

**Riceville Community School  
Riceville, IA**

The Board of Education of the Riceville Community School District held their regular board meeting July 19<sup>th</sup>, 2021, at 7:30 p.m. in the High School Library. Board members present Guertin, Winters, Hale, Eastman and Fox. Also, in attendance: Barb Schwamman-Superintendent, Jennifer Dunn—Board Secretary/Treasurer, Casandra Leff—Monitor Recorder. Community Members: Zach & Kelsey Byrnes, Mike Schwarck, Susan Marr, & Rose Christensen.

Fox called the meeting to order @ 7:31 PM

Spotlight on Education: Barb spoke on the KPEC conference and noted we had 8 staff who attended.

Zach Byrnes spoke to the board about daycare. Mike Schwarck also commented.

Motion by Hale, seconded by Eastman to approve the agenda. 5 Ayes. MC.

Motion by Guertin, second by Winters to approve the minutes of previous meeting, financial reports, and summary of bills. Ayes 5. MC.

Motion by Winters, seconded by Guertin to approve the resignation of Jessica Jefferies as Elementary secretary. Roll Call Vote: Eastman, aye; Hale aye; Winters, aye; Guertin, aye; Fox, aye. MC.

Motion by Hale, seconded by Guertin to approve Hannah Melloon- cook, Amy O'Donnell- aide, Kayla Harper-aide, Emily Schipper & Allison Zweibohmer Co JH Girls Basketball, William Schroeder-JH Wrestling. Roll Call Vote: Winters aye; Hale, aye; Guertin, aye; Fox, aye. MC.

Mrs. Schwamman spoke about ESSER funds, return to learn plan, board elections, IASB conference on ESSER, online registration and taxes.

Building and Grounds will meet in August.

Winters asked questions about the daycare with board concerns.

Motion by Guertin, seconded by Eastman to approve the Engagement Letter with Nolte, Cornman & Johnson. 5 Ayes. MC.

Motion by Winters, seconded by Eastman to increase the substitute pay for bus drivers from \$20 to \$25 and activity driving from \$29.03 to \$30.00 for first 1.5 hours and from \$7.25 to \$8.00 for remaining activity hours of the trip. 5 Ayes. MC.

Motion by Winters, seconded by Guertin to approve the extension of the Marco contract. 5 Ayes. MC.

Motion by Hale, seconded by Eastman to approve the seeking for bid for Bus #6. 5 Ayes. MC.

Next board meeting will be held Monday, August 16<sup>th</sup>, 2021 @ 7:30 p.m. in the High School Library.

Motion by Winters, second by Guertin to adjourn the meeting @ 8: PM. Ayes 5. MC.

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Karl Fox  
Board President

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Jennifer Dunn  
Board Secretary

**Riceville Community School  
Riceville, IA**

The Board of Education of the Riceville Community School District held a special board meeting August 10, 2021, at 4:00 p.m. in the Board Room. Board members present Hale (via phone), Guertin, Eastman, Winters and Fox. Also, in attendance: Barb Schwamman-Superintendent, Jennifer Dunn—Board Secretary/Treasurer, Principal- Heather Suckow.

Fox called the meeting to order @ 4:04 PM.

Motion by Winters, seconded by Guertin to approve the agenda. 5 Ayes. MC.

Motion by Guertin to approve the contract for Ashley Kramer- Elementary secretary. Roll Call Vote: Winters, aye; Guertin, aye; Eastman, aye; Hale, aye; Fox, aye. MC

Next regular board meeting will be held Monday, August 16<sup>th</sup> at 7:30 p.m. in the Board Room.

Motion by Winters, second by Guertin to adjourn the meeting @ 4:06 PM. Ayes 5. MC

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Karl Fox  
Board President

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Jennifer Dunn  
Board Secretary

## Analysis of Cash Balance Including investment CD

7/31/2021

	07/31/21	07/31/20	% change	Notes *
General Fund (10)	1,274,074.56	1,074,719.56	18.5%	
Management Fund (22)	600,004.19	483,386.08	24.1%	Didn't levy management in FY 20
PPEL & LOSST Funds (36 & 33)	1,352,196.42	2,009,503.01	-32.7%	Money for Building deposited in FY 20
Activity Fund (21)	64,511.14	67,114.20	-3.9%	
Hot Lunch Fund (61)	127,080.43	138,671.04	-8.4%	Purchased some equipment
TOTAL	<u>3,417,866.74</u>	<u>3,773,393.89</u>	-9.4%	Appears reasonable

\* = Cash balances will fluctuate with the timing of revenue and expense receipts and payments. Items considered unusual are explained in greater detail under the notes above.

### Inter-fund Loan outstanding

	Receivable	Payable	Explanation
General Fund	0.00		
Management Fund		0.00	

## 10-OPERATING FUND CHECKING

## OPERATING FUND (10)

DATE	IN	OUT	BALANCE
			\$1,185,899.47
July 30, 2020	\$258,435.36	\$338,315.70	\$1,106,019.13
August 31, 2020	\$147,362.12	\$357,146.09	\$896,235.16
September 30, 2020	\$312,229.68	\$364,481.20	\$843,983.64
October 31, 2020	\$1,305,898.32	\$439,952.40	\$1,709,929.56
November 30, 2020	\$340,542.08	\$323,888.63	\$1,726,583.01
December 31, 2020	\$298,899.58	\$493,869.11	\$1,531,613.48
January 31, 2021	\$432,720.93	\$378,570.08	\$1,585,764.33
February 28, 2021	\$291,590.09	\$397,771.15	\$1,479,583.27
March 31, 2021	\$181,669.93	\$375,680.54	\$1,285,572.66
April 30, 2021	\$854,929.63	\$356,595.70	\$1,783,906.59
May 31, 2021	\$477,719.71	\$389,427.67	\$1,872,198.63
June 30, 2021	\$269,681.23	\$555,356.59	\$1,586,523.27
July 30, 2021	\$58,019.24	\$370,470.95	\$1,274,071.56



**MANAGEMENT FUND (22)**

DATE	IN	OUT	BALANCE
			\$563,321.32
July 30, 2020	\$46.45	\$79,981.69	\$483,386.08
August 31, 2020	\$40.21	\$2,009.00	\$481,417.29
September 30, 2020	\$7,602.27	\$0.00	\$489,019.56
October 31, 2020	\$59,486.22	\$0.00	\$548,505.78
November 30, 2020	\$9,416.74	\$2,079.00	\$555,843.52
December 31, 2020	\$2,065.66	\$2,080.17	\$555,829.01
January 31, 2021	\$1,230.62	\$0.00	\$557,059.63
Feburary 28, 2021	\$384.50	\$0.00	\$557,444.13
March 31, 2021	\$977.00	\$0.00	\$558,421.13
April 30, 2021	\$34,753.31	\$0.00	\$593,174.44
May 31, 2021	\$4,535.69	\$0.00	\$597,710.13
June 30, 2021	\$1,354.97	\$0.00	\$599,065.10
July 30, 2021	\$939.09	\$0.00	\$600,004.19

## LOCAL OPTION SALES (33)

DATE	IN	OUT	BALANCE
			\$621,594.84
July 30, 2020	\$27,424.13	\$10,326.07	\$638,692.90
August 31, 2020	\$32,050.58	\$0.00	\$670,743.48
September 30, 2020	\$27,241.03	\$14,278.24	\$683,706.27
October 31, 2020	\$27,259.58	\$13,962.47	\$697,003.38
November 30, 2020	\$37,270.61	\$0.00	\$734,273.99
December 31, 2020	\$27,727.38	\$33,498.00	\$728,503.37
January 31, 2021	\$27,726.48	\$24,457.43	\$731,772.42
February 28, 2021	\$55.75	\$0.00	\$731,828.17
March 31, 2021	\$46,611.11	\$8,495.00	\$769,944.28
April 30, 2021	\$23,347.69	\$8,495.00	\$784,796.97
May 31, 2021	\$37,369.33	\$10,000.00	\$812,166.30
June 30, 2021	\$29,251.29	\$50,334.62	\$791,082.97
July 30, 2021	\$27,362.39	\$17,652.36	\$800,793.00

DATE	IN	OUT	BALANCE
			\$1,622,757.55
July 30, 2020	\$2,112.33	\$255,649.89	\$1,369,219.99
August 31, 2020	\$2,060.80	\$349,951.89	\$1,021,328.90
September 30, 2020	\$43,316.48	\$291,222.21	\$773,423.17
October 31, 2020	\$212,561.44	\$113,134.45	\$872,850.16
November 30, 2020	\$27,282.75	\$4,139.12	\$895,993.79
December 31, 2020	\$68,994.27	\$143,938.03	\$821,050.03
January 31, 2021	\$3,518.68	\$13,777.24	\$810,791.47
February 28, 2021	\$25,628.17	\$10,549.08	\$825,870.56
March 31, 2021	\$303,839.59	\$643,566.69	\$486,143.46
April 30, 2021	\$180,185.89	\$2,942.73	\$663,386.62
May 31, 2021	\$13,275.40	\$14,164.06	\$662,497.96
June 30, 2021	\$5,919.46	\$67,082.46	\$601,334.96
July 30, 2021	\$2,663.06	\$52,594.60	\$551,403.42

## ACTIVITY FUND (21)

DATE	IN	OUT	BALANCE
			\$68,955.07
July 30, 2020	\$2,505.53	\$7,375.02	\$64,085.58
August 31, 2020	\$1,988.83	\$2,307.81	\$63,766.60
August 31, 2020	\$8,349.98	\$7,188.93	\$64,927.65
October 31, 2020	\$4,473.83	\$9,168.80	\$60,232.68
November 30, 2020	\$33,548.80	\$3,380.12	\$90,401.36
December 31, 2020	\$2,139.62	\$25,005.54	\$67,535.44
January 31, 2021	\$5,183.84	\$3,110.79	\$69,608.49
Feburary 29, 2020	\$7,735.71	\$6,169.43	\$71,174.77
March 31, 2021	\$3,008.20	\$7,378.31	\$66,804.66
April 30, 2021	\$7,036.24	\$8,428.36	\$65,412.54
May 31, 2021	\$2,194.00	\$5,786.43	\$61,820.11
June 30, 2021	\$9,213.17	\$11,848.88	\$59,184.40
July 30, 2021	\$3,358.74	\$2,532.00	\$60,011.14

NUTRITION FUND (61)

DATE	IN	OUT	BALANCE
			\$113,180.71
July 31, 2020	\$39,992.46	\$24,862.96	\$128,310.21
August 31, 2020	\$39,635.39	\$30,694.88	\$137,250.72
September 30, 2020	\$5,059.66	\$24,333.61	\$117,976.77
October 31, 2020	\$25,554.19	\$26,969.39	\$116,561.57
November 30, 2020	\$35,603.41	\$21,123.64	\$131,041.34
December 31, 2020	\$22,151.99	\$24,988.28	\$128,205.05
January 31, 2021	\$24,738.89	\$20,428.59	\$132,515.35
February 28, 2021	\$27,775.15	\$21,475.39	\$138,815.11
March 31, 2021	\$23,107.55	\$24,789.80	\$137,132.86
April 30, 2021	\$31,685.40	\$28,722.70	\$140,095.56
May 31, 2021	\$29,443.44	\$25,386.52	\$144,152.48
June 30, 2021	\$24,876.47	\$38,436.68	\$130,592.27
July 31, 2021	\$22,020.80	\$25,532.64	\$127,080.43



