

**SHERRI BAKER**  
9037 E 40 Rd., Bon Aqua, TN 37025

**PIPPA TAYLOR**  
6585 Oak Hill Rd., Lyles, TN 37098

**TIM HOBBS**  
9220 Old Bon Aqua Rd., Bon Aqua, TN 37025

**TABITHA CUDE**  
4141 Lewis Rd., Centerville, TN 37033



**DOUG LANE**  
2059 Lake Dr., Centerville, TN 37033

**CHRISTY MAYS**  
450 Hwy 50, Centerville, TN 37033

**JANE HERRON**  
PO Box 13, Nunnely, TN 37137

**John Mullins**  
**Director of Schools**  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033

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**REGULAR BOARD MEETING**  
**Monday, August 4, 2025 6:30 PM**  
**Central Office - Room 203**

I. Call To Order

II. Public Comment

Citizens that would like an opportunity to speak to the Board of Education during public comment should sign up on the sheet provided at the meeting location. Anyone desiring to speak on any subject may speak for 3 minutes without prior school board notification. The sign-up sheet will be available from 5:30 p.m. - 6:30 p.m.

III. Moment of Silence

IV. Pledge of Allegiance

V. Agenda for August 4, 2025

VI. Regular Meeting Minutes for July 7, 2025

VII. Special Recognition

A. Employee of the Month

VIII. Consent Agenda Items

A. Board Chair's Report

1. Chair's Countersigned Warrants

B. Personnel Report

C. Financial Report

D. Attendance Report

E. TSBA OPEB Quarterly Report

IX. Informational Items Requiring No Board Action

A. TISA State Update

B. FY25 Budget Closeout

C. Federal Programs Financial Update

D. Hickman County High School Building Update

E. Centerville Elementary School/Centerville Intermediate School Fence Project

F. East Ball Park Road

G. Hickman County High School Consumer Science Classroom/Lab

H. East Hickman High School Career Tech Addition

X. Items Requiring Board Action

- A. Bid Approval Request For Walk-In Freezer - \$39,549.00
- B. Approval of Tennessee School Plant Management Association Membership Dues - \$475.00
- C. Approval of Updated Certified Salary Schedule
- D. Budget Amendments
- E. Board Policies
  - 1. Revised Board Policy 5.110 (2nd Reading)
  - 2. Board Policies Review - 6.400--6.408
- F. Approve a School Psychologist Position
- G. Consideration to Renew the Contract for the Director of Schools

XI. Announcements

- A. TSBA 2025 South Central Fall District Meeting - September 2, 2025.  
Hickman County will be hosting this meeting in the Library at HCHS.  
Registration will begin at 4:30 p.m. The meeting will begin at 5:00 p.m. and will adjourn at 7:00 p.m. Please plan to arrive around 4:00 p.m. since we are hosting. Please let Debbie know if you need help with your registration.
- B. Regular Board Meeting for September 8, 2025
- C. TSBA Annual Convention - November 13-16, 2025  
Please let Debbie know if you need help with your registration.

XII. Closing Comments

- A. Legislative Representative
- B. Board Chair, Board Members and Director of Schools

XIII. Adjourn

**DOUG LANE**  
2059 Lake Drive, Centerville, TN 37033

**PIPPA TAYLOR**  
6585 Oak Hill Rd., Lyles, TN 37098

**TIM HOBBS**  
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Superintendent of Schools  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033

**CHRISTY MAYS**  
450 Hwy. 50, Centerville, TN 37033

**SHERRI BAKER**  
9037 E 40 Rd., Bon Aqua, TN 37025

**JANE HERRON**  
PO Box 13, Nunnally, TN 37137

The Hickman County Board of Education will meet in regular session on Monday, August 4, 2025 at 6:30 p.m. in RM 203 of the Hickman County Board of Education Office Complex.

- I. Call to Order
- II. Public Comment  
Citizens that would like an opportunity to speak to the Board of Education during public comment should sign up on the sheet provided at the meeting location. Anyone desiring to speak on any subject may speak for 3 minutes without prior school board notification. The sign-up sheet will be available from 5:30 p.m. - 6:30 p.m.
- III. Moment of Silence
- IV. Pledge of Allegiance
- V. Agenda for August 4, 2025
- VI. Regular Meeting Minutes for July 7, 2025
- VII. Special Recognition
  - A. Employee of the Month—Dr. Tabitha Cude
- VIII. Consent Agenda Items
  - A. Board Chair's Report
    1. Chair's Countersigned Warrants
  - B. Personnel Report
  - C. Financial Report
  - D. Attendance Report
  - E. TSBA OPEB Quarterly Report
- IX. Informational Items Requiring No Board Action
  - A. TISA State Update—Business Officer
  - B. FY25 Budget Closeout—Business Officer
  - C. Federal Programs Financial Update—Federal Programs Director
  - D. Hickman County High School Building Update—Director of Schools
  - E. Centerville Elementary School/Centerville Intermediate School Fence Project—Derek Newsom
  - F. East Ball Park Road—Derek Newsom
  - G. Hickman County High School Consumer Science Classroom/Lab—Derek Newsom
  - H. East Hickman High School Career Tech Addition—Derek Newsom

- X. Items Requiring Board Action
  - A. Bid Approval Request For Walk-In Freezer - \$39,549.00—School Nutrition Supervisor
  - B. Approval of Tennessee School Plant Management Association Membership Dues - \$475.00—Director of Schools
  - C. Approval of Updated Certified Salary Schedule—Business Officer
  - D. Budget Amendments—Business Officer
  - E. Board Policies
    - 1. Revised Board Policy 5.110 (2<sup>nd</sup> Reading)—Misty Shelton
    - 2. Board Policies Review 6.400—6.408—Misty Shelton
  - F. Approve a School Psychologist Position—Director of Schools
  - G. Consideration to Renew the Contract for the Director of Schools—Board Chair
  
- XI. Announcements
  - A. TSBA 2025 South Central Fall District Meeting – September 2, 2025. Hickman County will be hosting this meeting in the Library at HCHS. Registration will begin at 4:30 p.m. and the meeting will begin at 5:00 p.m. and will adjourn at 7:00 p.m. Please plan to arrive around 4:00 p.m. since we are hosting. Please let Debbie know if you need help with your registration.
  
  - B. Regular Board Meeting for September 8, 2025
  
  - C. TSBA Annual Convention November 13-16, 2025  
Please let Debbie know if you need help with your registration.
  
- XII. Closing Comments
  - A. Legislative Representative—Tim Hobbs
  - B. Board Chair, Board Members and Director of Schools
  
- XIII. Adjourn

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

The Hickman county Board of Education met on July 7, 2025, at 6:30 PM in Central Office - Room 203.

**Present:** Sherri Baker, Jane Herron, Tim Hobbs, Doug Lane, Christy Mays, Pippa Taylor, **Absent:** Tabitha Cude.

I. Call To Order

II. Public Comment

Citizens that would like an opportunity to speak to the Board of Education during public comment should sign up on the sheet provided at the meeting location. Anyone desiring to speak on any subject may speak for 3 minutes without prior school board notification. The sign-up sheet will be available from 5:30 p.m. - 6:30 p.m.

