adults: 3
Departure Time: _____ Return Time: _____
Is this an overnight trip? ☑ Yes ☐ No *overnight trips require board approval
Funding Source: player pays *for trips requiring board approval
Is a school nurse required to attend? ☐ Yes ☑ No
Transportation: ☐ Walk ☐ Cars ☐ Bus ☐ SPED Bus Number of Buses _____ families provide
Bus Service Provider: _____
Trip Justification: Spring Break Baseball Trip
Trip Coordinator's Signature: _____
Principal's Signature: _____
Director of Schools Signature: _____ Date: 8/20/25
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: _____

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High School Grade/Course/Team/Organization: Key Club

Coordinating Teacher(s): Rachel Minzyk

Trip Date: Saturday, October 18, 2025 Destination: Dollywood (KT District Fall Rally)

Cost Per Student: **$60 (non-passholders) $15 (passholders)** Cost Per Adult: Same

Number of Attending Students: TBD Number of Attending Adults: TBD

Departure Time: Students meet at gate at 9:30 AM Return Time: Park closes at 10 PM

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

Funding Source: Each student pays Student payment: *for trips requiring board approval

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

Transportation: ☐ Walk ☐ Cars ☐ Bus ☐ SPED Bus Buses #_____ (Students provide own transportation)

Bus Service Provider: N/A

Trip Justification: This year, the Kentucky Tennessee District Key Club Fall Rally is being held at Dollywood on Saturday, October 18th. There will be a Key Club meeting located in the Celebrity Theatre beginning at 11 AM. Otherwise, students will have the opportunity to explore the park with other Key Club members in the district throughout the day and evening. Park hours are from 10 AM to 9 PM. **Students are responsible for providing their own transportation.** Parking is an additional $22.78 and not included in the cost of the ticket. Mrs. Minzyk will be at the main entrance beginning at 9:30 AM to distribute tickets and T-shirts.

Trip Coordinator's Signature: _____

Principal's Signature: Heather Little

Director of Schools Signature: _____ Date: 8/20/25

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: _____

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High School
Grade/Course/Team/Organization: Dance Team
Coordinating Teacher(s): Sierra Buck
Club:
Trip Date: 1/10/26
Destination: Hoover, AL
Cost Per Student: $200
Cost Per Adult: $200
Number of Attending Students: 12
Number of Attending Adults: 2
Departure Time: 10AM
Return Time: 2pm
Is this an overnight trip? YES
*overnight trips require board approval
Funding Source: MHS Dance Team
Student payment:
*for trips requiring board approval
Is a school nurse required to attend? YES ☐ NO ☑
Transportation: ☐ Walk ☑ Cars ☐ Bus ☐ SPED Bus Buses #_____
Bus Service Provider:
Trip Justification: NDA Competition - Varsity Competition that hosts pom, gameday, Hip Hop, and Jazz divisions. Not all comps host all 4 divisions we need.

Trip Coordinator's Signature: Sierra Buck
Principal's Signature: Heather Litton
Director of Schools Signature: Rob Wheatley Date: _____
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:

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High

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

Trip Date: Dec 19-20th

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: Rocky top

Trip Justification: Trip Coordinator's Signature: RA Cate

Principal's Signature: Heather Mitchell

Director of Schools Signature: Rob Whitlow Date: 9/8/25

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: _____

FIELD TRIP REQUEST FORM

Maryville City Schools

School: Maryville High
Team: Coordinating Teacher(s): Wrestling Teams: Alex Cate

Trip Date: Jan 9-10th, 2026
Destination: Wrestling Tournament at Science Hill High School

Cost Per Student: $25
Cost Per Adult: $25

Number of Attending Students: 28
Number of Attending Adults: 4

Departure Time: Friday 10AM
Return Time: Saturday 9PM

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: Rocky top

Trip Justification: Trip Coordinator's Signature: RA Cate

Principal's Signature: Heather Whitt

Director of Schools Signature: [signature] Date: 9/8/25

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: _____

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MHS Grade/Course/Team/Organization: Boys basketball
Coordinating Teacher(s): Lambert
Trip Date: 11/23 - 11/25 Destination: Huntsville, Alabama
Cost Per Student: 0 Cost Per Adult: 0
Number of Attending Students: 18 Number of Attending Adults: 5
Departure Time: 12:00pm Return Time: 10 pm
Is this an overnight trip? ☒ Yes ☐ No *overnight trips require board approval
Funding Source: Boys basketball *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: _____
Trip Justification: Season tournament
Trip Coordinator's Signature: [signature]
Principal's Signature: [signature]
Director of Schools Signature: [signature] Date: 9/8/25
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: _____