Batch Description: Invoices--AUGUST 2021 BATCH 1

Processing Month: 07/2021

Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

<b>Vendor ID: 104447</b>	<b>ACME ELECTRIC</b>	<b>PO Number:</b>	<b>Invoice Number: 3512</b>	<b>Amount:</b>	<b>230.00</b>
Description:		Invoice Date: 07/31/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	CABLE		230.00	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 187454</b>	<b>Amount:</b>	<b>267.70</b>
Description:		Invoice Date: 08/05/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3140 000 0000 631	MILK		267.70	0.00 N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 189605</b>	<b>Amount:</b>	<b>214.16</b>
Description:		Invoice Date: 07/13/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3140 000 0000 631	MILK		214.16	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 191810</b>	<b>Amount:</b>	<b>189.39</b>
Description:		Invoice Date: 07/20/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3140 000 0000 631	MILK		189.39	N	In Full
					Final
<b>Vendor ID: 101231</b>	<b>ANDERSON ERICKSON DAIRY CO</b>	<b>PO Number:</b>	<b>Invoice Number: 194009</b>	<b>Amount:</b>	<b>200.78</b>
Description:		Invoice Date: 07/27/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3140 000 0000 631	MILK		200.78	N	In Full
					Final
<b>Vendor ID: 100445</b>	<b>ANDY'S MINI MART</b>	<b>PO Number:</b>	<b>Invoice Number: 20210809</b>	<b>Amount:</b>	<b>617.52</b>
Description:		Invoice Date: 07/31/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 626	197.40 GAL GAS		499.65	N	In Full
10 0000 2700 000 0000 627	44.10 GAL DEISEL		117.87	N	In Full
					Final
<b>Vendor ID: 100445</b>	<b>ANDY'S MINI MART</b>	<b>PO Number:</b>	<b>Invoice Number: 75130</b>	<b>Amount:</b>	<b>20.54</b>
Description:		Invoice Date: 07/13/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0418 1100 100 3376 810	PD MEAL		20.54	N	In Full
					Final
<b>Vendor ID: 100002</b>	<b>CASH</b>	<b>PO Number:</b>	<b>Invoice Number: 20210809</b>	<b>Amount:</b>	<b>50.00</b>

Description:	Invoice Date: 08/02/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 618	CASH BOX		50.00		N	Final
<b>Vendor ID: 103885</b>	<b>CDW GOVERMENT INC</b>	<b>PO Number: 20652T</b>	<b>Invoice Number: G409658</b>	<b>Amount: 12,600.21</b>		
Description:	Invoice Date: 07/01/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 2237 100 0000 734	COMPUTERS		12,600.21		N	Final
<b>Vendor ID: 103885</b>	<b>CDW GOVERMENT INC</b>	<b>PO Number: 20652T</b>	<b>Invoice Number: G452507</b>	<b>Amount: 1,768.90</b>		
Description:	Invoice Date: 07/01/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 2237 100 0000 734	COMPUTER		1,768.90		N	Final
<b>Vendor ID: 100764</b>	<b>CENTRAL LOCK &amp; KEY</b>	<b>PO Number:</b>	<b>Invoice Number: 113612</b>	<b>Amount: 820.00</b>		
Description:	Invoice Date: 08/05/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 8021 618	RAC FOBS		820.00		N	Final
<b>Vendor ID: 707555</b>	<b>CHROMEBOOKPARTS.COM</b>	<b>PO Number:</b>	<b>Invoice Number: 110736</b>	<b>Amount: 859.90</b>		
Description:	Invoice Date: 07/08/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 2237 100 0000 734	COMPUTER		859.90		N	Final
<b>Vendor ID: 707292</b>	<b>CIMMIYOTTI, ANGIE</b>	<b>PO Number:</b>	<b>Invoice Number: 20210805</b>	<b>Amount: 119.98</b>		
Description:	Invoice Date: 07/22/2021	Due Date: 08/05/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 618	BULLETIN BOARDS		119.98		N	Final
<b>Vendor ID: 707292</b>	<b>CIMMIYOTTI, ANGIE</b>	<b>PO Number:</b>	<b>Invoice Number: 20210809</b>	<b>Amount: 19.99</b>		
Description:	Invoice Date: 08/09/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
61 0000 3140 000 0000 618	REIMB STORAGE		19.99		N	Final
<b>Vendor ID: 707292</b>	<b>CIMMIYOTTI, ANGIE</b>	<b>PO Number:</b>	<b>Invoice Number: 20210809-0001</b>	<b>Amount: 29.80</b>		
Description:	Invoice Date: 08/06/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00		
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>



61 0000 3140 000 0000 631	REIMB HAMB BUNS	29.80	N	Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3812932</b>	<b>Amount: 198.00</b>
Description:		Invoice Date: 08/04/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 680	TNT ECHO CARTRIDGE		198.00	N Final
<b>Vendor ID: 100006</b>	<b>DFA DAIRY BRANDS CORPORTE LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 119013482</b>	<b>Amount: 357.76</b>
Description:		Invoice Date: 08/04/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3140 000 0000 631	MILK		357.76	N Final
<b>Vendor ID: 707654</b>	<b>EKON-O-PAC LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 102491</b>	<b>Amount: 556.80</b>
Description:		Invoice Date: 07/20/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3140 000 0000 618	SEALER & BAGS		556.80	N Final
<b>Vendor ID: 706921</b>	<b>ESGI</b>	<b>PO Number: 20657E</b>	<b>Invoice Number: 34924</b>	<b>Amount: 1,065.00</b>
Description:		Invoice Date: 07/01/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0418 1100 100 0000 615	SOFTWARE LICENSES		710.00	N Final
10 0418 1000 460 3117 612	SOFTWARE LICENSES		355.00	N Final
<b>Vendor ID: 7072626</b>	<b>FARMERS NEW AG LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 8395</b>	<b>Amount: 141.24</b>
Description:		Invoice Date: 07/19/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 680	TOMAHAWK		141.24	N Final
<b>Vendor ID: 707270</b>	<b>GILLETTE GROUP</b>	<b>PO Number:</b>	<b>Invoice Number: 9267207</b>	<b>Amount: 200.44</b>
Description:		Invoice Date: 08/05/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 1100 100 8031 618	ELEM POP		200.44	N Final
<b>Vendor ID: 707653</b>	<b>H &amp; H LAWN SERVICE</b>	<b>PO Number:</b>	<b>Invoice Number: 605</b>	<b>Amount: 192.00</b>
Description:		Invoice Date: 07/05/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2600 000 0000 424	BAGGED FERTILIZER-FOOTBALL FIELD		192.00	N Final

<b>Vendor ID: 707454</b>	<b>KENDALL HUNT PUBLISHING</b>	<b>PO Number: 20650H</b>	<b>Invoice Number: 12716986</b>	<b>Amount: 800.00</b>
Description:		Invoice Date: 07/12/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0109 1100 100 3376 810	TEACH & LEARN VIRTUAL CONFERENCE		800.00	N Final
<b>Vendor ID: 104240</b>	<b>KUHN, ROBIN</b>	<b>PO Number:</b>	<b>Invoice Number: 20210809</b>	<b>Amount: 70.00</b>
Description:		Invoice Date: 08/05/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2700 000 0000 626	REIMB 20.48 GAL GAS		70.00	N Final
<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 9036935</b>	<b>Amount: 14,313.10</b>
Description:		Invoice Date: 07/15/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3110 000 0000 733	DISHWASHER		14,313.10	N Final
<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 9040556</b>	<b>Amount: 569.31</b>
Description:		Invoice Date: 07/19/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3140 000 0000 631	FOOD		569.31	N Final
<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 9088412</b>	<b>Amount: 759.34</b>
Description:		Invoice Date: 08/02/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
61 0000 3110 000 0000 618	FS SUPPLIES		75.52	N Final
61 0000 3110 000 0000 631	FOOD		683.82	N Final
<b>Vendor ID: 707110</b>	<b>MOLLY HAWKINS WHOLESALE</b>	<b>PO Number: 20666H</b>	<b>Invoice Number: 42522</b>	<b>Amount: 665.03</b>
Description:		Invoice Date: 07/06/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0109 1100 102 0000 612	SARGENT ART TAKLON BRUSHES (40 ROUND)		37.98	N Final
10 0109 1100 102 0000 612	SARGENT ART TAKLON BRUSHES (40 FLAT)		37.98	N Final
10 0109 1100 102 0000 612	PRISMACOLOR PENCILS (BLACK)		25.98	N Final
10 0109 1100 102 0000 612	PRISMACOLOR PENCILS (WHITE)		25.98	N Final
10 0109 1100 102 0000 612	GENERAL'S LAYOUT PENCILS (1 DOZ.)		18.93	N Final
10 0109 1100 102 0000 612	PRISMACOLOR SHARPENER		15.96	N Final
10 0109 1100 102 0000 612	97# DRAWING PAPER		97.96	N Final
10 0109 1100 102 0000 612	117# SUPER DRAWING PAPER (500) (12 X		117.12	N Final



**Invoice Listing - Detail**  
Unposted; Batch Description Invoices--AUGUST 2021 BATCH 1

10 0109 1100 102 0000 612	18) 117# SUPER DRAWING PAPER (500) (9 X 12)	33.07	N	Final
10 0109 1100 102 0000 612	BLUE WATERCOLOR PAINT (12-OVAL PANS)	11.97	N	Final
10 0109 1100 102 0000 612	YELLOW WATERCOILOR PAINT (12-OVAL PANS)	11.97	N	Final
10 0109 1100 102 0000 612	SHARPIE (FINE) SET OF 12	47.10	N	Final
10 0109 1100 102 0000 612	SHARPIE ULTRA FINE	47.10	N	Final
10 0109 1100 102 0000 612	OIL PASTELS SARGENTS (1-DOZ.)	29.52	N	Final
10 0109 1100 102 0000 612	METALLIC SARGENT OIL PASTELS	54.48	N	Final
10 0109 1100 102 0000 612	WORKABLE FIXATIVE	5.57	N	Final
10 0109 1100 102 0000 612	CRYSTAL CLEAR	5.47	N	Final
10 0109 1100 102 0000 612	PIPETTE	5.70	N	Final
10 0109 1100 102 0000 612	GOOGLE EYES	7.40	N	Final
10 0109 1100 102 0000 612	SHIPPING	27.79	N	Final

<b>Vendor ID: 102291</b>	<b>NAPA</b>	<b>PO Number:</b>	<b>Invoice Number: 271289</b>	<b>Amount:</b>	<b>75.92</b>
Description:		Invoice Date: 07/14/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	OIL FILTER & DEF		75.92	N	In Full Final

<b>Vendor ID: 102291</b>	<b>NAPA</b>	<b>PO Number:</b>	<b>Invoice Number: 271571</b>	<b>Amount:</b>	<b>51.87</b>
Description:		Invoice Date: 07/22/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	AIR FILTER		51.87	N	In Full Final

<b>Vendor ID: 102291</b>	<b>NAPA</b>	<b>PO Number:</b>	<b>Invoice Number: 271574</b>	<b>Amount:</b>	<b>359.95</b>
Description:		Invoice Date: 07/22/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 671	OIL		359.95	N	In Full Final

<b>Vendor ID: 102291</b>	<b>NAPA</b>	<b>PO Number:</b>	<b>Invoice Number: 271760</b>	<b>Amount:</b>	<b>44.28</b>
Description:		Invoice Date: 07/28/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	BELT		44.28	N	In Full Final

<b>Vendor ID: 707592</b>	<b>NELSON MEDIA COMPANY</b>	<b>PO Number:</b>	<b>Invoice Number: 0115</b>	<b>Amount:</b>	<b>2,000.00</b>
Description:		Invoice Date: 07/28/2021	Due Date: 08/09/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
					In Full



36 0000 4300 000 0000 451 VIDEO MARKETING 2,000.00 N Final

**Vendor ID: 707589 NORTH CENTRAL INTERNATIONAL** **PO Number:** **Invoice Number: R223000687:01** **Amount: 87.45**  
Description: Invoice Date: 07/19/2021 Due Date: 08/05/2021 Status: A 1099 Amount: 0.00  
Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
10 0000 2700 000 0000 673 TRANSMISSION RESET 87.45 0.00 N Final