III. Moment of Silence

IV. Pledge of Allegiance

V. Agenda for July 7, 2025

There is a need to request to amend the July Board Meeting Agenda tonight with these two items:

XI.

M. With a Bid of 125,910, Approve Hughes Construction Company to Renovate the Consumer Science Classroom at Hickman County High School.

N. Consider Amending Hickman County Board of Education Policy 6.208.

Motion to approve the Agenda for July 7, 2025 with the addendums XI. M. N.

Motion made by Jane Herron.

Motion seconded by Tim Hobbs.

Motion Result: Passed

Tabitha Cude: Absent

Sherri Baker: Yea

Jane Herron: Yea

Tim Hobbs: Yea

Doug Lane: Yea

Christy Mays: Yea

Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

VI. Regular Meeting Minutes for June 2, 2025

Motion to approve the Regular Meeting Minutes for June 2, 2025.

Motion made by Tim Hobbs.

Motion seconded by Pippa Taylor.

Motion Result: Passed

Tabitha Cude: Absent

Sherri Baker: Yea

Jane Herron: Yea

Tim Hobbs: Yea

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

VII. Special Recognition

- A. Employee of the Year
- B. Employee of the Month

VIII. Consent Agenda Items

ESSER monies returned to be used instead of 141. Civil Rights Reporting was mentioned as well - good data.

Motion to approve the consent agenda items.

Motion made by Jane Herron.

Motion seconded by Christy Mays.

Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

A. Board Chair's Report

- 1. Chair's Countersigned Warrants

B. Director's Report

C. Financial Report - will be attached on 7/7/25

D. ESSER Updates

E. 2024-2025 Civil Rights Report

IX. Discuss Changes to OPEB

The discussion and information included the desire to extend OPEB to the support personnel that qualify. There will be data from OPEB in July 2025.

X. Information from TSSE Executive Director

XI. Items Requiring Board Action

A. Consider Hickman County Schools to Remain a Member of TSSE for 25-26 - \$3,293.00

Motion to approve Hickman County continuing as a member of TSSE for 25-26.

Motion made by Christy Mays.

Motion seconded by Sherri Baker.

Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

B. Approve Purchase of 4 Bus Radio Repeaters from B&E Electronics through Sourcewell Purchasing Cooperative - \$ 61,152.46 - HCBOE contribution.  
Motion to Approve Purchase of 4 Bus Radio Repeaters from B&E Electronics through Sourcewell Purchasing Cooperative - \$61,152.46 is the HCBOE contribution.

Motion made by Jane Herron.  
Motion seconded by Pippa Taylor.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

C. Declaration of Surplus Property at HCMS  
Motion to declare the surplus property at Hickman County Middle School as sellable.

Motion made by Tim Hobbs.  
Motion seconded by Christy Mays.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

D. Budget Amendments (FY26)  
Motion to approve the first two budget amendments of the year (FY26).

Motion made by Tim Hobbs.  
Motion seconded by Pippa Taylor.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

Tim Hobbs: Yea

Doug Lane: Yea

Christy Mays: Yea

Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

E. Close-Out Budget Amendments

Motion to approve close-out budget amendments.

Motion made by Tim Hobbs.

Motion seconded by Christy Mays.

Motion Result: Passed

Tabitha Cude: Absent

Sherri Baker: Yea

Jane Herron: Yea

Tim Hobbs: Yea

Doug Lane: Yea

Christy Mays: Yea

Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

F. 2025-2026 School Fees

Motion to approve 24-26 school fees.

Motion made by Jane Herron.

Motion seconded by Christy Mays.

Motion Result: Passed

Tabitha Cude: Absent

Sherri Baker: Yea

Jane Herron: Yea

Tim Hobbs: Yea

Doug Lane: Yea

Christy Mays: Yea

Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

G. 2025-2026 Disciplinary Hearing Authority

Motion to approve the 25-26 Disciplinary Hearing Authority. Shelda Qualls will serve as chair.

Motion made by Jane Herron.

Motion seconded by Pippa Taylor.

Motion Result: Passed

Tabitha Cude: Absent

Sherri Baker: Yea

Jane Herron: Yea

Tim Hobbs: Yea

Doug Lane: Yea

Christy Mays: Yea

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

H. Board Policy 1.108 (Nepotism)  
Motion to accept the revision of the board policy 1.108.  
Motion made by Jane Herron.  
Motion seconded by Tim Hobbs.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Nay  
Doug Lane: Nay  
Jane Herron: Yea  
Tim Hobbs: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 4, Nay: 2, Absent: 1

I. Board Policy 6.312 - Use of Personal Communication Devices and Electronic Devices  
Lines 8 and 9 in the current policy allow for principal discretion.  
Motion to approve TSBA grade specific policy with the changes suggested and wave the 2nd reading.  
Motion made by Doug Lane.  
Motion seconded by Tim Hobbs.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

J. Board Policies

1. Revised Board Policies 1.206, 1.407, 1.700, 5.100, 1.901, 2.403, 3.202, 3.204, 4.100, 5.500, 6.304, 4.212, 4.301, 4.403, 4.406, 4.601, 5.110, 5.119, 5.305, 5.701, 6.200a, 6.303, 6.312, 6.411, 6.600 (1st Reading)

1.206 changes to the policy for student board members (SCOPE conference member, will not participate in financial discussion)

Motion to approve revised board policies with changes and wave 2nd reading with the exception of 5.110 which is on the first reading.

Motion made by Doug Lane.  
Motion seconded by Tim Hobbs.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

2. Board Policies Review 6.311--6.319  
Motion to approve Board Policies Review 6.311--6.319.  
Motion made by Doug Lane.  
Motion seconded by Tim Hobbs.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

K. Review/Approve 24-25 Evaluation of Director of Schools  
Motion to Approve the 24-25 Evaluation of Director of Schools.  
Motion made by Jane Herron.  
Motion seconded by Sherri Baker.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea  
Christy Mays: Yea  
Pippa Taylor: Yea  
Yea: 6, Nay: 0, Absent: 1

L. Review Salary of Director Annually (Requires Contract Amendment or  
Addendum to Change  
Motion to approve the 4.5% increase to the Director of Schools salary as  
required by the contract.  
Motion made by Doug Lane.  
Motion seconded by Tim Hobbs.  
Motion Result: Passed

Tabitha Cude: Absent  
Sherri Baker: Yea  
Jane Herron: Yea  
Tim Hobbs: Yea  
Doug Lane: Yea

HICKMAN COUNTY BOARD OF EDUCATION  
REGULAR BOARD MEETING---July 7, 2025

Christy Mays: Yea

Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

M. With a Bid of \$125,910, Approve Hughes Construction Company to Renovate the Consumer Science Classroom at Hickman County High School.

N. Consider Amending Hickman County Board of Education Policy 6.208

XII. Announcements

XI. M. With a Bid of 125,910, Approve Hughes Construction Company to Renovate the Consumer Science Classroom at Hickman County High School.

Motion to approve the bid for the renovation of the consumer science classroom at HCHS. Hobbs Motion. Taylor Second. All 'yay'.

N. Consider Amending Hickman County Board of Education Policy 6.208. Line 3 needs to state 'come to school and pick up the student' - administrative procedure clarification. No motion at this time. Just notification of the clarification.