FIELD TRIP REQUEST FORM
Maryville City Schools

School: MHS Grade/Course/Team/Organization: Boys basketball
Coordinating Teacher(s): Lambert
Trip Date: 12/28 - 12/31 Destination: Nashville, TN
Cost Per Student: 0 Cost Per Adult: 0
Number of Attending Students: 20 Number of Attending Adults: 5
Departure Time: 12:00pm Return Time: 12:00am
Is this an overnight trip? ☒ Yes ☐ No *overnight trips require board approval
Funding Source: boys basketball *for trips requiring board approval
Is a school nurse required to attend? ☐ Yes ☒ No
Transportation: ☐ Walk ☐ Cars ☒ Bus ☐ SPED Bus Number of Buses 1
Bus Service Provider: Rocky Top
Trip Justification: Season tournament
Trip Coordinator's Signature: [signature]
Principal's Signature: [signature]
Director of Schools Signature: [signature] Date: 9/8/25
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: _____

FIELD TRIP REQUEST FORM

Maryville City Schools

School: **Maryville High School** Grade/Course/Team/Organization: **Chorus 4 class**

Coordinating Teacher(s): **Byron Davis**

Trip Date: **October 17-19, 2025** Destination: **Camp Ba-Yo-Ca in Sevierville**

Cost Per Student: **$165** Cost Per Adult: **$0**

Number of Attending Students: **19** Number of Attending Adults: **5**

Departure Time: **4 pm** Return Time: **12 pm**

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

Funding Source: **students pay field trip fee** *for trips requiring board approval

Is a school nurse required to attend? ☐ Yes ☒ No

Transportation: ☐Walk ☐Cars ☒Bus ☐SPED Bus Number of Buses 1

Bus Service Provider: **Rocky Top Tours**

Trip Justification: **Team building, culture setting, vision casting, and rehearsal for The Maryville Chorale (this trip replaces the previously approved but canceled Aug 8 trip).**

Trip Coordinator's Signature: _____

Principal's Signature: Heather Utter

Director of Schools Signature: Rob Wrinkle Date: 9/9/25

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: _____

FIELD TRIP REQUEST FORM
Maryville City Schools

A11

School: MHS Grade/Course/Team/Organization: AP ART & DESIGN (SPRING 2026)
Coordinating Teacher(s): RAQUEL ROY
Trip Date: LATE FEB. Destination: NEW YORK CITY
Cost Per Student: $450 Cost Per Adult: $1000
Number of Attending Students: 45 Number of Attending Adults: 7
Departure Time: 6pm THURSDAY Return Time: 6am - SUNDAY (Feb 27 - March 1)
Is this an overnight trip? ☒ Yes ☐ No *overnight trips require board approval
Funding Source: STUDENT *for trips requiring board approval
Is a school nurse required to attend? ☐ Yes ☒ No
Transportation: ☐ Walk ☐ Cars ☐ Bus ☐ SPED Bus Number of Buses 1
Bus Service Provider: Olympus
Trip Justification: AP ART MUSEUM
Trip Coordinator's Signature: [signature]
Principal's Signature: [signature]
Director of Schools Signature: [signature] Date: 9/10/25
School Board Approval, as applicable: _____ Date: _____

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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

2025 District-Funded One-Time Employee Bonus Proposal

Background: In January 2025, the Tennessee General Assembly approved a one-time $2,000 bonus for eligible K–12 teachers employed in a K–12 school during the 2024–2025 school year. However, the state's limited eligibility criteria created a compensation gap, excluding many dedicated employees in regular, ongoing assignments who also made significant contributions throughout the school year.

Recommendation: Consider the approval of a district-funded bonus, based on the criteria outlined below, to be issued to employees who were not eligible to receive the state-mandated bonus ensuring more equitable compensation across similar employment statuses for the 2024–2025 school year.