**Vendor ID: 707377 O'DONNELL CRESCO/RICEVILLE INSURANCE** **PO Number:** **Invoice Number: 20210809** **Amount: 97,638.00**  
Description: Invoice Date: 07/01/2021 Due Date: 08/09/2021 Status: A 1099 Amount: 0.00  
Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
22 0000 2600 000 0000 529 PROPERTY INS 34,119.00 N Final  
22 0000 2600 000 0000 524 GENERAL LIABILITY 3,765.00 N Final  
22 0000 2600 000 0000 529 CYBER INS 1,260.00 N Final  
22 0000 2600 000 0000 529 CRIME INS 512.00 N Final  
22 0000 2700 000 0000 522 AUTO INS 10,512.00 N Final  
22 0000 2600 000 0000 529 UMBRELLA INS 3,768.00 N Final  
22 0000 2600 000 0000 529 POLLUTION INS 500.00 N Final  
22 0000 2600 000 0000 529 EXCESS LIABILITY 1,007.00 N Final  
22 0000 2600 000 0000 529 LINEBACKER 4,610.00 N Final  
22 0000 1000 100 0000 121 WC TEACHERS 16,511.00 N Final  
22 0000 2222 000 0000 260 WC LIBRARY 1,581.76 N Final  
22 0000 3110 000 0000 260 WC COOKS 3,790.12 N Final  
22 0000 2410 000 0000 260 WC PRINCIPALS 3,097.44 N Final  
22 0000 2700 000 0000 260 WC BUS DRIVERS 8,010.51 N Final  
22 0000 2600 000 0000 260 WC CUSTODIANS 2,980.66 N Final  
22 0000 1000 100 0000 260 WC NURSE/ COUNSELOR 1,010.80 N Final  
22 0000 2321 000 0000 260 W2C SUPERINTENDENT 602.71 N Final

**Vendor ID: 102277 PIONEER VALLEY BOOKS** **PO Number: 20663E** **Invoice Number: I211775** **Amount: 112.48**  
Description: Invoice Date: 08/05/2021 Due Date: 08/05/2021 Status: A 1099 Amount: 0.00  
Sequence: 1 Check Type: Checking Account ID: Check Number: Check Date:  
Chart of Account Number Detail Description Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full  
10 0418 1100 431 4501 612 OLIVER THE MUSICIAN 5.75 N Final  
10 0418 1100 431 4501 612 DAISY AND THE SUPER DOG CAPE 6.25 N Final  
10 0418 1100 431 4501 612 BELLA'S BIG ADVENTURE 6.25 N Final  
10 0418 1100 431 4501 612 THE ROAD TRIP 12.50 N Final  
10 0418 1100 431 4501 612 BELLA AND ROSIE SOLVE A MYSTERY 6.25 N Final  
10 0418 1100 431 4501 612 DIRTY AND WET DOGS 5.75 N Final  
10 0418 1100 431 4501 612 KEEPING WATCH 5.75 N Final  
10 0418 1100 431 4501 612 GOING TO SCHOOL 5.75 N Final  
10 0418 1100 100 0000 612 UNLINED WRITING BOOK 48.00 N Final  
10 0418 1100 431 4501 612 SHIPPING 10.23 N Final

<b>Vendor ID: 102415</b>	<b>PLANK ROAD PUBLISHING, INC.</b>	<b>PO Number: 20660H</b>	<b>Invoice Number: 22-000203</b>	<b>Amount: 147.45</b>
Description:		Invoice Date: 07/09/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
21 0000 1400 910 6220 612	MUSIC SUBSCRIPTION		147.45	N Final
<b>Vendor ID: 100025</b>	<b>QUILL LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 17845374</b>	<b>Amount: 269.66</b>
Description:		Invoice Date: 07/06/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0418 2410 000 0000 611	PAPER		269.66	N Final
<b>Vendor ID: 100025</b>	<b>QUILL LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 17880231</b>	<b>Amount: 159.42</b>
Description:		Invoice Date: 07/07/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0000 2310 000 0000 611	OFFICE SUPPLIES		159.42	N Final
<b>Vendor ID: 103555</b>	<b>REALLY GOOD STUFF</b>	<b>PO Number:</b>	<b>Invoice Number: 7617331</b>	<b>Amount: 131.39</b>
Description:		Invoice Date: 08/05/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0418 1100 100 0000 612	JOURNAL PACKS		131.39	N Final
<b>Vendor ID: 707655</b>	<b>SAGE PUBLISHING</b>	<b>PO Number:</b>	<b>Invoice Number: 436602KI</b>	<b>Amount: 24.55</b>
Description:		Invoice Date: 06/24/2021	Due Date: 08/09/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0109 1100 100 3376 810	PLAYBOOK		24.55	N Final
<b>Vendor ID: 707540</b>	<b>SAVVAS LEARNING CO LLC</b>	<b>PO Number: 20658H</b>	<b>Invoice Number: 7027564222</b>	<b>Amount: 6,356.53</b>
Description:		Invoice Date: 07/12/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0109 1100 100 0000 641	SOCIAL STUDIES CIRC		6,356.53	N Final
<b>Vendor ID: 100406</b>	<b>SCHOLASTIC MAGAZINES</b>	<b>PO Number: 20597E</b>	<b>Invoice Number: M7084300</b>	<b>Amount: 1,440.56</b>
Description:		Invoice Date: 07/06/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u> <u>Asset/Asset Tag</u> <u>In Full</u>
10 0418 1100 100 0000 612	SCHOLASTIC NEWS		1,440.56	N Final
<b>Vendor ID: 707138</b>	<b>SCHOOL NURSE SUPPLY INC.</b>	<b>PO Number:</b>	<b>Invoice Number: 0844111-IN</b>	<b>Amount: 293.62</b>
Description:		Invoice Date: 07/14/2021	Due Date: 08/05/2021	Status: A 1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:



<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2134 000 0000 613	NURSE SUPPLIES		293.62		N	Final
<b>Vendor ID: 707075 SUMDOG INC.</b>						
Description:		PO Number:	20654E	Invoice Number:	INV-11818	Amount:
Sequence: 1		Invoice Date:	07/01/2021	Due Date:	08/05/2021	Status: A
Check Type:		1099 Amount: 0.00		Check Number:	Check Date:	
Checking Account ID:						
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 2237 100 0000 652	CLASS SUBSCRIPTION-MATH		195.00		N	Final
<b>Vendor ID: 707229 TEACHING STRATEGIES</b>						
Description:		PO Number:	20655E	Invoice Number:	INV124912	Amount:
Sequence: 1		Invoice Date:	07/01/2021	Due Date:	08/05/2021	Status: A
Check Type:		1099 Amount: 0.00		Check Number:	Check Date:	
Checking Account ID:						
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0418 1000 460 3117 612	GOLD ASSESSMENT PORFOLIOS		418.00		N	Final
<b>Vendor ID: 707471 TIME MANAGEMENT SYSTEMS</b>						
Description:		PO Number:		Invoice Number:	255171	Amount:
Sequence: 1		Invoice Date:	08/01/2021	Due Date:	08/05/2021	Status: A
Check Type:		1099 Amount: 0.00		Check Number:	Check Date:	
Checking Account ID:						
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
36 0000 2239 000 0000 652	TIMECLOCK		366.20		N	Final
<b>Vendor ID: 102183 WEBER AUTO PARTS</b>						
Description:		PO Number:		Invoice Number:	446442	Amount:
Sequence: 1		Invoice Date:	08/05/2021	Due Date:	08/09/2021	Status: A
Check Type:		1099 Amount: 0.00		Check Number:	Check Date:	
Checking Account ID:						
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2700 000 0000 673	FILTERS & BLADES		317.82		N	Final
Batch 1099 Total:			0.00	Batch Total:		
Report 1099 Total:			0.00	Report Total:		

148,387.04

148,387.04

Invoice Listing - Detail

Batch Description: Invoices--AUG 2021 BATCH 2

Processing Month: 08/2021

Credit Card Vendor ID:

End of Fiscal Year Expense Invoices:

<b>Vendor ID: 707457</b>	<b>ASPI SOLUTIONS</b>	<b>PO Number:</b>	<b>Invoice Number: 13148</b>	<b>Amount:</b>	<b>400.00</b>
Description:		Invoice Date: 07/21/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 0000 612	VARSITY BOUND		400.00	N	In Full Final
<b>Vendor ID: 102500</b>	<b>BAUER, ANDREA</b>	<b>PO Number:</b>	<b>Invoice Number: 20210811</b>	<b>Amount:</b>	<b>37.44</b>
Description:		Invoice Date: 08/11/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0109 1300 325 0000 810	MILAGE REIMB		37.44	N	In Full Final
<b>Vendor ID: 104784</b>	<b>BRITTAIN, CHARLES</b>	<b>PO Number:</b>	<b>Invoice Number: 20210811</b>	<b>Amount:</b>	<b>400.00</b>
Description:		Invoice Date: 07/01/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 400.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0000 1400 920 0000 612	OFFICAIL ASSIGNING		400.00	400.00 N	In Full Final
<b>Vendor ID: 103885</b>	<b>CDW GOVERMENT INC</b>	<b>PO Number: 20652T</b>	<b>Invoice Number: H814973</b>	<b>Amount:</b>	<b>5,282.76</b>
Description:		Invoice Date: 08/04/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
36 0000 2237 100 0000 734	ELITEDISPLAYS		5,282.76	N	In Full Final
<b>Vendor ID: 707292</b>	<b>CIMMIYOTTI, ANGIE</b>	<b>PO Number:</b>	<b>Invoice Number: 20210812</b>	<b>Amount:</b>	<b>140.42</b>
Description:		Invoice Date: 08/11/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 810	HOTEL REIMB FOR CONFERENCE		140.42	N	In Full Final
<b>Vendor ID: 104466</b>	<b>CULLIGAN WATER CONDITIONING</b>	<b>PO Number:</b>	<b>Invoice Number: 0200831</b>	<b>Amount:</b>	<b>92.00</b>
Description:		Invoice Date: 08/06/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	SALT		92.00	N	In Full Final
<b>Vendor ID: 104466</b>	<b>CULLIGAN WATER CONDITIONING</b>	<b>PO Number:</b>	<b>Invoice Number: 39012</b>	<b>Amount:</b>	<b>92.00</b>
Description:		Invoice Date: 08/05/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	SALT		92.00	N	In Full Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3816074</b>	<b>Amount:</b>	<b>91.50</b>
Description:		Invoice Date: 08/11/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00



Invoice Listing - Detail

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	AIR FRESHNER		91.50		N	Final
<b>Vendor ID: 100140</b>	<b>DALCO</b>	<b>PO Number:</b>	<b>Invoice Number: 3816111</b>	<b>Amount:</b>	<b>1,154.16</b>	
Description:		Invoice Date: 08/11/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	PAPER TOWELS & TOILET TISSUE		1,154.16		N	Final
<b>Vendor ID: 100745</b>	<b>DECORAH COMMUNITY SCHOOL DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 20210813</b>	<b>Amount:</b>	<b>7,876.04</b>	
Description:		Invoice Date: 08/13/2021	Due Date: 08/13/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0970 1200 217 3303 561	SP ED BILLING		7,876.04		N	Final
<b>Vendor ID: 15587</b>	<b>DEPARTMENT OF ADMINISTRATIVE SVCS</b>	<b>PO Number:</b>	<b>Invoice Number: DAS2022011640</b>	<b>Amount:</b>	<b>550.00</b>	
Description:		Invoice Date: 08/06/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 0000 810	TSA ANNUAL ADMIN FEE		550.00		N	Final
<b>Vendor ID: 100203</b>	<b>FARMERS FEED &amp; GRAIN CO INC</b>	<b>PO Number:</b>	<b>Invoice Number: 11462</b>	<b>Amount:</b>	<b>107.50</b>	
Description:		Invoice Date: 07/20/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 433	LAWN MOWER TIRE REPAIR		107.50		N	Final
<b>Vendor ID: 707659</b>	<b>GRUNDMEYER LEADER SERVICES</b>	<b>PO Number:</b>	<b>Invoice Number: 20210812</b>	<b>Amount:</b>	<b>600.00</b>	
Description:		Invoice Date: 08/02/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 1100 100 4045 810	ADMINISTRATOR RETREAT		600.00		N	Final
<b>Vendor ID: 707490</b>	<b>IOWA ASSOCIATION OF TRACK COACHES</b>	<b>PO Number:</b>	<b>Invoice Number: INV-000979</b>	<b>Amount:</b>	<b>50.00</b>	
Description:		Invoice Date: 08/10/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 920 0000 612	TRACK COACH MEMBERSHIP		50.00		N	Final
<b>Vendor ID: 104161</b>	<b>JOSTENS, INC</b>	<b>PO Number:</b>	<b>Invoice Number: 1263962</b>	<b>Amount:</b>	<b>1,030.68</b>	
Description:		Invoice Date: 08/04/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 950 7950 612	YEARBOOKS		1,030.68		N	Final