A. Regular Board Meeting for August 4, 2025

B. TSBA 2025 South Central Fall District Meeting - September 2, 2025. Hickman County will be hosting this meeting in the Library at HCHS. Registration will begin at 4:30 p.m. and the meeting will begin at 5:00 p.m. and will adjourn at 7:00 p.m. Please plan to arrive around 4:00 p.m. since we are hosting. Please let Debbie know if you need help with your registration.

C. TSBA Annual Convention - November 13-16, 2025  
Please let Debbie know if you need help with your registration.

D. Consideration to renew the contract of the Director of Schools will be on the agenda for the August 4, 2025 school board meeting to be held at the Hickman County Board of Education at 6:30 p.m. in Room 203.

XIII. Closing Comments

A. Legislative Representative

B. Board Chair, Board Members and Director of Schools

XIV. Adjourn

Motion to adjourn.

Motion made by Tim Hobbs.

Motion seconded by Pippa Taylor.

Motion Result: Passed

Tabitha Cude: Absent

Sherri Baker: Yea

Jane Herron: Yea

Tim Hobbs: Yea

Doug Lane: Yea

Christy Mays: Yea

Pippa Taylor: Yea

Yea: 6, Nay: 0, Absent: 1

Date/Time: 7/1/2025 11:29 AM

Hickman County Finance  
Payment Register By Account Control

User:

Misty Weems  
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<u>Bank Name</u>	<u>Bank Number</u>					<u>Amount</u>
General Purpose	141					
<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>		
41003280	Hickman Co Board Of Education	2786	07/01/2025	141- -11140	\$44,199.03	
					<b>141 Total:</b> \$44,199.03	
					<b>Bank Total:</b> \$44,199.03	
					<b>Bank Payment Count:</b> 1	

**Bank Name**                      **Bank Number**  
 General Purpose                      141

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
41003281	AT & T	7542	07/07/2025	141- -11140	\$7.98
41003282	Bennett & DeCamp PLLC	8071	07/07/2025	141- -11140	\$129.00
41003283	Bon Aqua Lyles Utility Distric	851	07/07/2025	141- -11140	\$3,550.45
41003284	Hickman County Times	2986	07/07/2025	141- -11140	\$34.00
41003285	Scenario Learning, LLC	6302	07/07/2025	141- -11140	\$7,056.00
41003286	Soliant Health, LLC	8569	07/07/2025	141- -11140	\$774.25
41003287	SSC Service Solutions Compass Group USA, Inc.	4832	07/07/2025	141- -11140	\$61,838.58
41003288	Town Of Centerville	5315	07/07/2025	141- -11140	\$354.90
<b>141 Total:</b>					<u>\$73,745.16</u>
<b>Bank Total:</b>					\$73,745.16
<b>Bank Payment Count:</b>					8

Date/Time: 7/7/2025 11:16 AM

Hickman County Finance  
Payment Register By Account Control

User:

Misty Weems  
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<u>Bank Name</u>	<u>Bank Number</u>
Federal	142

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
42000850	Wilson, Anita	7954	07/07/2025	142-901-11140	\$560.00
<b>142-901 Total:</b>					\$560.00
<b>Bank Total:</b>					\$560.00
<b>Bank Payment Count:</b>					1

Date/Time: 7/7/2025 11:21 AM

Hickman County Finance  
Payment Register By Account Control

User:

Misty Weems  
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<u>Bank Name</u>	<u>Bank Number</u>
Cafeteria	143

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
43000572	Gordon Food Service, Inc.	2488	07/07/2025	143- -11140	\$3,262.36
<b>143 Total:</b>					\$3,262.36
<b>Bank Total:</b>					\$3,262.36
<b>Bank Payment Count:</b>					1

Hickman County Finance  
 Payment Register By Account Control

<u>Bank Name</u>	<u>Bank Number</u>					<u>Amount</u>
General Purpose	141					
<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>		
41003289	AT & T	7542	07/09/2025	141- -11140		\$240.40
41003290	County Of Hickman Misc Acct	1633	07/09/2025	141- -11140		\$11,998.70
41003291	Hickman County Trustee	2937	07/09/2025	141- -11140		\$196.35
41003292	Meriwether Lewis Electric Coop.	3694	07/09/2025	141- -11140		\$53,125.23
41003293	Rietveid, Stephanie	993	07/09/2025	141- -11140		\$240.00
41003294	Soliant Health, LLC	8569	07/09/2025	141- -11140		\$427.88
41003295	Tennessee Risk Management Trust	5511	07/09/2025	141- -11140		\$702,879.00
41003296	Tennessee School Board Assoc.	61	07/09/2025	141- -11140		\$3,000.00
41003297	Town Of Centerville	5315	07/09/2025	141- -11140		\$10,886.62
41003298	Tsse Attention: Wayne Qualls	5508	07/09/2025	141- -11140		\$3,293.00
41003299	Utrust	5781	07/09/2025	141- -11140		\$4,908.44
41003300	Visa	8268	07/09/2025	141- -11140		\$39.14
41003301	Holt, Zach	8887	07/09/2025	141- -11140		\$4,188.57
					<b>141 Total:</b>	<u>\$795,423.33</u>
					<b>Bank Total:</b>	<u>\$795,423.33</u>
					<b>Bank Payment Count:</b>	13

Date/Time: 7/9/2025 12:51 PM

Hickman County Finance  
Payment Register By Account Control

User:

Misty Weems  
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<u>Bank Name</u>	<u>Bank Number</u>					<u>Amount</u>
Cafeteria	143					
<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>		
43000573	Town Of Centerville	5315	07/09/2025	143- -11140		\$84.00
					<b>143 Total:</b>	\$84.00
					<b>Bank Total:</b>	\$84.00
					<b>Bank Payment Count:</b>	1

Bank Name                      Bank Number  
General Purpose                      141

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
41003302	Bluegrass Computer Systems,LLC	1030	07/14/2025	141- -11140	\$99,850.00
41003303	Main Street Emporium	7541	07/14/2025	141- -11140	\$20.75
41003304	Toss	5723	07/14/2025	141- -11140	\$5,500.00
41003305	Utrust	5781	07/14/2025	141- -11140	\$4,812.20
41003306	Verizon Wireless	5823	07/14/2025	141- -11140	\$68.04
<b>141 Total:</b>					<b>\$110,250.99</b>
<b>Bank Total:</b>					<b>\$110,250.99</b>
<b>Bank Payment Count:</b>					<b>5</b>

Hickman County Finance  
 Payment Register By Account Control

<u>Bank Name</u>		<u>Bank Number</u>					
General Purpose		141					
<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>		<u>Amount</u>	
41003307	Amazon	727	07/16/2025	141-	-11140	\$748.49	
41003308	American Fidelity Administrative Services, LLC	802	07/16/2025	141-	-11140	\$555.90	
41003309	AT & T	7542	07/16/2025	141-	-11140	\$2,229.90	
41003310	Everon FKA ADT Commercial	7196	07/16/2025	141-	-11140	\$2,059.20	
41003311	Gilbert, Brad L	156	07/16/2025	141-	-11140	\$123.20	
41003312	PDQ. Com Corporation	8411	07/16/2025	141-	-11140	\$1,338.75	
41003313	Sam's Club MC/SYNCB	4828	07/16/2025	141-	-11140	\$110.00	
41003314	Town Of Centerville	5315	07/16/2025	141-	-11140	\$2,184.35	
<b>141 Total:</b>						<u>\$9,349.79</u>	
<b>Bank Total:</b>						\$9,349.79	
<b>Bank Payment Count:</b>						8	