Eligibility Criteria: To qualify for the district-funded bonus, employees must meet **all** of the following:

- Employment Start Date - First working day in an eligible employment status must have been on or before October 4, 2024.
- Continuous Employment - Must have maintained continuous employment in an eligible status from start date through October 3, 2025.
- Employment Status - Employed in regularly assigned district or school-based position for which the pay is annualized

Ineligibility: The following employees do not qualify for the district-funded bonus even if they have met the above listed eligibility criteria:

- Employees who received the one-time state-mandated bonus in August 2025
- Certified employees who work less than 25% of a teacher contract
- Substitute employees
- Timecard-only employees
- Adventure Club staff/Little Nest staff

Bonus Payment Details:

- Disbursement Date – To be issued on November 3, 2025, payroll.
- Determining Factor – Bonus amount is based on the position held during the 2024–2025 school year.

Bonus Amounts by Employee Classification:

Employee Group	Full-Time	Part-Time
Certified Teachers	$2,000	$1,000
Employees on Administrative Scale (Including the Director of Schools position)	$2,000	$1,000
Classified Employees – Grade 43 or above	$2,000	$1,000
Classified Employees – Grade 42 or below	$1,000	$500
Employees on the Cafeteria scale	$1,000	$500

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September 12, 2025

Dr. Mike Winstead, Director of Schools
Maryville City Schools
833 Lawrence Avenue
Maryville, Tennessee 37803

RE: Fort Craig School Request for Proposal No. 8

Dr. Winstead,

We issued a Request for proposal to Leon Williams Contractors to provide a cost for the revisions of the Maryville Foundation Office and Family Resource Center. Leon Williams has provided a cost in the amount of $307,259.00 to accomplish this work. Cope Architecture and Engineering Services Group has reviewed the cost and it appears to be a fair price. Cope Architecture is recommending you accept the costs proposal.

Please let me know if you have any questions. Thanks



Joseph L. Fielden
Contract Construction Administrator.

Cc: File
RFP No. 8 dated 7-28-25
Leon Williams cost proposal no. 46 dated 8-29-25

Agreement Between Owner and Owner Representative

AGREEMENT made as of the Twenty-second day of September in the year Two Thousand Twenty-Five

BETWEEN the Owner:

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

and the Owner Representative:

Steve McDaniel
3326 Gracefield Road
Maryville, Tennessee 37804
Phone: 865-740-2666

for the following Project:

Renovation and expansion of Sam Houston Elementary School

The Owner and Owner Representative agree as follows:

ARTICLE 1 OWNER REPRESENTATIVE'S

RESPONSIBILITIES

The Owner Representative shall provide services for the Project as described in this Agreement in a manner consistent with locally accepted standards for professional skill and care.

The Owner Representative will work as a representative for Maryville City Schools, providing oversight on the Owner's behalf during the Bidding/Negotiations. Owner Representative will provide oversight for Maryville City Schools and for Contract Administration, and Project Closeout phases of the Project. The Owner Representative scope of services will be coordinated with that of the Design Architect, Cope Architecture, Inc., and will include the following:

1. Review construction documents prior to the bidding process and provide feedback to the Owner.
2. Attend pre-bid meeting. Attend bid opening.
3. Attend and monitor the preconstruction conference.
4. Attend and monitor construction progress meetings (minimum monthly, and on an as-needed basis).
5. Observe construction progress and communicate any issues discovered to Design Architect. Communication will be made to Maryville City Schools if the issues are significant. Construction observances will coincide with construction progress meetings (refer #3).
6. Review and co-sign Contractor pay applications after review by Design Architect.
7. Receive/ review all Project communications between Design Architect and General Contractor on behalf of Maryville City Schools.
8. Receive/ review all Project communications between Design Architect and Maryville City Schools.
9. Assist in advising as to cost saving measures on the Project.