Invoice Listing - Detail

<b>Vendor ID: 100007</b>	<b>MARTIN BROS DIST</b>	<b>PO Number:</b>	<b>Invoice Number: 9067888</b>	<b>Amount:</b>	<b>1,732.14</b>
Description:		Invoice Date: 08/09/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
61 0000 3110 000 0000 618	FS SUPPLIES		76.66	N	In Full
61 0000 3110 000 0000 631	FOOD		1,655.48	N	Final
<b>Vendor ID: 707589</b>	<b>NORTH CENTRAL INTERNATIONAL</b>	<b>PO Number:</b>	<b>Invoice Number: R223000734:01</b>	<b>Amount:</b>	<b>355.78</b>
Description:		Invoice Date: 08/11/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2700 000 0000 673	BUS REAPIT FOR CODE		355.78	N	Final
<b>Vendor ID: 707266</b>	<b>PETE, HEIDI</b>	<b>PO Number:</b>	<b>Invoice Number: 20210812</b>	<b>Amount:</b>	<b>873.60</b>
Description:		Invoice Date: 08/05/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 9070 1200 217 3303 580	MILAGE REIMB		873.60	N	Final
<b>Vendor ID: 101717</b>	<b>SCHOOL SPECIALTY SUPPLY INC</b>	<b>PO Number:</b>	<b>Invoice Number: 20210812</b>	<b>Amount:</b>	<b>(280.00)</b>
Description:		Invoice Date: 08/12/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0418 1100 100 0000 612	REFUND		(280.00)	N	Final
<b>Vendor ID: 101717</b>	<b>SCHOOL SPECIALTY SUPPLY INC</b>	<b>PO Number:</b>	<b>Invoice Number: 30813812884</b>	<b>Amount:</b>	<b>780.82</b>
Description:		Invoice Date: 08/09/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0418 1100 100 0000 612	SUPPLIES		780.82	N	Final
<b>Vendor ID: 706837</b>	<b>SMI</b>	<b>PO Number:</b>	<b>Invoice Number: 29637</b>	<b>Amount:</b>	<b>350.00</b>
Description:		Invoice Date: 08/03/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 424	MULCH		350.00	N	Final
<b>Vendor ID: 707475</b>	<b>SOBOLIK, CHRISTY</b>	<b>PO Number:</b>	<b>Invoice Number: 20210811</b>	<b>Amount:</b>	<b>56.52</b>
Description:		Invoice Date: 08/02/2021	Due Date: 08/11/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 1100 100 8031 618	REIMB GRANT PURCHASES		56.52	N	Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>	<b>PO Number:</b>	<b>Invoice Number: 183957</b>	<b>Amount:</b>	<b>3.79</b>
Description:		Invoice Date: 07/19/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	VALVE		3.79		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183048	Amount:	9.99	
Description:		Invoice Date: 07/02/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	TORK SET		9.99		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183282	Amount:	21.99	
Description:		Invoice Date: 07/07/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	TANK SPRAYER		21.99		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183290	Amount:	15.98	
Description:		Invoice Date: 07/07/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	SCREWS		15.98		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183310	Amount:	5.99	
Description:		Invoice Date: 07/07/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	MOTOR MIXER		5.99		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183334	Amount:	9.07	
Description:		Invoice Date: 07/08/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	CONNECTORS & O'RINGS		9.07		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183368	Amount:	191.93	
Description:		Invoice Date: 07/08/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0000 2600 000 0000 680	PAINT		191.93		N	Final
Vendor ID: 100004	TRUE VALUE	PO Number:	Invoice Number: A183528	Amount:	29.16	
Description:		Invoice Date: 07/12/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00	
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
21 0000 1400 950 7967 612	SPRAY PAINT		29.16		N	Final



Invoice Listing - Detail

<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A183600</b>	<b>Amount:</b>	<b>48.28</b>
Description:			Invoice Date: 07/13/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	PAINT			48.28		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A183673</b>	<b>Amount:</b>	<b>60.64</b>
Description:			Invoice Date: 07/14/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	ANCHORS			60.64		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A183736</b>	<b>Amount:</b>	<b>6.38</b>
Description:			Invoice Date: 07/16/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	SHORTBRUSHING			6.38		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A183754</b>	<b>Amount:</b>	<b>11.23</b>
Description:			Invoice Date: 07/16/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	COVER & CONNECTOR			11.23		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A183791</b>	<b>Amount:</b>	<b>21.86</b>
Description:			Invoice Date: 07/16/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	WASHER & DRAIN BEND			21.86		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A184048</b>	<b>Amount:</b>	<b>15.19</b>
Description:			Invoice Date: 07/20/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	CAULK			15.19		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A184191</b>	<b>Amount:</b>	<b>223.89</b>
Description:			Invoice Date: 07/22/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		
<u>Chart of Account Number</u>	<u>Detail Description</u>		<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0000 2600 000 0000 680	PAINT			223.89		N
						In Full
						Final
<b>Vendor ID: 100004</b>	<b>TRUE VALUE</b>		<b>PO Number:</b>	<b>Invoice Number: A184631</b>	<b>Amount:</b>	<b>59.88</b>
Description:			Invoice Date: 07/30/2021	Due Date: 08/12/2021	Status: A	1099 Amount: 0.00
Sequence: 1	Check Type:	Checking Account ID:	Check Number:	Check Date:		

Invoice Listing - Detail

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      CONCRETE MIX

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Checking Account ID:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      DWV CAP

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Checking Account ID:

Chart of Account Number      Detail Description  
61 0000 3110 000 0000 618      SUPER GLUE

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Checking Account ID:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      PAINT

Vendor ID: 100004      TRUE VALUE

Description:

Sequence: 1      Check Type:

Checking Account ID:

Chart of Account Number      Detail Description  
10 0000 2600 000 0000 680      CONCRETE MIX

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	59.88		N	Final

PO Number:      Invoice Number: B176725      Amount:      27.98

Invoice Date: 07/01/2021      Due Date: 08/12/2021      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	27.98		N	Final

PO Number:      Invoice Number: B176943      Amount:      5.98

Invoice Date: 07/08/2021      Due Date: 08/12/2021      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	5.98		N	Final

PO Number:      Invoice Number: B177291      Amount:      53.57

Invoice Date: 07/20/2021      Due Date: 08/12/2021      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	53.57		N	Final

PO Number:      Invoice Number: B177566      Amount:      49.90

Invoice Date: 08/12/2021      Due Date: 08/12/2021      Status: A      1099 Amount: 0.00

Check Number:      Check Date:

<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
	49.90		N	Final

Batch 1099 Total:	400.00	Batch Total:	22,646.04
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Report 1099 Total:	400.00	Report Total:	22,646.04
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**28E Agreement Between  
Riceville Community Daycare and  
Riceville Community School District for  
Housing the Daycare in the School**

This is an Iowa Code Chapter 28E Contract between Riceville Community Daycare (RCD) and Riceville Community School District.

**Purpose:**

The purpose of this Contract is to house the Riceville Community Daycare in the Riceville Community School.

**Riceville Community School Agrees To:**

- Allowing the RCD to use the Family Consumer Science (FCS) room during the summer months and any other days school is not in session for preparing their meals and snacks
- Rent 5 rooms to RCD for \$90.00 a month+ supplies, which is due on the 15<sup>th</sup> of the following month.
- Preparing meals(lunch) and are responsible for meal dishes & tray's while school is in session and charge the daycare lunch costs.
- Having the daycare hours be 5:30 A.M. to 6:00 P.M. Monday through Friday except major holidays (daycare staff will be provided with key fobs for access to the school building)
- Taking care of snow removal (removal during school breaks may not occur at time of snowfall)
- Allowing the daycare to use the school playground after school hours and for age appropriate children
- Allow the daycare to use the multi-purpose room, gym, or RAC when not being used by Riceville students
- Purchasing & storing all supplies but will bill the daycare for their supplies
- Fill all dispensers (paper towels, soap, toilet paper, etc.) in the daycare area
- Provide access for washer/dryer in the FACS room
  - ✓ Maintenance will be split 50/50
  - ✓ Replacement (if applicable) of washer & dryer is the responsibility of the RCSD
- Responsible for maintenance in the fenced playground area
- Provide internet and phone line access.

**Riceville Community Daycare Agrees To:**

- Pay additional rent of \$30.00 per room in the summer months (June, July, August) to cover additional electrical expenses due to air conditioning
- Have all daycare families pick up and drop off their children at the back entrance by the daycare rooms
- Have all daycare staff park in the back of the school building



- Taking care of all janitorial needs in our 5 rooms- we will also clean the bathrooms when there is an accident or mess due to our use during the school day
- RCD will maintain a security system to keep school doors locked but allow parents of daycare children to enter the building (daycare will manage this)
- Using the school playground and multi-purpose room when it is not in use by school children
- Install any needed additional fire code requirements
- Carry insurance and provide a copy to the RCSD

Changes to this contract may be made by mutual agreement of the two entities.

**No Separate Entity:** This agreement does not establish legal entity. The cooperative venture undertaken by this agreement shall be administered jointly by the Superintendent of Riceville Community Schools and the Riceville Community Daycare Board.

**Term:** The term of this agreement shall begin on July 1, 2021 and shall continue until either party gives a 90-day prior written notice of its intent to terminate the agreement to the other party. After termination of this agreement, RCD agrees to return facilities to original construction, excluding (2) new doors on east wall.

Dated this 16th day of August, 2021.

**Riceville Community School**

**Riceville Community Daycare**

By: \_\_\_\_\_  
Superintendent— Barb Schwamann

By: \_\_\_\_\_  
RCD Board President—Lindsey Johnson

By: \_\_\_\_\_  
School Board President- Karl Fox

By: \_\_\_\_\_  
RCD Vice President—



The American National Red Cross ("Red Cross"), a non-profit corporation chartered by the United States Congress, provides services to individuals, families and communities when disasters strike. The disaster relief activities of the Red Cross are made possible by the American public who support the Red Cross with generous donations. The Red Cross's disaster services are also supported by facility owners who permit the Red Cross to use their buildings as shelters and other service delivery sites for disaster victims. This agreement is between the Red Cross and a facility owner ("Owner") so the Red Cross can use the facility to provide services during a disaster. This agreement only applies when Red Cross requests use of the facility and is managing the activity at the facility.

## Parties and Facility

### Owner:

Full Name of Owner	Riceville Community School District
Address	912 Woodland Ave., Riceville, IA 50466
24-Hour Point of Contact Name and Title Work Phone Cell Phone	Barb Schwammon 641-985-2288 641-
Address for Official Notices (only if different from above address)	

### Red Cross:

Chapter Name	Eastern Iowa-Territory 6
Chapter Address	2400 Asbury Rd., Dubuque, IA 52001
24-Hour Point of Contact Name and Title Work Phone Cell Phone	Jolene Carpenter, Disaster Program Manager 563-564-4566 563-543-9119
Address for Official Notices	American Red Cross, Disaster Cycle Services Logistics, 8550 Arlington Blvd., Fairfax, VA 22031

### Facility:

Insert name and complete street address of building or, if multiple buildings, write "See attached facility list," and attach facility list, including complete street address of each building that is part of this agreement. If the Red Cross will use only a portion of a building, then describe the portion of the building that the Red Cross will use.
Riceville Schools, 912 Woodland Ave., Riceville, IA 50466



## Terms and Conditions

1. **Use of Facility:** Upon request and if feasible, Owner will permit the Red Cross to use and occupy the Facility on a temporary basis to conduct emergency, disaster-related activities. The Facility may be used for the following purposes (both parties must initial all that apply):

Facility Purpose	Owner Initials	Red Cross Initials
Service Center (Operations, Client Services, or Volunteer Intake)		
Storage of supplies		
Parking of vehicles		
Disaster Shelter	X	