Date/Time: 7/16/2025 12:09 PM

Hickman County Finance  
Payment Register By Account Control

User:

Misty Weems  
Page 1 of 1

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<u>Bank Name</u>	<u>Bank Number</u>					<u>Amount</u>
General Purpose	141					
<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>		
41003315	Tn Dept. Of Labor & Workforce	92	07/16/2025	141- -11140		\$120.00
					<b>141 Total:</b>	\$120.00
					<b>Bank Total:</b>	\$120.00
					<b>Bank Payment Count:</b>	1

Date/Time: 7/21/2025 10:39 AM

Hickman County Finance  
Payment Register By Account Control

User:

Misty Weems  
Page 1 of 1

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<u>Bank Name</u>	<u>Bank Number</u>
Cafeteria	143

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
43000574	Hickman County Trustee	2937	07/21/2025	143- -11140	\$2,997.05
<b>143 Total:</b>					\$2,997.05
<b>Bank Total:</b>					\$2,997.05
<b>Bank Payment Count:</b>					1

Hickman County Finance  
 Payment Register By Account Control

**Bank Name**                      **Bank Number**  
 General Purpose                      141

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
41003316	Brewer Chemicals & Equip, LLC	861	07/21/2025	141- -11140	\$420.00
41003317	Central Technologies, Inc.	1668	07/21/2025	141- -11140	\$2,400.00
41003318	Dickson Medical Associates	2022	07/21/2025	141- -11140	\$625.00
41003319	FinalForms	8194	07/21/2025	141- -11140	\$3,750.00
41003320	Wall, Ryan N.	8915	07/21/2025	141- -11140	\$37.15
41003321	Republic Service, LLC #840	4739	07/21/2025	141- -11140	\$173.30
41003322	State Systems, LLC	5242	07/21/2025	141- -11140	\$2,094.00
41003323	UPS	8274	07/21/2025	141- -11140	\$75.00
<b>141 Total:</b>					<u>\$9,574.45</u>
<b>Bank Total:</b>					<u>\$9,574.45</u>
<b>Bank Payment Count:</b>					8

Hickman County Finance  
 Payment Register By Account Control

<u>Bank Name</u>		<u>Bank Number</u>					
General Purpose		141					
<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>		<u>Amount</u>	
41003324	Allegra Print & Imaging	650	07/24/2025	141-	-11140	\$991.50	
41003325	Benefits Administration	8918	07/24/2025	141-	-11140	\$933.60	
41003326	Chessor, Benjamin	1647	07/24/2025	141-	-11140	\$155.00	
41003327	Dickson Electric System	1806	07/24/2025	141-	-11140	\$39,625.37	
41003328	ESGI, LLC	2261	07/24/2025	141-	-11140	\$984.00	
41003329	Hickman Co Trustee	2722	07/24/2025	141-	-11140	\$3,333.40	
41003330	Hickman County Clerk	3083	07/24/2025	141-	-11140	\$20.50	
41003331	Inline Electric Supply Co., Inc.	8091	07/24/2025	141-	-11140	\$995.69	
41003332	Istre, Eric	3185	07/24/2025	141-	-11140	\$155.00	
41003333	Lawson, Robert S.	3610	07/24/2025	141-	-11140	\$133.90	
41003334	Mays, James	4065	07/24/2025	141-	-11140	\$125.00	
41003335	Optimus Pest Solutions	47	07/24/2025	141-	-11140	\$750.00	
41003336	Really Good Stuff, LLC	4606	07/24/2025	141-	-11140	\$59.38	
41003337	Republic Service, LLC #840	4739	07/24/2025	141-	-11140	\$3,655.60	
41003338	SSC Service Solutions Compass Group USA, Inc.	4832	07/24/2025	141-	-11140	\$4,950.00	
41003339	Tays, Christopher Scott	5545	07/24/2025	141-	-11140	\$111.00	
41003340	Tennessee School Board Assoc.	61	07/24/2025	141-	-11140	\$150.00	
41003341	UPS	8274	07/24/2025	141-	-11140	\$25.00	
41003342	Water Authority Of Dickson Co.	5874	07/24/2025	141-	-11140	\$1,338.95	
<b>141 Total:</b>						\$58,492.89	
<b>Bank Total:</b>						\$58,492.89	
<b>Bank Payment Count:</b>						19	

Hickman County Finance  
Payment Register By Account Control

Bank Name                      Bank Number  
Cafeteria                              143

<u>Payment Number</u>	<u>Vendor Name</u>	<u>Vendor ID</u>	<u>Payment Date</u>	<u>Cash Account</u>	<u>Amount</u>
43000575	Mi Cosina Mexican Restaurant	6216	07/24/2025	143- -11140	\$359.60
43000576	Snappy's Pizza	5003	07/24/2025	143- -11140	\$236.94
<b>143 Total:</b>					<b>\$596.54</b>
<b>Bank Total:</b>					<b>\$596.54</b>
<b>Bank Payment Count:</b>					<b>2</b>



**DOUG LANE**  
2059 Lake Drive, Centerville, TN 37033

**PIPPA TAYLOR**  
6585 Oak Hill Rd., Lyles, TN 37098

**TIM HOBBS**  
9220 Old Bon Aqua Rd., Bon Aqua, TN 37025

**TABITHA CUDE**  
4141 Lewis Rd., Centerville, TN 37033

**CHRISTY MAYS**  
450 Hwy. 50, Centerville, TN 37033

**SHERRI BAKER**  
9037 E 40 Rd., Bon Aqua, TN 37025

**JANE HERRON**  
PO Box 13, Nunnally, TN 37137

**John Mullins**  
Superintendent of Schools  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033

Memorandum

To: Board Members  
From: John Mullins  
Date: 7/30/2025  
Re: August Personnel Report

**Leave of Absence**

Professional

Support Staff

Anita Long

FMLA 7/29/25—10/03/2025

**Hiring**

Professional

Tavia McLeod  
Brent Beard  
Luke Istre  
Andrew Conley  
Molly Reasons  
Michelle Delk  
Jody Loveless  
Mikala Blackmon  
Alison Stanley  
Cody Douchane  
Franklin Salisbury  
Joni Highfiled McKeel  
Morro Dunkle  
Melissa Pickett

HCHS Sp Ed Teacher  
HCHS Part-Time Teacher  
HCMS Teacher  
HCMS Teacher  
EHMS Teacher  
EHMS Teacher  
HCMS Sp Ed Teacher  
HCHS Teacher  
HCHS Teacher  
HCHS Teacher  
HCHS Teacher  
CES Teacher  
CES Pre-K Teacher  
CES Teacher

## Hiring

### **Professional – Continued**

Kinsley Spears  
Joy Mangrum  
Vincent Caccese  
Chris Smith  
Miranda England  
Jenna Campbell Field  
Jeannie Stubblefield  
Sara Burlison  
Katie Rose