ARTICLE 2 OWNER'S RESPONSIBILITIES

The Owner shall provide full information about the objectives, schedule, constraints and existing conditions of the Project, and shall establish a budget that includes reasonable contingencies and meets the Project requirements. The Owner shall provide decisions and furnish required information as expeditiously as necessary for the orderly progress of the Project. The Owner Representative shall be entitled to rely on the accuracy and completeness of the Owner's information. The Owner shall furnish consulting services required for the Project as needed. The Owner shall employ a Contractor experienced in the type of Project to be constructed, to perform the construction work and to provide price information.

ARTICLE 3 TERMINATION, SUSPENSION OR ABANDONMENT

In the event of termination, suspension or abandonment of the Project by the Owner, the Owner Representative shall be compensated for services performed. The Owner• s failure to make payments in accordance with this Agreement shall be considered substantial nonperformance and sufficient cause for the Owner Representative to suspend or terminate services. Either the Owner Representative or the Owner may terminate this Agreement after giving no less than seven days' written notice.

ARTICLE 4 MISCELLANEOUS PROVISIONS
Nothing contained in this Agreement shall create a contractual relationship with, or a cause of action in favor of, a third party against the Owner or the Owner Representative.

The Owner Representative shall have no responsibility for the identification, discovery, presence, handing, removal or disposal of, or exposure of persons to, hazardous materials in any form at the Project site. To the fullest extent permitted by law, the Owner shall indemnify and hold harmless the Owner Representative from and against claims, damages, losses and expenses ("Claims"), including, but not limited to, attorney's fees relating to or arising from the Work and the Project except where such Claims are caused by or related to the negligent acts or omissions of Owner Representative or its Employees.

ARTICLE 5 PAYMENTS AND COMPENSATION TO THE ARCHITECT
The Owner Representative's Compensation shall be 0.75% of the Contractors approved bid.

Payments are due and payable upon receipt of the Owner Representative's monthly invoice. Amounts unpaid thirty (30) days after the invoice date shall bear interest from the date payment is due at the legal rate prevailing at the principal place of business of the Owner Representative.

ARTICLE 6 RELATIONSHIP
The Owner Representative shall have no authority to bind the Owner without express written permission to any contract or agreement. Owner Representative is an independent contractor of Owner and not an Employee or Agent except as expressly specified herein.

This Agreement entered into as of the day and year first written above.

Owner	Owner Representative
(Signature)	*(Signature)*
Mike S. Winstead, Director of Schools Maryville City Schools	Steve McDaniel

McMahan
MECHANICAL, INC.

Proposal

6549 Creekhead Drive Knoxville, Tn, 37909
Office (865)951-1919 Fax (865)951-1918

Date: 9/5/25

Attention: Joe Robinette
Project: Coulter Grove RTU's replacement
Contractor: McMahan Mechanical

License Classification: CMC-A, CMC-C
License Number: 00024098
License Limit: $1,500,000.00
Exp: 7/31/2026

MCMAHAN MECHANICAL, INC. is pleased to provide a quote for the sum of **$88,700.00 to replace the 12.5 ton rooftop units at Coulter Grove.**

Work to be performed includes:
All labor and material to complete the above project.

- Demo old units and curb adapters
- Install 2 new 12.5 ton units and curb adapters
- Rework Electrical, gas lines, and condensate drains
- Rework and add the Alerton REA controls
- Factory startup programming
- Fan start/stop control with status feedback
- Space temperature, CO2 and humidity sensor with set point adjustment and night setback override control
- Discharge air temp sensor
- Scheduled setback controls
- Dehumidification utilizing DX cooling and hot gas reheat control
- Demand Ventilation control based on space CO2 levels
- Terminate smoke detector safety shutdown in unit
- Permit
- Crane

Exclusions:

- **No Bond**

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September 12, 2025

Dr. Mike Winstead, Director of Schools
Maryville City Schools
520 S. Washington Street
Maryville, Tennessee 37804

RE: BIDS FOR MHS FOODSERVICE EQUIPMENT

Dr. Winstead,

As you are aware, the bids for the above referenced project were received on September 11, 2025 at 2pm and we had a one responsive bidder for the project referenced above. After review of the bidding documents, discussion with the bidder, we recommend that Maryville City Schools enter into a contract with Singer H&R based on their bid amount of $636,525.26.

Should you have any questions, please do not hesitate to contact this office.

Respectfully Submitted,



Brian Pierce, AIA
Sr. Project Manager

Cc: File