2. **Facility Management:** The Red Cross will designate a Red Cross official to manage the activities at the Facility ("Red Cross Manager"). The Owner will designate a Facility Coordinator to coordinate with the Red Cross Manager regarding the use of the Facility by the Red Cross.
3. **Condition of Facility:** The Facility Coordinator and Red Cross Manager (or designee) will jointly conduct a survey of the Facility before it is turned over to the Red Cross. They will use the first page of the Red Cross's **Facility/Shelter Opening/Closing Form** to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment in the Facility that the Red Cross should not use. The Red Cross will exercise reasonable care while using the Facility and will not modify the Facility without the Owner's express written approval.
4. **Food Services** (*This paragraph applies only when the Facility is used as a shelter or service center.*): Upon request by the Red Cross, and if such resources are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. The Facility Coordinator will designate a Food Service Manager to coordinate meals at the direction of and in cooperation with the Red Cross Manager. The Food Service Manager will establish a feeding schedule and supervise meal planning and preparation. The Food Service Manager and Red Cross Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies before the Facility is turned over to the Red Cross. When the Red Cross vacates the Facility, the Red Cross Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the Red Cross's activities at the Facility.
5. **Custodial Services** (*This paragraph applies only when the Facility is used as a shelter or service center.*): Upon request of the Red Cross and if such resources are available, the Owner will make its custodial resources, including supplies and workers, available to provide cleaning and sanitation services at the Facility. The Facility Coordinator will designate a Facility Custodian to coordinate these services at the direction of and in cooperation with the Red Cross Manager.
6. **Security/Safety:** In coordination with the Facility Coordinator, the Red Cross Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any security and safety issues at the Facility.
7. **Signage and Publicity:** The Red Cross may post signs identifying the Facility as a site of Red Cross operations in locations approved by the Facility Coordinator. The Red Cross will remove such signs when the Red Cross concludes its activities at the Facility. The Owner will not issue press releases or other publicity concerning the Red Cross's activities at the Facility without the written consent of the Red Cross Manager. The Owner will refer all media questions about the Red Cross activities to the Red Cross Manager.
8. **Closing the Facility:** The Red Cross will notify the Owner or Facility Coordinator of the date when the Red Cross will vacate the Facility. Before the Red Cross vacates the Facility, the Red Cross Manager and Facility Coordinator will jointly conduct a post-occupancy inspection, using the second page of the *Shelter/Facility Opening/Closing Form*, to record any damage or conditions.



9. Fee (This paragraph does not apply when the Facility is used as a shelter. The Red Cross does not pay fees to use facilities as shelters.): Both parties must initial one of the two statements below:

- a. Owner will not charge a fee for the use of the Facility.  
Owner initials: \_\_\_\_\_ Red Cross initials: \_\_\_\_\_
- b. The Red Cross will pay \$\_\_\_\_\_ per day/week/month (circle one) for the right to use and occupy the Facility. Owner initials: \_\_\_\_\_ Red Cross initials: \_\_\_\_\_

10. Reimbursement: Subject to the conditions in paragraph 10(e) below, the Red Cross will reimburse the Owner for the following:

- a. *Damage to the Facility or other property of Owner, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for facility damage will be based on replacement at actual cash value. The Red Cross, in consultation with the Owner, will select from bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.*
- b. *Reasonable costs associated with custodial and food service personnel and supplies which would not have been incurred but for the Red Cross's use of the Facility. The Red Cross will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.*
- c. *Reasonable, actual, out-of-pocket costs for the utilities indicated below, to the extent that such costs would not have been incurred but for the Red Cross's use of the Facility. (Both parties must initial all utilities that may be reimbursed by the Red Cross):*

	Owner Initials	Red Cross Initials
Water	X	
Gas	X	
Electricity	X	
Waste Disposal	X	

- d. The Owner will submit any request for reimbursement to the Red Cross within 60 days after the occupancy of the Red Cross ends. Any request for reimbursement must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked.
- e. If the disaster is a Federally declared disaster and Owner is a municipal or state government entity, then the Owner will work with appropriate emergency management agencies to seek cost reimbursement through the Federal Emergency Management Agency's program for administering Public Assistance Category B under the Robert T. Stafford Act. The Red Cross is not obligated to reimburse the Owner for costs covered by Public Assistance Category B.

11. Insurance: The Red Cross shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and \$1,000,000 in Employers' Liability.

12. Indemnification: The Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to claims for bodily injury, death, and property damage arising from the negligence of the Red Cross during the use of the Facility.

13. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.



## Facility Use Agreement

Digital Signature: Each party agrees that either party's execution of this agreement by DIGITAL signature (whether ELECTRONIC or encrypted) is expressly intended to authenticate this AGREEMENT and to have the same force and effect as manual signatures. The term DIGITAL signature means any electronic sound, symbol, or process attached to or logically associated with a record and executed and adopted by a party with the intent to sign such record, including facsimile or email electronic signatures. The use of digital signatures is intended to facilitate more efficient execution and delivery of signed documents.

Riceville Community School District  
Owner (Legal Name)

\_\_\_\_\_  
By (Signature)

Barb Schwammon  
Name (Printed)

Superintendent  
Title

\_\_\_\_\_  
Date

The American National Red Cross  
Eastern Iowa Chapter-Territory 6  
(Legal Name)

\_\_\_\_\_  
By (Signature)

Jolene Carpenter, BSW  
Name (Printed)

Disaster Program Manager  
Title

\_\_\_\_\_  
Date

## LEGAL STATUS OF THE SCHOOL BOARD

Iowa law authorizes the creation of a Common Schools System. As part of this Common Schools System, this school district is a school corporation created and organized under Iowa law. This school district is known as the Riceville Community School District.

This school corporation is located in Howard and Mitchell Counties, and its affairs are conducted by the elected school officials, the Riceville Community School District Board of Directors. this school corporation has exclusive jurisdiction over school matters in the territory of the school district

Legal Reference: Iowa Code §§ 274.1, .2, .6, .7; 278.1(9); 279.8; 594A (2011)

Cross Reference: 200 Legal Status of the Board of Directors

Approved: February 18, 2013 Reviewed: November 20, 2017 Revised: \_\_\_\_\_



## EDUCATIONAL PHILOSOPHY OF THE SCHOOL DISTRICT

As a school corporation of Iowa, the Riceville Community School District, acting through its board of directors, is dedicated to promoting an equal opportunity for a quality public education to its students. The board's ability may be limited by the school district's ability and willingness to furnish financial support in cooperation with student's parents and school district community. The board is also dedicated to providing the opportunity to develop a healthy social, intellectual, emotional, and physical self-concept in a learning environment that provides guidance to, and encourages critical thinking in, the students for a lifetime.

The board endeavors, through the dedication of the school district's resources, to encourage students, who come to the school district from a variety of backgrounds, to look forward to the time when they will have jobs, homes, families, places in the school district community, and attain recognition as individuals. In order to achieve this goal, the board will seek qualified employees dedicated to development of their professional skills for the betterment of the education program and for the expertise for educational productivity.

Instruction and curriculum are the key elements of a public education. Critical thinking and problem solving skills that will assist the students' preparation for life is instructed as part of a sequentially coordinated curriculum. The school district strives to prepare students for employment, to discover and nurture creative talent and to prepare them to meet and cope with social change in an atmosphere conducive to learning.

The support and involvement of the home and the school district community are essential to achieve educational excellence in the school district. The school district strives to maintain an active relationship with the home and the school district community to create within the students an awareness of the dignity and worth of the individual, civic responsibility and respect for authority.

Legal Reference: Iowa Code §§ 256.11 (2011).

Cross Reference: 100 Equal Educational Opportunity  
103 Long-Range Needs Assessment  
209 Board of Directors' Management Procedures  
600 Goals and Objectives of the Educational Program  
602 Curriculum Development

Approved: August 14, 1989

Reviewed: November 20, 2017

Revised: February 18, 2013

## EQUAL EDUCATIONAL OPPORTUNITY

It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, (for employment), marital status (for programs), sexual orientation, gender identity, and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, **Kirstin Linkenmeyer** ~~Michelle Dohman~~, School Counselor, 912 Woodland Avenue, Riceville, Iowa 50466, 641-985-2288, [kristen.linkenmeyer@riceville.k12.ia.us](mailto:kristen.linkenmeyer@riceville.k12.ia.us) ~~[michelle.dohman@riceville.k12.ia.us](mailto:michelle.dohman@riceville.k12.ia.us)~~.

~~The board will not discriminate in its educational activities on the basis of race, color, national origin, creed, socio-economic status, religion, sex, disability, sexual orientation, gender identity or marital status.~~

The board requires all persons, agencies, vendors, contractors and other persons and organizations doing business with or performing services for the school district to subscribe to all applicable federal and state laws, executive orders, rules and regulations pertaining to contract compliance and equal opportunity.

~~The board is committed to the policy that no otherwise qualified person will be excluded from educational activities on the basis of race, color, national origin, creed, religion, sex, marital status, sexual orientation, gender identity or disability. Further, the board affirms the right of all students and staff to be treated with respect and to be protected from intimidation, physical harm and harassment.~~

Legal Reference: 20 U.S.C. §§ 1221 *et seq.* (2010)  
 20 U.S.C. §§ 1681 *et seq.* (2010)  
 20 U.S.C. §§ 1701 *et seq.* (2010)  
 29 U.S.C. § 794 (2010).  
 42 U.S.C. §§ 12101 *et seq.* (2010)  
 34 C.F.R. Pt. 100 (2010).  
 34 C.F.R. Pt. 104 (2010).  
 Iowa Code §§ 216.9; 256.11; 280.3 (2011)  
 281 I.A.C. 12.

Cross Reference: 101 Equal Philosophy of the School District  
 401.1 Equal Employment Opportunity  
 500 Objective for Equal Educational Opportunities for Students  
 506.1 Student records  
 602 Curriculum Development

Approved: February 18, 2013 Reviewed: November 20, 2017 Revised: \_\_\_\_\_

NOTICE OF NONDISCRIMINATION

It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact the district's Equity Coordinator, **Kristin Linkenmeyer** ~~Michelle Dohlman~~, School Counselor, 912 Woodland Avenue, Riceville, IA 50466. (641) 985-2288, [kristin.linkenmeyer@riceville.k12.ia.us](mailto:kristin.linkenmeyer@riceville.k12.ia.us) ~~[michelle.dohlman@riceville.k12.ia.us](mailto:michelle.dohlman@riceville.k12.ia.us)~~. For further guidance, visit the Iowa Department of Education website.

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: December 17, 2018



CONTINUOUS NOTICE OF NONDISCRIMINATION

**It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status(for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact KirstinLinkenmeyer, 912 Woodland Ave., 641-985-2288, [kirstin.linkenmeyer@riceville.k12.ia.us](mailto:kirstin.linkenmeyer@riceville.k12.ia.us).**

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: \_\_\_\_\_

## SECTION 504 STUDENT AND PARENTAL RIGHTS

The Riceville Community School District does not discriminate in its educational programs and activities on the basis of a student's disability. It has been determined that your child has a qualifying disability for which accommodations may need to be met his or her individual needs, as adequately as the needs of other students. As a parent, you have the right to the following:

- Participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
- Receipt of free educational services to the extent they are provided students without disabilities;
- Receipt of information about your child and your child's educational programs and activities in your native language;
- Notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
- Inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
- Hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.

Inquiries concerning the school district's compliance with the regulations implementing Title VI, Title IX, the Americans with Disabilities Act (ADA), § 504 or *Iowa Code* § 280.3 should be directed to:

Barb Schwamman, Superintendent  
912 Woodland Ave.  
Riceville, IA 50466

641-985-2288

who has been designated by the school district to coordinate the school district's efforts to comply with the regulations implementing Title VI, Title IX, the Americans with Disabilities Act (ADA), § 504 or *Iowa Code* § 280.3.

**It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Kirstin Linkenmeyer, 912 Woodland Ave., 641-985-2288, [kirstin.linkenmeyer@riceville.k12.ia.us](mailto:kirstin.linkenmeyer@riceville.k12.ia.us).**

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: \_\_\_\_\_

## LONG-RANGE NEEDS ASSESSMENT

Long-range needs assessment enables the school district to analyze assessment data, get feedback from the community about its expectation of students and determine how well students are meeting student learning goals. The board will conduct ongoing and in-depth needs assessment, soliciting information from businesses, labor, industry, higher education and community members, regarding their expectations for adequate student preparation.

In conjunction with the in-depth needs assessment of the school district, the board will authorize the appointment of a committee, representing administrators, employees, parents, students and community members, to make recommendations and assist the board in determining the priorities of the school district in addition to the basic skill areas of the education program.

Riceville School District utilizes the School Improvement Advisory Committee to provide insight and direction to the school board. Also, the district utilizes several advisory committees, including Perkins areas, to provide guidance on coursework and student readiness for career and college readiness.