CIS Teacher  
EHES Sp Ed Teacher  
EHHS Teacher  
EHHS Teacher  
EHHS Teacher  
EHHS Teacher  
EHHS Teacher  
EHIS Assistant Principal  
EHIS Teacher

### **Support Staff**

Payton Rivers  
Mallory Halbrooks  
Whitney Tidwell  
Joy Duncan

CES Sp Ed Assistant  
CES Sp Ed Assistant  
HCMS Sp Ed Assistant  
EHMS Sp Ed Assistant

## Resignation

### **Professional**

Greg Matney  
Amy Matney  
Jose Jimenez  
David Starnes

EHHS Teacher  
EHHS Sp Ed Teacher  
HCHS Teacher  
HCHS JROTC

### **Support Staff**

Jackie Bishop  
Renee Parsley  
Mary Green  
Liz Bruinsma

HCMS Girls Soccer Coach  
CES Bookkeeper  
EHMS Assistant  
EHMS Assistant

## Retirement

### Professional

### Support Staff

## Transfers

### Professional

Nick Bentley  
Valerie Gonzalez

CES Teacher to EHHS Teacher  
CES Teacher to EHHS Teacher

### Support Staff

Tina Truett

CES Assistant to CES Bookkeeper

## Appointment

### Professional

### Support Staff

## Open Positons

[www.hickmank12.org](http://www.hickmank12.org)

Click On Employment Opportunities

\*Denotes a relationship under board policy 1.108. Applicants are qualified for the positions

**Hickman County School  
Fund Balance  
Comparision 07/01/2024 to 07/01/2025**

		<b>7/1/2024</b>	<b>7/1/2025</b>
34560	Restricted For Career Ladder	(3,393.74)	(2,753.34)
34587	Restricted For Hybrid Retirement Stabilization Fnd	(461,207.40)	(583,845.52)
34655	Committed For Education (OPEB)	(3,006,287.29)	(3,282,778.83)
34765	Assigned For Support Services (Private Donation)	(143,145.90)	(146,388.33)
<b>39000</b>	<b>Unassigned</b>	<b>(9,575,636.08)</b>	<b>(8,297,288.73)</b>
	<b>Total Fund Balance</b>	<b>(13,189,670.41)</b>	<b>(12,313,054.75)</b>

Hickman County Finance  
 Summary Financial Statement  
 June 2025

141 General Purpose School		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
<b>Revenues</b>							
40110	Current Property Tax	3,032,648.00	(3,168,716.37)	104.49%	252,720.67	(11,520.81)	4.56%
40120	Trustee's Collections - Prior Year	65,000.00	(67,993.26)	104.61%	5,416.67	(5,058.62)	93.39%
40125	Trustee's Collections - Bankruptcy	500.00	(102.80)	20.56%	41.67	(6.80)	16.32%
40130	Cir Clk/Clk & Master Collections-Pr Yr	47,000.00	(29,377.38)	62.51%	3,916.67	(5,545.78)	141.59%
40140	Interest And Penalty	15,000.00	(13,586.45)	90.58%	1,250.00	(1,122.65)	89.81%
40161	Payments In Lieu Of Taxes - T. V. A.	4,000.00	(2,889.73)	72.24%	333.33	(240.81)	72.24%
40162	Payments In Lieu Of Taxes-Local	6,000.00	(6,000.00)	100.00%	500.00	0.00	0.00%
40210	Local Option Sales Tax	2,535,177.00	(3,293,354.19)	129.91%	211,264.75	(585,186.11)	276.99%
40270	Business Tax	35,000.00	(45,180.62)	129.09%	2,916.67	(11,845.05)	406.12%
41110	Marriage Licenses	1,300.00	(1,320.50)	101.58%	108.33	(247.00)	228.00%
43570	Receipts From Individual Schools	30,000.00	(12,501.88)	41.67%	2,500.00	(7,230.29)	289.21%
43582	Community Service Fees - Adults	200.00	(126.10)	63.05%	16.67	(35.00)	210.00%
44120	Lease/Rentals/PPP	10,000.00	(2,230.00)	22.30%	833.33	(1,325.00)	159.00%
44170	Miscellaneous Refunds	30,000.00	(36,700.67)	122.34%	2,500.00	(39.18)	1.57%
44530	Sale Of Equipment	15,000.00	(15,379.40)	102.53%	1,250.00	(184.20)	14.74%
44560	Damages Recovered From Individuals	3,000.00	(20,316.39)	677.21%	250.00	(3,424.26)	1,369.70%
44570	Contributions & Gifts	57,000.00	(66,834.00)	117.25%	4,750.00	(834.00)	17.56%
46175	On-Behalf Contributions For OPEB	35,000.00	0.00	0.00%	2,916.67	0.00	0.00%
46510	Tennessee Investment in Student	24,228,618.00	(24,453,716.95)	100.93%	2,019,051.50	(2,194,294.94)	108.68%
46513	TISA - On-behalf Payments	0.00	(50,082.08)	0.00%	0.00	(50,082.08)	0.00%
46515	Early Childhood Education	621,613.12	(456,119.42)	73.38%	51,801.09	(183,946.88)	355.10%
46520	School Food Service	22,000.00	(16,683.87)	75.84%	1,833.33	0.00	0.00%
46550	Driver Education	5,000.00	(8,198.65)	163.97%	416.67	0.00	0.00%
46590	Other State Education Funds	602,755.34	(341,952.83)	56.73%	50,229.61	(341,952.83)	680.78%
46610	Career Ladder Program	45,000.00	(36,982.90)	82.18%	3,750.00	0.00	0.00%
46790	Other Vocational	1,832,972.08	(289,270.71)	15.78%	152,747.67	(235,500.09)	154.18%
46851	State Revenue Sharing -T.V.A.	230,000.00	(204,755.57)	89.02%	19,166.67	(51,722.88)	269.86%
46980	Other State Grants	192,531.41	(68,119.42)	35.38%	16,044.28	(67,684.41)	421.86%
46990	Other State Revenues	258,804.00	(240,878.39)	93.07%	21,567.00	(240,878.39)	1,116.88%
47143	Special Education - Grants To States	0.00	(31,639.35)	0.00%	0.00	(31,639.35)	0.00%
47640	Rotc Reimbursement	70,000.00	(88,421.90)	126.32%	5,833.33	(22,105.47)	378.95%
48130	Contributions	120,000.00	(120,000.00)	100.00%	10,000.00	0.00	0.00%
48990	Other	187,000.00	(49,920.79)	26.70%	15,583.33	0.00	0.00%
49700	Insurance Recovery	228,896.80	(212,960.62)	93.04%	19,074.73	0.00	0.00%
49800	Transfers In	141,936.38	(137,817.18)	97.10%	11,828.03	(137,817.18)	1,165.17%
	<b>Total Revenues</b>	<b>34,708,952.13</b>	<b>(33,590,130.37)</b>	<b>96.78%</b>	<b>2,892,412.68</b>	<b>(4,191,470.06)</b>	<b>144.91%</b>