It is the responsibility of the superintendent to ensure the school district community is informed of students' progress on state and locally determined indicators. The superintendent will report annually to the board about the means used to keep the community informed.

As a result of the board and committee's work, the board will determine major educational needs and rank them in priority order; develop long-range goals and plans to meet educational needs; establish and implement short-range and intermediate-range plans to meet the goals and to attain the desired levels of student performance; evaluate progress toward meeting the goals and maintain a record of progress under the plan that includes reports of student performance and results of the school improvement projects; and annually report the school district's progress made under the plan to the committee, community and Iowa Department of Education.

Legal Reference: Iowa Code §§ 21; 256.7; 280.12 (2011).  
281 I.A.C. 12.8(1)(b).

Cross Reference: 101 Educational Philosophy of the School District  
200 Legal Status of the Board of Directors  
208 Committees of the Board of Directors  
603.1 Basic Instruction Program  
801.1 Building and Sites Long Range Planning  
801.2 Building and Sites Surveys

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: \_\_\_\_\_



LONG-RANGE NEEDS ASSESSMENT

The school district's long range needs assessment process includes these items:

- *provisions for collecting, analyzing and reporting information derived from local, state and national sources;*
- *provisions for reviewing information acquired on the following*
  - *state indicators and other locally determined indicators,*
  - *locally established student learning goals,*
  - *specific data collection required by state and federal programs;*
- *provisions for collecting and analyzing assessment data on the following:*
  - *state indicators,*
  - *locally determined indicators,*
  - *locally established student learning goals*

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: \_\_\_\_\_

## SECTION 504 STUDENT AND PARENTAL RIGHTS

The Riceville Community School District does not discriminate in its educational programs and activities on the basis of a student's disability. It has been determined that your child has a qualifying disability for which accommodations may need to be met his or her individual needs, as adequately as the needs of other students. As a parent, you have the right to the following:

- Participation of your child in school district programs and activities, including extracurricular programs and activities, to the maximum extent appropriate, free of discrimination based upon the student's disability and at the same level as students without disabilities;
- Receipt of free educational services to the extent they are provided students without disabilities;
- Receipt of information about your child and your child's educational programs and activities in your native language;
- Notice of identification of your child as having a qualifying disability for which accommodations may need to be made and notice prior to evaluation and placement of your child and right to periodically request a re-evaluation of your child;
- Inspect and review your child's educational records including a right to copy those records for a reasonable fee; you also have a right to ask the school district to amend your child's educational records if you feel the information in the records is misleading or inaccurate; should the school district refuse to amend the records, you have a right to a hearing and to place an explanatory letter in your child's file explaining why you feel the records are misleading or inaccurate;
- Hearing before an impartial hearing officer if you disagree with your child's evaluation or placement; you have a right to counsel at the hearing and have the decision of the impartial hearing officer reviewed.

Inquiries concerning the school district's compliance with the regulations implementing Title VI, Title IX, the Americans with Disabilities Act (ADA), § 504 or *Iowa Code* § 280.3 should be directed to:

Barb Schwamman, Superintendent  
912 Woodland Ave.  
Riceville, IA 50466

641-985-2288

who has been designated by the school district to coordinate the school district's efforts to comply with the regulations implementing Title VI, Title IX, the Americans with Disabilities Act (ADA), § 504 or *Iowa Code* § 280.3.

**It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Kirstin Linkenmeyer, 912 Woodland Ave., 641-985-2288, [kirstin.linkenmeyer@riceville.k12.ia.us](mailto:kirstin.linkenmeyer@riceville.k12.ia.us).**

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: \_\_\_\_\_

## DISCRIMINATION, ANTI-BULLYING, AND ANTI-HARASSMENT COMPLAINT FORM

Date of Complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): \_\_\_\_\_

Who or what entity do you believe discriminated against, harassed, or bullied you ( or someone else)? \_\_\_\_\_

Date and place of the alleged incident (s): \_\_\_\_\_

Names of witnesses (if any): \_\_\_\_\_

\_\_\_\_\_

Please circle the nature of discrimination, harassment, or bullying alleged (circle all that apply)

Age	Physical Attribute	Sex
Disability	Physical/ Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/Color	
National origin/ Ethnic Background/ Ancestry	Religion/Creed	



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: \_\_\_\_\_

## WITNESS DISCLOSURE FORM

Name of Witness: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Name of Complainant ( include whether the Complainant is a student or employee): \_\_\_\_\_

Date and place of alleged incident (s): \_\_\_\_\_

Please circle the nature of discrimination, harassment, or bullying alleged (circle all that apply)

Age	Physical Attribute	Sex
Disability	Physical/ Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/Color	
National origin/ Ethnic Background/ Ancestry	Religion/Creed	

Description if incident witnessed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_

## DISPOSITION OF COMPLAINT FORM

Date: \_\_\_\_\_ Date of initial Complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee):  
\_\_\_\_\_Date and place of alleged incident(s): \_\_\_\_\_  
\_\_\_\_\_Name of the Respondent ( Include whether the Respondent is a student or employee):  
\_\_\_\_\_

Please circle the nature of discrimination, harassment, or bullying alleged (circle all that apply)

Age	Physical Attribute	Sex
Disability	Physical/ Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/Color	
National origin/ Ethnic Background/ Ancestry	Religion/Creed	

Summary of investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_



### GRIEVANCE PROCEDURE

It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, (for employment), marital status (for programs), sexual orientation, gender identity, and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, Kirstin Linkenmeyer School Counselor, 912 Woodland Avenue, Riceville, Iowa 50466, 641-985-2288, [kristen.linkenmeyer@riceville.k12.ia.us](mailto:kristen.linkenmeyer@riceville.k12.ia.us)

Students, parents of students, employees, and applicants for employment in the school district have the right to file a formal complaint alleging discrimination. ~~under federal or state regulations requiring non-discrimination in programs and employment.~~

~~Level One—Principle, Immediate Supervisor or  
Personal Contact Person  
(Informal and Optional—may be bypassed by the grievant)~~

~~Employees with a complaint of discrimination based upon their gender, race, national origin, creed, religion, age, sexual orientation, gender identity or disability are encouraged to first discuss it with their immediate supervisor, with the objective of resolving the matter informally. An applicant for employment with a complaint of discrimination based upon their gender, race, national origin, creed, religion, age, sexual orientation, gender identity or disabilities are encouraged to first discuss it with the personal contact person. This paragraph is for employees and "marital status" isn't a protected class for employees.~~

~~A student, or a parent, with a complaint of discrimination based upon the gender, race, national origin, creed, religion, marital status, sexual orientation, gender identity or disability are encouraged to discuss it with the instructor, counselor, supervisor, building administrator, program administrator or personnel contact person directly involved.~~

~~Level Two—Compliance Officer~~

~~If the grievance is not resolved at Level One and the grievant wishes to pursue the grievance, the grievant may formalize it by filing a complaint in writing on a Grievance Filing Form, which may be obtained from the Compliance Officer. The complaint will state the nature of the grievance and the remedy requested. The filing of the formal, written complaint at Level Two must be within 15 working days from the date of the event giving rise to the grievance, or from the date the grievant could reasonably become aware of such occurrence. The grievant may request that a meeting concerning the complaint be held with the Compliance Officer. A minor student may be accompanied at that meeting by a parent or guardian. The Compliance Officer~~

will investigate the complaint and attempt to resolve it. A written report from the Compliance Officer regarding action taken will be sent to the involved parties with a reasonable time after receipt of the complaint.

#### ~~Level Three—Superintendent/Administrator~~

If the complaint is not resolved at Level Two, the grievant may appeal it to Level Three by presenting a written appeal to the superintendent within five working days after the grievant receives the report from the Compliance Officer, the grievant may request a meeting with the Superintendent. The superintendent may request a meeting with the grievant to discuss the appeal. A decision will be rendered by the superintendent within a reasonable time after the receipt of written appeal. If, in cases of disability grievances at the elementary and secondary level, the issue is not resolved through the grievance process, the parents have a right to an impartial hearing to resolve the issue.

### ~~GRIEVANCE PROCEDURE~~

The procedure in no way denies the right of the grievant to file formal complaints with the Iowa Civil Rights Commission, the U.S. Department of Education Office for Civil Rights or Office of Special Education Programs, the Equal Employment Opportunity Commission, or the Iowa Department of Educational for mediation or reflection of civil rights grievance, or to seek private counsel for complaints alleging discrimination.

#### ~~Level Four—Appeal to Board~~

If the grievant is not satisfied with the superintendent's decision, the grievant can file an appeal with the board within five working days of the decision. It is within the discretion of the board to determine whether it will hear the appeal.

The Compliance Officer is:

Name: ~~Cory Schumann—Heather Suckow~~

Office Address: ~~912 Woodland Ave.~~

Phone Number: ~~641-985-2288~~

Office Hours: ~~8 am—4 pm~~



Students, parents of students, employees, and applicants for employment in the school district have the right to file a formal complaint alleging discrimination. The district has policies to identify and investigate complaints alleging discrimination. If appropriate, the district will take steps to prevent the recurrence of discrimination and to correct its discriminatory effects on the Complainant and others.

A Complainant may attempt to resolve the problem informally by discussing the matter with a building principal or a direct supervisor. However, the Complainant has the right to end the informal process at any time and pursue the formal grievance procedures outlined below. Use of the informal or formal grievance procedure is not a prerequisite to the pursuit of other remedies. Please note that informal processes and procedures are not to be used in certain circumstances ( e.g., sexual harassment and sexual assault).

### **Filing a Complaint**

A Complainant who wishes to avail himself/herself of this grievance procedure may do so by filing a complaint with the equity coordinator(s). An alternate will be designated in the event it is claimed that the equity coordinator or superintendent committed the alleged discrimination or some other conflict of interest exists. Complaints shall be filed within 180 days of the event giving rise to the complaint or from the date the Complainant could reasonably become aware of such occurrence. The Complainant will state the nature of the complaint and the remedy requested. The equity coordinator(s) shall assist the Complainant as needed.

### **Investigation**

Within 15 working days, the equity coordinator will begin the investigation of the complaint or appoint a qualified person to undertake the investigation (hereinafter "equity coordinator"). If the Complainant is under 18 years of age, the equity coordinator shall notify his/her parent(s)/ guardian that they may attend investigatory meetings in which the Complainant is involved. The complaint and identity of the Complainant, Respondent, or witness will only be disclosed as reasonably necessary in connection with the investigation or as required by law or policy. The investigation may include, but is not limited to the following:

- A request for the Complainant to provide a written statement regarding the nature of the complaint;
- A request for the individual names in the complaint to provide a written statement;
- A request for witnesses identified during the course of the investigation to provide a written statement;
- Interviews of the Complainant, Respondent, or witnesses;
- An opportunity to present witnesses or other relevant information; and
- Review and collection of documentation or information deemed relevant to the investigation.

Within 60 working days, the equity coordinator shall complete the investigation and issue a report with respect to the findings.



The equity coordinator shall notify the Complainant and Respondent of the decision within 5 working days of completing the written report. Notification shall be by U.S. mail, first class.

#### **Decision and Appeal**

The complaint is closed after the equity coordinator has issued the report, unless within 10 working days after receiving the decision, either party appeals the decision to the superintendent by making a written request detailing why he/she believes the decision should be reconsidered. The equity coordinator shall promptly forward all materials relative to the complaint and appeal to the superintendent. Within 30 working days, the superintendent shall affirm, reverse, amend the decision, or direct the equity coordinator to gather additional information. The superintendent shall notify the Complainant, Respondent, and the equity coordinator of the decision within 5 working days of the decision. Notification shall be by U.S. mail, first class.

The decision of the superintendent will be final.

The decision of the superintendent in no way prejudices a party from seeking redress through state or federal agencies as provided by in law.

This policy and procedures are to be used for complaints of discrimination, in lieu of any other general complaint policies or procedures that may be available.

If any of the stated time frames cannot be met by the district, the district will notify the parties and pursue completion as promptly as possible.

Retaliation against any person, because the person has filed a complaint or assisted or participated in an investigation, is prohibited. Persons found to have engaged in retaliation shall be subject to discipline by appropriate measures.

Approved: February 18, 2013

Reviewed: November 20, 2017

Revised: \_\_\_\_\_

## ANTI-BULLYING/HARASSMENT POLICY

## GRIEVANCE PROCEDURE

It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, (for employment), marital status (for programs), sexual orientation, gender identity, and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, Kirstin Linkenmeyer School Counselor, 912 Woodland Avenue, Riceville, Iowa 50466, 641-985-2288, [kristen.linkenmeyer@riceville.k12.ia.us](mailto:kristen.linkenmeyer@riceville.k12.ia.us)

~~Harassment and bullying of students and employees are against federal, state and local policy, and are not tolerated by the board. The board is committed to providing all students with a safe and civil school environment in which all members of the school community are treated with dignity and respect. To that end, the board has in place policies, procedures, and practices that are designed to reduce or eliminate bullying and harassment as well as processes and procedures to deal with incidents of bullying and harassment. Bullying and harassment of student by other students, by school employees, and by volunteers who have direct contact with students will not be tolerated in the school or school district.~~

~~The board prohibits harassment, bullying, hazing, or any other victimization, of students, based on any of the following actual or perceived traits or characteristics, including but not limited to, age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status. Harassment against employees based upon the employee's race, color, creed, sex, sexual orientation gender identity, national origin, religion, age or disability is also prohibited.~~

~~This policy is in effect while students or employees are on property within the jurisdiction of the board; while on school-owned or school-operated vehicles; while attending or engaged in school-sponsored activities; and while away from school grounds if the misconduct directly affects the good order, efficient management and welfare of the school or school district.~~

~~If, after an investigation, a student is found to be in violation of this policy, the student shall be disciplined by appropriate measures which may include suspension or expulsion. If after an investigation a school employee is found to be in violation of this policy, the employee shall be disciplined by appropriate measures which may include, termination. If after an investigation a school volunteer found to be in violation of this policy, the volunteer shall be subject to appropriate measures which may include, exclusion from school grounds. "Volunteer" means an individual who has regular, significant contact with students.~~



~~When looking at the totality of the circumstances, harassment and bullying mean any electronic, written, verbal, or physical act or conduct toward a student which is based on any actual or perceived trait or characteristic of the student and what creates an objectively hostile school environment that meets one or more of the following conditions:~~

## **Definitions**

**For the purpose of this policy, the defined words shall have the following meaning:**

- "Electronic" means any communication involving the transmission of information by wire, radio, optical cable, electromagnetic, or other similar means. "Electronic" includes but is not limited to communication via electronic mail, internet-based communications, pager service, cell phones , electronic text messaging ~~or similar technologies.~~

~~Harassment and bullying may include, but are not limited to, the following behaviors and circumstances:~~

- ~~Repeated remarks of a demeaning nature;~~
- ~~Implied or explicit threats concerning one's grades, achievements, property, etc.;~~
- ~~Demeaning jokes, stories, or activities directed at the student; and/or,~~
- ~~Unreasonable interference with a student's performance.~~

~~Sexual harassment of a student by an employee means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:~~

- ~~Submission to the conduct is made either implicitly or explicitly a term or condition of the student's education or benefits;~~
- ~~Submission to or rejection of the conduct is used as the basis for academic decisions affecting that student; or,~~
- ~~The conduct has the purpose or effect of substantially interfering with the student's academic performance by creating an intimidating, hostile, or offensive education environment.~~

~~In situations between students and school officials, faculty, staff, or volunteers who have direct contact with students, bullying and harassment may also include the following behaviors:~~

- ~~Requiring that a student submit to bullying or harassment by another student, either explicitly or implicitly, as a term or condition of the targeted student's education or participation in school programs or activities; and/or,~~
- ~~Requiring submission to or rejection of such conduct as a basis for decisions affecting the student.~~

- **"Harassment" and "bullying" shall mean any electronic, writtem, verbal, or physical act or conduct toward a student based on the individual's actual or perceived age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party perference, political belief, socioeconomic status, or famililial status,**



and which creates a objectively hostile school environment that meets one or more of the following conditions.

- (1) Places the student in reasonable fear of harm to the student's person or property
  - (2) Has a substantially detrimental effect on the student's physical or mental health;
  - (3) Has the effect of substantially interfering with the student's academic performance; or
  - (4) Has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.
- **"Trait or characteristic of the student" includes but is not limited to age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or famililial status.**
  - **"Volunteer" means an individual who has regular, significant contact with students.**

### **Filing a Complaint**

A Complainant who wishes to avail himself/herself of the procedure may do so by filing a complaint with the superintendent designee. An alternate will be designated in the event it is claimed that the superintendent or superintendent's designee committed the alleged discrimination or some other conflict of interest exists. Complaints shall be filed within 180 days of the event giving rise to the complaint or from the date the Complainant could reasonably become aware of such occurrence. The Complainant will state the nature of the complaint and the remedy requested. The Complainant shall receive assistance as needed.

School employees, volunteers, and students shall not engage in reprisal, retaliation, or false accusation against a victim, witness, or an individual who has reliable information about an act of bullying or harassment.

### **Investigation**

The school district will promptly and reasonably investigate allegations of bullying or harassment. The superintendent or superintendent designee(hereinafter "Investigator") will be responsible for handling all complaints alleging bullying or harassment. The Investigator shall consider the totality of circumstances presented in determining whether conduct objectively constitutes bullying or harassment. The superintendent or the superintendent's designee shall also be responsible for developing procedures regarding this policy.

Suggestions for administrative procedures regarding this policy include:

- Developing procedures for reporting acts of bullying and harassing behavior (see poliyl 104.R1)
- Organizing training programs for students, school employees, and volunteers regarding how to recognize bullying and harassing behavior and what to do if this behavior is witnesses; and

- **Developing a process for evaluating the effectiveness of this policy in reducing bullying and harassing behavior.**

## **Decision**

**If, after an investigation, a student is found in violation of this policy, the student shall be disciplined by appropriate measures, which may include suspension and expulsion. If after an investigation a school employee is found to be in violation of this policy, the employee shall be disciplined by appropriate measures, which may include termination. If after an investigation a school volunteer is found to be in violation of this policy, the volunteer shall be subject to appropriate measures, which may include exclusion from school grounds.**

**A school employee, volunteer, or student, or a student's parent or guardian**~~Any person who promptly, reasonably, and in good faith reports an incident of bullying or harassment in compliance with the procedures in this policy adopted pursuant to this section, to the appropriate school official designated by the school district, to a school official,~~ shall be immune from civil or criminal liability relating to such report and to the person's participation in any administrative, judicial, or other proceeding relating to the report. ~~Individuals who knowingly file a false complaint may be subject to appropriate disciplinary action.~~

~~Retaliation against any person, because the person has filed a bullying or harassment complaint or assisted or participated in a harassment investigation or proceeding, is also prohibited. Individuals who knowingly file false harassment complaints and any person who gives false statements in an investigation shall be subject to discipline by appropriate measures, as shall any person who is found to have retaliated against another in violation of this policy. Any student found to have retaliated in violation of this policy shall be subject to measures up to, and including, suspension and expulsion. Any school employee found to have retaliated in violation of this policy shall be subject to measures up to, and including, termination of employment. Any school volunteer found to have retaliated in violation of this policy shall be subject to measures up to, and including, exclusion from school grounds.~~

## **Publication of Policy**

~~**ANTI-BULLYING / HARASSMENT POLICY**The school or school district will promptly and reasonably investigate allegations of bullying or harassment. The Level 1 Investigator or designee will be responsible for handling all complaints by students alleging bullying or harassment. The Level 1 Investigator or designee will be responsible for handling all complaints by employees alleging harassment.~~

~~It also is the responsibility of the superintendent, in conjunction with the investigator and principles, to develop procedures regarding this policy.~~

The board will annually publish this policy. The policy may be publicized by the following means:

- Inclusion in the student handbook

- Inclusion in the employee handbook
- Inclusion in the registration materials
- Inclusion on the school or school district's website
- (other)\_\_\_\_\_

~~and a copy shall be made to any person at the central administrative office at 912 Woodland Ave.~~

Legal Reference: 20 U.S.C. §§ 1221-1234i (2010)  
 29 U.S.C. § 794 (2010)  
 42 U.S.C. §§ 2000d-2000d-7 (2010)  
 42 U.S.C. §§ 12101 *et. seq.* (2006)  
 Iowa Code §§ 216.9; 280.28; 280.3 (2011).  
 281 I.A.C. 12.3(6).  
Morse v. Frederick, 127 S. Ct. 2618 (2007)

Cross Reference: **102 Equal Educational Opportunity**  
 502 Student Rights and Responsibilities  
 503 Student Discipline  
 506 Student Records

Approved: August 20, 2007

Reviewed: December 18, 2017

Revised: February 18, 2013



ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Date of Complaint: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): \_\_\_\_\_

Who or what entity do you believe discriminated against, harassed, or bullied you ( or someone else)?  
\_\_\_\_\_

Date and place of the alleged incident  
(s): \_\_\_\_\_

Names of witnesses (if any): \_\_\_\_\_  
\_\_\_\_\_

Position of Complainant: \_\_\_\_\_

Name of student or employee target: \_\_\_\_\_

Name of alleged harasser or bully: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

Nature of Discrimination or Harassment Alleged (Check all that apply)

Age	Physical Attribute	Sex
Disability	Physical. Mental Ability	Sexual Orientation
Familial Status	Political belief	Socio-economic Background

## Gender Identity

### Political Party Preference

Other-Please Specify

### Marital Status

Race/ Color

National Origin/Ethnic Background/ Ancestry

Religion/ Creed

**In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary:** \_\_\_\_\_

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Description of Misconduct: \_\_\_\_\_

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Name of witness (if any): \_\_\_\_\_

~~Evidence of harassment or bullying i.e., letters, phones, etc (attach evidence if possible)~~

Any other information: \_\_\_\_\_

\_\_\_\_\_

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I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: August 20, 2007

Reviewed: December 18, 2017

Revised: February 18, 2013



## ANTI-BULLYING/HARASSMENT WITNESS DISCLOSURE FORM

## WITNESS DISCLOSURE FORM

Name of Witness: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Name of Complainant ( include whether the Complainant is a student or employee): \_\_\_\_\_

Date and place of alleged incident (s): \_\_\_\_\_

Please circle the nature of discrimination, harassment, or bullying alleged (circle all that apply)

Age	Physical Attribute	Sex
Disability	Physical/ Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/Color	
National origin/ Ethnic Background/ Ancestry	Religion/Creed	

Description if incident witnessed: \_\_\_\_\_

\_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Position of Witness: \_\_\_\_\_

Date of testimony, interview: \_\_\_\_\_

Description of incident witnessed: \_\_\_\_\_

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\_\_\_\_\_  
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Any other information: \_\_\_\_\_

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\_\_\_\_\_

~~I agree that all the information on this form is accurate and true to the best of my knowledge.~~

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: August 20, 2007

Reviewed: December 18, 2017

Revised: February 18, 2013

## DISPOSITION OF ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Date: \_\_\_\_\_ Date of initial Complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee):  
\_\_\_\_\_Date and place of alleged incident(s): \_\_\_\_\_  
\_\_\_\_\_Name of the Respondent ( Include whether the Respondent is a student or employee):  
\_\_\_\_\_

Please circle the nature of discrimination, harassment, or bullying alleged (circle all that apply)

Age	Physical Attribute	Sex
Disability	Physical/ Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other-Please Specify
Marital Status	Race/Color	
National origin/ Ethnic Background/ Ancestry	Religion/Creed	

Summary of investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of my knowledge



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Name of student or employee target: \_\_\_\_\_

Grade and building of student or employee: \_\_\_\_\_

Name and position or grade of alleged perpetrator/ respondent: \_\_\_\_\_

\_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

Nature of Discrimination or Harassment Alleged (Check all that apply)

Age	Physical Attribute	Sex
Disability	Physical/ Mental Ability	Sexual Orientation
Familial Status	Political belief	Socio-economic Background
Gender Identity	Political Party Preference	Other Please Specify
Marital Status	Race/ Color	
National Origin/Ethnic Background/ Ancestry	Religion/ Creed	

Summary of Investigation: \_\_\_\_\_

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I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: August 20, 2007

Reviewed: December 18, 2017

Revised: February 18, 2013

ANTI-BULLYING/HARASSMENT INVESTIGATION PROCEDURES

The Riceville Community School is committed to providing all students with a safe and civil school environment in which all members of the school community are treated with dignity and respect. Bullying and/or harassment of or by students, staff, and volunteers is against federal, state, and local policy and is not tolerated by the board. Bullying and/or harassing behavior can seriously disrupt the ability of school employees to maintain a safe and civil environment, and the ability of students to learn and succeed. Therefore, it is the policy of the state and the school district that school employees, volunteers, and students shall not engage in bullying or harassing behavior in school, on school property, or at any school function or school-sponsored activity.