**Expenditures**

141 General Purpose School		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
71100	Regular Instruction Program	(16,437,249.58)	15,367,421.65	93.49%	(1,369,770.80)	549,534.69	40.12%
71150	Alternative Instruction Program	(297,165.00)	245,351.66	82.56%	(24,763.75)	49,260.28	198.92%
71200	Special Education Program	(3,961,979.12)	3,588,233.31	90.57%	(330,164.93)	1,086,793.96	329.17%
71300	Career and Technical Education	(2,110,363.32)	1,371,497.42	64.99%	(175,863.61)	391,730.03	222.75%
72110	Attendance	(221,255.00)	171,251.04	77.40%	(18,437.92)	11,761.81	63.79%
72120	Health Services	(997,090.40)	822,131.58	82.45%	(83,090.87)	209,530.48	252.17%
72130	Other Student Support	(1,254,128.00)	1,145,946.14	91.37%	(104,510.67)	365,169.30	349.41%
72210	Regular Instruction Program	(1,702,407.81)	1,581,700.02	92.91%	(141,867.32)	474,932.06	334.77%
72220	Special Education Program	(379,981.00)	359,551.57	94.62%	(31,665.08)	51,042.46	161.19%
72230	Career and Technical Education	(245,411.41)	171,139.71	69.74%	(20,450.95)	27,506.42	134.50%
72250	Technology	(463,782.00)	427,410.38	92.16%	(38,648.50)	30,415.02	78.70%
72290	Other Programs	(35,000.00)	26,390.84	75.40%	(2,916.67)	0.00	0.00%
72310	Board Of Education	(716,803.00)	575,195.35	80.24%	(59,733.58)	21,041.69	35.23%
72320	Director Of Schools	(330,801.00)	310,620.36	93.90%	(27,566.75)	62,046.22	225.08%
72410	Office Of The Principal	(2,090,218.00)	1,882,695.76	90.07%	(174,184.83)	560,762.56	321.94%
72510	Fiscal Services	(50,000.00)	47,303.00	94.61%	(4,166.67)	0.00	0.00%
72610	Operation Of Plant	(2,681,750.00)	2,492,412.63	92.94%	(223,479.17)	139,254.39	62.31%
72620	Maintenance Of Plant	(1,421,686.41)	1,072,049.47	75.41%	(118,473.87)	163,066.14	137.64%
72710	Transportation	(2,298,343.91)	1,912,416.14	83.21%	(191,528.66)	388,338.41	202.76%
72810	Central And Other	(373,528.90)	159,379.50	42.67%	(31,127.41)	9,204.26	29.57%
73100	Food Service	(49,759.00)	48,431.82	97.33%	(4,146.58)	43,481.82	1,048.62%
73300	Community Services	(115,277.00)	108,902.57	94.47%	(9,606.42)	36,827.95	383.37%
73400	Early Childhood Education	(519,555.00)	480,424.79	92.47%	(43,296.25)	123,593.96	285.46%
76100	Regular Capital Outlay	(1,739,694.83)	498,246.00	28.64%	(144,974.57)	163,923.00	113.07%
	<b>Total Expenditures</b>	<b>(40,493,229.69)</b>	<b>34,866,102.71</b>	<b>86.10%</b>	<b>(3,374,435.81)</b>	<b>4,959,216.91</b>	<b>146.96%</b>
<b>Total</b>	<b>141 General Purpose School</b>	<b>(5,784,277.56)</b>	<b>1,275,972.34</b>	<b>22.06%</b>	<b>(482,023.13)</b>	<b>767,746.85</b>	<b>159.28%</b>

Hickman County Finance  
 Summary Financial Statement  
 June 2025

142 School Federal Projects		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
<b>Revenues</b>							
44170	Miscellaneous Refunds	0.00	0.00	0.00%	0.00	0.00	0.00%
47131	Vocational Educ - Basic Grants To	74,394.32	(74,394.32)	100.00%	6,199.53	(20,237.29)	326.43%
47141	Title 1 Grants To Local Educ Agencies	1,249,111.22	(1,064,930.43)	85.26%	104,092.60	(264,860.54)	254.45%
47143	Special Education - Grants To States	1,142,048.92	(951,951.24)	83.35%	95,170.74	(265,130.22)	278.58%
47145	Special Education Preschool Grants	50,643.08	(26,122.64)	51.58%	4,220.26	(17,057.60)	404.18%
47146	English Language Acquisition Grants	0.00	0.00	0.00%	0.00	101,634.81	0.00%
47148	Rural Education	120,160.42	(117,183.94)	97.52%	10,013.37	(51,781.36)	517.12%
47189	Eisenhower Prof Development State	205,381.20	(152,709.40)	74.35%	17,115.10	(58,618.56)	342.50%
47309	COVID-19 Grant D	88,000.00	(82,701.95)	93.98%	7,333.33	(82,701.95)	1,127.75%
47401	American Rescue Plan Act Grant #1	1,638,423.78	(1,595,997.04)	97.41%	136,535.32	(158,681.72)	116.22%
47590	Other Federal Through State	166,755.57	(103,930.04)	62.32%	13,896.30	(103,930.04)	747.90%
<b>Total Revenues</b>		<b>4,734,918.51</b>	<b>(4,169,921.00)</b>	<b>88.07%</b>	<b>394,576.54</b>	<b>(921,364.47)</b>	<b>233.51%</b>
<b>Expenditures</b>							
71100	Regular Instruction Program	(1,591,123.73)	1,454,255.15	91.40%	(132,593.64)	201,006.51	151.60%
71150	Alternative Instruction Program	(7,865.50)	7,631.70	97.03%	(655.46)	(43.50)	-6.64%
71200	Special Education Program	(961,160.58)	770,550.19	80.17%	(80,096.72)	206,902.71	258.32%
71300	Career and Technical Education	(73,551.91)	73,499.81	99.93%	(6,129.33)	2,353.70	38.40%
72110	Attendance	(2,338.00)	2,153.00	92.09%	(194.83)	(182.10)	-93.46%
72120	Health Services	(11,555.00)	10,392.10	89.94%	(962.92)	0.00	0.00%
72130	Other Student Support	(77,824.29)	70,924.31	91.13%	(6,485.36)	0.00	0.00%
72210	Regular Instruction Program	(984,656.44)	798,634.58	81.11%	(82,054.70)	103,765.79	126.46%
72220	Special Education Program	(375,579.15)	359,024.63	95.59%	(31,298.26)	92,961.95	297.02%
72230	Career and Technical Education	(7,201.66)	7,198.76	99.96%	(600.14)	3,303.47	550.45%
72250	Technology	(64,604.09)	60,938.84	94.33%	(5,383.67)	0.00	0.00%
72320	Director Of Schools	(3,549.50)	3,546.50	99.92%	(295.79)	0.00	0.00%
72410	Office Of The Principal	(13,843.00)	13,840.20	99.98%	(1,153.58)	0.00	0.00%
72610	Operation Of Plant	(265,092.49)	259,604.00	97.93%	(22,091.04)	0.00	0.00%
72620	Maintenance Of Plant	(8,245.50)	7,676.25	93.10%	(687.13)	0.00	0.00%
72710	Transportation	(51,780.00)	36,498.60	70.49%	(4,315.00)	1,540.00	35.69%
73100	Food Service	(73,389.50)	72,567.26	98.88%	(6,115.79)	0.00	0.00%
73300	Community Services	(2,393.00)	2,390.00	99.87%	(199.42)	0.00	0.00%
73400	Early Childhood Education	(6,904.00)	6,333.95	91.74%	(575.33)	0.00	0.00%
76100	Regular Capital Outlay	(14,443.99)	14,443.99	100.00%	(1,203.67)	0.00	0.00%
99100	Transfers Out	(137,817.18)	137,817.18	100.00%	(11,484.77)	137,817.18	1,200.00%
<b>Total Expenditures</b>		<b>(4,734,918.51)</b>	<b>4,169,921.00</b>	<b>88.07%</b>	<b>(394,576.54)</b>	<b>749,425.71</b>	<b>189.93%</b>
<b>Total</b>	<b>142 School Federal Projects</b>	<b>0.00</b>	<b>0.00</b>	<b>100.00%</b>	<b>0.00</b>	<b>(171,938.76)</b>	<b>0.00%</b>

Hickman County Finance  
 Summary Financial Statement  
 June 2025

143 Central Cafeteria		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
<b>Revenues</b>							
43521	Lunch Payments - Children	0.00	7,039.44	0.00%	0.00	0.00	0.00%
43522	Lunch Payments - Adults	28,498.00	(26,238.41)	92.07%	2,374.83	(179.00)	7.54%
43523	Income From Breakfast	2,969.00	(1,260.05)	42.44%	247.42	(6.05)	2.45%
43525	A La Carte Sales	225,000.00	(206,359.11)	91.72%	18,750.00	(50.73)	0.27%
43570	Receipts From Individual Schools	0.00	0.00	0.00%	0.00	0.00	0.00%
44110	Investment Income	1,000.00	(269.28)	26.93%	83.33	(16.27)	19.52%
44170	Miscellaneous Refunds	0.00	0.00	0.00%	0.00	0.00	0.00%
47111	USDA School Lunch Program	1,700,000.00	(1,519,554.74)	89.39%	141,666.67	(45,186.62)	31.90%
47112	USDA - Commodities	0.00	(100,001.97)	0.00%	0.00	(100,001.97)	0.00%
47113	Breakfast	750,000.00	(566,849.59)	75.58%	62,500.00	(26,105.28)	41.77%
47114	USDA - Other	0.00	(9,483.98)	0.00%	0.00	0.00	0.00%
	<b>Total Revenues</b>	<b>2,707,467.00</b>	<b>(2,422,977.69)</b>	<b>89.49%</b>	<b>225,622.25</b>	<b>(171,545.92)</b>	<b>76.03%</b>
<b>Expenditures</b>							
73100	Food Service	(3,248,963.00)	2,944,829.41	90.64%	(270,746.92)	93,297.81	34.46%
	<b>Total Expenditures</b>	<b>(3,248,963.00)</b>	<b>2,944,829.41</b>	<b>90.64%</b>	<b>(270,746.92)</b>	<b>93,297.81</b>	<b>34.46%</b>
<b>Total</b>	<b>143 Central Cafeteria</b>	<b>(541,496.00)</b>	<b>521,851.72</b>	<b>96.37%</b>	<b>(45,124.67)</b>	<b>(78,248.11)</b>	<b>-173.40%</b>

Hickman County Finance  
 Summary Financial Statement  
 July 2025

141 General Purpose School		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
<b>Revenues</b>							
40110	Current Property Tax	2,773,333.00	0.00	0.00%	231,111.08	0.00	0.00%
40120	Trustee's Collections - Prior Year	75,000.00	0.00	0.00%	6,250.00	0.00	0.00%
40125	Trustee's Collections - Bankruptcy	500.00	0.00	0.00%	41.67	0.00	0.00%
40130	Cir Clk/Clk & Master Collections-Pr Yr	40,000.00	3,825.46	-9.56%	3,333.33	3,825.46	-114.76%
40140	Interest And Penalty	15,000.00	476.62	-3.18%	1,250.00	476.62	-38.13%
40161	Payments In Lieu Of Taxes - T. V. A.	3,500.00	0.00	0.00%	291.67	0.00	0.00%
40162	Payments In Lieu Of Taxes-Local	6,000.00	0.00	0.00%	500.00	0.00	0.00%
40210	Local Option Sales Tax	2,975,000.00	292,995.24	-9.85%	247,916.67	292,995.24	-118.18%
40270	Business Tax	45,000.00	6,403.57	-14.23%	3,750.00	6,403.57	-170.76%
41110	Marriage Licenses	1,300.00	76.00	-5.85%	108.33	76.00	-70.15%
43570	Receipts From Individual Schools	30,000.00	0.00	0.00%	2,500.00	0.00	0.00%
43582	Community Service Fees - Adults	200.00	35.00	-17.50%	16.67	35.00	-210.00%
44120	Lease/Rentals/PPP	7,500.00	0.00	0.00%	625.00	0.00	0.00%
44170	Miscellaneous Refunds	30,000.00	706.72	-2.36%	2,500.00	706.72	-28.27%
44530	Sale Of Equipment	15,000.00	0.00	0.00%	1,250.00	0.00	0.00%
44560	Damages Recovered From Individuals	3,000.00	0.00	0.00%	250.00	0.00	0.00%
44570	Contributions & Gifts	20,000.00	0.00	0.00%	1,666.67	0.00	0.00%
44990	Other Local Revenues	30,000.00	0.00	0.00%	2,500.00	0.00	0.00%
46175	On-Behalf Contributions For OPEB	40,000.00	0.00	0.00%	3,333.33	0.00	0.00%
46510	Tennessee Investment in Student	25,081,234.00	595,306.62	-2.37%	2,090,102.83	595,306.62	-28.48%
46515	Early Childhood Education	445,000.00	0.00	0.00%	37,083.33	0.00	0.00%
46520	School Food Service	22,000.00	0.00	0.00%	1,833.33	0.00	0.00%
46550	Driver Education	10,000.00	0.00	0.00%	833.33	0.00	0.00%
46590	Other State Education Funds	240,000.00	0.00	0.00%	20,000.00	0.00	0.00%
46610	Career Ladder Program	37,500.00	0.00	0.00%	3,125.00	0.00	0.00%
46790	Other Vocational	1,543,701.67	0.00	0.00%	128,641.81	0.00	0.00%
46851	State Revenue Sharing -T.V.A.	220,000.00	0.00	0.00%	18,333.33	0.00	0.00%
46990	Other State Revenues	100,000.00	0.00	0.00%	8,333.33	0.00	0.00%
47640	Rotc Reimbursement	65,000.00	14,736.98	-22.67%	5,416.67	14,736.98	-272.07%
49800	Transfers In	10,000.00	0.00	0.00%	833.33	0.00	0.00%
	<b>Total Revenues</b>	<b>33,884,768.67</b>	<b>914,562.21</b>	<b>-2.70%</b>	<b>2,823,730.72</b>	<b>914,562.21</b>	<b>-32.39%</b>
<b>Expenditures</b>							
71100	Regular Instruction Program	(16,791,864.00)	210,055.11	1.25%	(1,399,322.00)	210,055.11	15.01%
71150	Alternative Instruction Program	(317,021.00)	0.00	0.00%	(26,418.42)	0.00	0.00%
71200	Special Education Program	(3,852,803.00)	1,049.00	0.03%	(321,066.92)	1,049.00	0.33%
71300	Career and Technical Education	(1,906,260.19)	16,402.14	0.86%	(158,855.02)	16,402.14	10.33%
72110	Attendance	(225,221.00)	5,196.99	2.31%	(18,768.42)	5,196.99	27.69%