Definitions

For the purpose of this policy, the defined words shall have the following meaning:

- "Electronic" means any communication involving the transmission of information by wire, radio, optical cable, electromagnetic, or other similar means. "Electronic" includes but is not limited to communication via electronic mail, internet-based communications, pager service, cell phones, electronic text messaging or similar technologies.

~~Harassment and bullying may include, but are not limited to, the following behaviors and circumstances:~~

- ~~● Repeated remarks of a demeaning nature;~~
- ~~● Implied or explicit threats concerning one's grades, achievements, property, etc.;~~
- ~~● Demeaning jokes, stories, or activities directed at the student; and/or,~~
- ~~● Unreasonable interference with a student's performance.~~

~~Sexual harassment of a student by an employee means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:~~

- ~~● Submission to the conduct is made either implicitly or explicitly a term or condition of the student's education or benefits;~~
- ~~● Submission to or rejection of the conduct is used as the basis for academic decisions affecting that student; or,~~
- ~~● The conduct has the purpose or effect of substantially interfering with the student's academic performance by creating an intimidating, hostile, or offensive education environment.~~

~~In situations between students and school officials, faculty, staff, or volunteers who have direct contact with students, bullying and harassment may also include the following behaviors:~~

- ~~● Requiring that a student submit to bullying or harassment by another student, either explicitly or implicitly, as a term or condition of the targeted student's education or participation in school programs or activities; and/or,~~



- ~~Requiring submission to or rejection of such conduct as a basis for decisions affecting the student.~~
- **“Harassment” and “bullying” shall mean any electronic, written, verbal, or physical act or conduct toward a student based on the individual's actual or perceived age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status, and which creates a objectively hostile school environment that meets one or more of the following conditions.**
  - (1) Places the student in reasonable fear of harm to the student's person or property
  - (2) Has a substantially detrimental effect on the student's physical or mental health;
  - (3) Has the effect of substantially interfering with the student's academic performance; or
  - (4) Has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.
- **“Trait or characteristic of the student” includes but is not limited to age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status.**
- **“Volunteer” means an individual who has regular, significant contact with students.**

### **Filing a Complaint**

A Complainant who wishes to avail himself/herself of the procedure may do so by filing a complaint with the superintendent designee. An alternate will be designated in the event it is claimed that the superintendent or superintendent's designee committed the alleged discrimination or some other conflict of interest exists. Complaints shall be filed within 180 days of the event giving rise to the complaint or from the date the Complainant could reasonably become aware of such occurrence. The Complainant will state the nature of the complaint and the remedy requested. The Complainant shall receive assistance as needed.

School employees, volunteers, and students shall not engage in reprisal, retaliation, or false accusation against a victim, witness, or an individual who has reliable information about an act of bullying or harassment.

### **Investigation**

The school district will promptly and reasonably investigate allegations of bullying or harassment. The superintendent or superintendent designee(hereinafter “Investigator”) will be responsible for handling all complaints alleging bullying or harassment. The Investigator shall consider the totality of circumstances presented in determining whether conduct

objectively constitutes bullying or harassment. The superintendent or the superintendent's designee shall also be responsible for developing procedures regarding this policy.

Suggestions for administrative procedures regarding this policy include:

- Developing procedures for reporting acts of bullying and harassing behavior (see policy 104.R1)
- Organizing training programs for students, school employees, and volunteers regarding how to recognize bullying and harassing behavior and what to do if this behavior is witnessed; and
- Developing a process for evaluating the effectiveness of this policy in reducing bullying and harassing behavior.

## Decision

If, after an investigation, a student is found in violation of this policy, the student shall be disciplined by appropriate measures, which may include suspension and expulsion. If after an investigation a school employee is found to be in violation of this policy, the employee shall be disciplined by appropriate measures, which may include termination. If after an investigation a school volunteer is found to be in violation of this policy, the volunteer shall be subject to appropriate measures, which may include exclusion from school grounds.

A school employee, volunteer, or student, or a student's parent or guardian ~~Any person who~~ promptly, reasonably, and in good faith reports an incident of bullying or harassment in compliance with the procedures in this policy adopted pursuant to this section, to the appropriate school official designated by the school district, ~~to a school official,~~ shall be immune from civil or criminal liability relating to such report and to the person's participation in any administrative, judicial, or other proceeding relating to the report. ~~Individuals who knowingly file a false complaint may be subject to appropriate disciplinary action.~~

~~Retaliation against any person, because the person has filed a bullying or harassment complaint or assisted or participated in a harassment investigation or proceeding, is also prohibited.~~

~~Individuals who knowingly file false harassment complaints and any person who gives false statements in an investigation shall be subject to discipline by appropriate measures, as shall any person who is found to have retaliated against another in violation of this policy. Any student found to have retaliated in violation of this policy shall be subject to measures up to, and including, suspension and expulsion. Any school employee found to have retaliated in violation of this policy shall be subject to measures up to, and including, termination of employment. Any school volunteer found to have retaliated in violation of this policy shall be subject to measures up to, and including, exclusion from school grounds. Individuals who feel that they have been harassed should:~~



- Communicate to the harasser that the individual expects the behavior to stop, if the individual is comfortable doing so. If the individual wants assistance communicating with the harasser, the individual should ask a teacher, counselor or principal to help.
- If the harassment does not stop, or the individual does not feel comfortable confronting the harasser, the individual should:
  - tell a teacher, counselor or principal; and
  - write down exactly what happened, keep a copy and give another copy to the teacher, counselor or principal including:
    - what, when and where it happened;
    - who was involved;
    - exactly what was said or what the harasser did;
    - witnesses to the harassment;
    - what the student said or did, either at the time or later;
    - how the student felt; and
    - how the harasser responded.

## COMPLAINT PROCEDURE

An individual who believes that the individual has been harassed or bullied will notify the building principal, the designated investigator. The alternate investigator is the school counselor. The investigator may request that the individual complete the Harassment/ Bullying Complaint form and turn over evidence of the harassment, including, but not limited to, letters, tapes, or pictures. The complaint shall be given a copy of the completed complaint form. Information received during the investigation is kept confidential to the extent possible.

The investigator, with the approval of the principal has the authority to initiate an investigation in the absence of a written complaint.

## INVESTIGATION PROCEDURE

The investigator will reasonably and promptly commence the investigation upon receipt of the complaint. The investigator will interview the complainant and the alleged harasser. The alleged harasser may file a written statement in response to the complaint. The investigator may also interview as deemed appropriate.

Upon completion of the investigation, the investigator will make a written findings and conclusions as to each allegation of harassment and report the findings and conclusions to the principal. The investigator will provide a copy of the findings of the investigation to the principal.

Following receipt of the investigator's report, the principal may investigate further, if deemed necessary, and make a determination of any appropriate additional steps which may include discipline.



~~Prior to the determination of the appropriate remedial action, the principal may, at the principal's discretion, interview the complainant and the alleged harasser. The principal will file a written report closing the case and documenting any disciplinary action taken or any other action taken in response to the complaint. The complainant, the alleged harasser and the investigator will receive notice as to the conclusion of the investigation. The principal will maintain a log of information necessary to comply with Iowa Department of Education reporting procedures.~~

#### ~~POINTS TO REMEMBER IN THE INVESTIGATION~~

- ~~—— Evidence uncovered in the investigation is confidential.~~
- ~~—— Complaints must be taken seriously and investigated.~~
- ~~—— No retaliation will be taken against individuals involved in the investigation process.~~
- ~~—— Retaliators will be disciplined up to and including suspension and expulsion.~~

#### ~~CONFLICTS~~

~~If the investigator is a witness to the incident, the alternate investigator shall investigate.~~

Approved: August 20, 2007

Reviewed: December 18, 2017

Revised: September 18, 2018

## **ASSISTANCE ANIMALS**

It is the policy of the Riceville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, (for employment), marital status (for programs), sexual orientation, gender identity, and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, Kirstin Linkenmeyer School Counselor, 912 Woodland Avenue, Riceville, Iowa 50466, 641-985-2288, [kristen.linkenmeyer@riceville.k12.ia.us](mailto:kristen.linkenmeyer@riceville.k12.ia.us)

Service animals and assistive animals must be current on all required vaccinations. Service animals and assistive animals also must be under control while on district grounds. The animal may be under control by either the individual with a disability, or a handler of the service or assistive animal. Under control means harnessed, leashed or tethered, unless these devices interfere with the animal's work, in which case under voice or other directive control.

### **Miniature Horses as Service Animals**

Miniature horses shall be allowed as service animals within the district whenever it is reasonable to allow them. Factors to consider when determining reasonableness include: whether the miniature house broken; whether the miniature horse is under the owner's control; whether the facility can accommodate the miniature horse's type, size, weight; and whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

### **Establishing the Need for a Service Animal**

When no prior notice is given to the district of the use of a service or assistive animal. The Superintendent and/or school administrators are permitted to ask the following questions:

**"Do you need/require this animal because of a disability?"**

If the animal's trained tasks are not readily apparent, the administrator may ask:

**"What work or task has the animal been trained to perform?"**

## **Service and Assistive Animals in Training**

Assuming the handler and animal are otherwise allowed, individuals who train service and/or assistive animals will also be allowed access with their service animal in training to public areas of district buildings and property. The service or assistive animal on training is expected to abide by the same requirements as a service or assistive animal.

## **Exclusion of Service and Assistive Animals**

In certain limited circumstances, it may be reasonable to exclude the use of a service or assistive animal from district property. The Superintendent is permitted to exclude service animals from district buildings and property in the following circumstances: The presence of the animal poses a direct threat to the health and safety of others; the owner or handler is unable to control the animal; the animal is not house broken; the presence of the animal significantly disrupts or interferes with the educational process; or the presence of the animal would require a fundamental alteration to the program. If a service animal is properly excluded from district property, the district shall provide the student served by the animal the opportunity to participate in the program, service or activity without having the service animal on district property.

## **Emotional Support Animals and Therapy (Optional)**

Emotional support animals are medically prescribed to provide a therapeutic benefit through dedicated companionship. Emotional support animals' sole function is to provide emotional support and comfort.

Therapy animals are involved in an animal-assisted therapy program involving animals as a form of treatment.

Emotional support animals and therapy animals do not meet the definition of service or assistive animals. However, the district recognizes their value in our community. The superintendent shall evaluate the use of emotional support animals and therapy animals on a case-by-case basis. District employees may use therapy animals in the course of their regular duties only after receiving permission from the superintendent.

## **Students use of Support Animals and Therapy Animals**

Factors the superintendent should consider in making the determination include but are not limited to:

- a. Whether the animal is house broken
- b. Whether the animal has a current vaccination certificate
- c. Whether the animal has been recommended through an individual education plan (IEP) or a 504 plan as necessary for the student to receive free access to public education



- d. Whether the facility can accommodate the animal's type, size and weight, and
- e. Whether the animal's presence will not compromise legitimate safety requirements necessary for safe operation of the facility
- f.

**Employee use of Therapy Animals as part of Education Environment**

**Before permission to use therapy animals is granted, staff members must provide:**

- 1. Proof that the animal is certified to be a therapy animal;
- 2. 2. An explanation of how the animal will be used, including research supporting the use of therapy animals;
- 3. 3. A plan for how the staff member will provide for the care and control of the animal;
- 4. 4. A plan for how the staff member will accommodate student with allergies to the animal; and
- 5. 5. A current vaccination certificate for the animal.

**Legal References:**

29 U.S.C § 794

42 U.S.C. § 12132

28 C.F.R. 35

Iowa COde § 216C

**Cross Reference:**

**606.3 Animals in Classroom**