Hickman County Finance  
 Summary Financial Statement  
 July 2025

141 General Purpose School		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
72120	Health Services	(861,374.00)	12,042.01	1.40%	(71,781.17)	12,042.01	16.78%
72130	Other Student Support	(1,249,822.00)	25,598.60	2.05%	(104,151.83)	25,598.60	24.58%
72210	Regular Instruction Program	(1,709,956.00)	34,394.93	2.01%	(142,496.33)	34,394.93	24.14%
72220	Special Education Program	(384,097.00)	11,937.76	3.11%	(32,008.08)	11,937.76	37.30%
72230	Career and Technical Education	(237,028.27)	12,346.38	5.21%	(19,752.36)	12,346.38	62.51%
72250	Technology	(559,224.00)	212,385.68	37.98%	(46,602.00)	212,385.68	455.74%
72290	Other Programs	(35,000.00)	0.00	0.00%	(2,916.67)	0.00	0.00%
72310	Board Of Education	(697,742.00)	357,385.19	51.22%	(58,145.17)	357,385.19	614.64%
72320	Director Of Schools	(338,617.00)	22,843.53	6.75%	(28,218.08)	22,843.53	80.95%
72410	Office Of The Principal	(2,116,218.00)	98,961.99	4.68%	(176,351.50)	98,961.99	56.12%
72510	Fiscal Services	(50,000.00)	0.00	0.00%	(4,166.67)	0.00	0.00%
72610	Operation Of Plant	(2,704,798.00)	464,605.41	17.18%	(225,399.83)	464,605.41	206.13%
72620	Maintenance Of Plant	(1,296,503.00)	294,269.04	22.70%	(108,041.92)	294,269.04	272.37%
72710	Transportation	(2,006,898.00)	185,221.23	9.23%	(167,241.50)	185,221.23	110.75%
72810	Central And Other	(314,544.00)	16,245.05	5.16%	(26,212.00)	16,245.05	61.98%
73100	Food Service	(46,696.00)	0.00	0.00%	(3,891.33)	0.00	0.00%
73300	Community Services	(114,189.00)	0.00	0.00%	(9,515.75)	0.00	0.00%
73400	Early Childhood Education	(535,338.00)	12,052.89	2.25%	(44,611.50)	12,052.89	27.02%
76100	Regular Capital Outlay	(1,704,184.21)	101,250.00	5.94%	(142,015.35)	101,250.00	71.30%
	<b>Total Expenditures</b>	<b>(40,055,397.67)</b>	<b>2,094,242.93</b>	<b>5.23%</b>	<b>(3,337,949.81)</b>	<b>2,094,242.93</b>	<b>62.74%</b>
<b>Total</b>	<b>141 General Purpose School</b>	<b>(6,170,629.00)</b>	<b>3,008,805.14</b>	<b>48.76%</b>	<b>(514,219.08)</b>	<b>3,008,805.14</b>	<b>585.12%</b>

Hickman County Finance  
 Summary Financial Statement  
 July 2025

142 School Federal Projects		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
<b>Revenues</b>							
47131	Vocational Educ - Basic Grants To	72,275.00	20,237.29	-28.00%	6,022.92	20,237.29	-336.00%
47141	Title 1 Grants To Local Educ Agencies	1,118,165.70	24,857.11	-2.22%	93,180.48	24,857.11	-26.68%
47143	Special Education - Grants To States	912,217.00	296,769.57	-32.53%	76,018.08	296,769.57	-390.39%
47145	Special Education Preschool Grants	28,584.00	17,057.60	-59.68%	2,382.00	17,057.60	-716.10%
47146	English Language Acquisition Grants	0.00	1,116.00	0.00%	0.00	1,116.00	0.00%
47148	Rural Education	87,695.00	0.00	0.00%	7,307.92	0.00	0.00%
47189	Eisenhower Prof Development State	146,828.35	0.00	0.00%	12,235.70	0.00	0.00%
47309	COVID-19 Grant D	0.00	5,476.95	0.00%	0.00	5,476.95	0.00%
47401	American Rescue Plan Act Grant #1	0.00	158,681.72	0.00%	0.00	158,681.72	0.00%
47590	Other Federal Through State	72,324.97	0.00	0.00%	6,027.08	0.00	0.00%
<b>Total Revenues</b>		<b>2,438,090.02</b>	<b>524,196.24</b>	<b>-21.50%</b>	<b>203,174.17</b>	<b>524,196.24</b>	<b>-258.00%</b>
<b>Expenditures</b>							
71100	Regular Instruction Program	(689,166.38)	0.00	0.00%	(57,430.53)	0.00	0.00%
71200	Special Education Program	(578,468.11)	429.00	0.07%	(48,205.68)	429.00	0.89%
71300	Career and Technical Education	(50,322.25)	3,894.00	7.74%	(4,193.52)	3,894.00	92.86%
72130	Other Student Support	(133,187.01)	0.00	0.00%	(11,098.92)	0.00	0.00%
72210	Regular Instruction Program	(608,321.28)	22,376.41	3.68%	(50,693.44)	22,376.41	44.14%
72220	Special Education Program	(359,977.35)	4,464.50	1.24%	(29,998.11)	4,464.50	14.88%
72230	Career and Technical Education	(7,292.10)	177.60	2.44%	(607.68)	177.60	29.23%
72710	Transportation	(11,355.54)	0.00	0.00%	(946.30)	0.00	0.00%
<b>Total Expenditures</b>		<b>(2,438,090.02)</b>	<b>31,341.51</b>	<b>1.29%</b>	<b>(203,174.17)</b>	<b>31,341.51</b>	<b>15.43%</b>
<b>Total</b>	<b>142 School Federal Projects</b>	<b>0.00</b>	<b>555,537.75</b>	<b>100.00%</b>	<b>0.00</b>	<b>555,537.75</b>	<b>0.00%</b>

Hickman County Finance  
 Summary Financial Statement  
 July 2025

143 Central Cafeteria		Year-To-Date			Month-To-Date		
Account	Description	Budget Estimate	Actual	% of Budget	Estimate Avg/Mth	Actual	% of Avg
<b>Revenues</b>							
43522	Lunch Payments - Adults	22,000.00	0.00	0.00%	1,833.33	0.00	0.00%
43523	Income From Breakfast	2,500.00	0.00	0.00%	208.33	0.00	0.00%
43525	A La Carte Sales	265,000.00	0.00	0.00%	22,083.33	0.00	0.00%
44110	Investment Income	1,000.00	0.00	0.00%	83.33	0.00	0.00%
44170	Miscellaneous Refunds	0.00	44,199.03	0.00%	0.00	44,199.03	0.00%
47111	USDA School Lunch Program	1,800,000.00	0.00	0.00%	150,000.00	0.00	0.00%
47113	Breakfast	750,000.00	0.00	0.00%	62,500.00	0.00	0.00%
	<b>Total Revenues</b>	<b>2,840,500.00</b>	<b>44,199.03</b>	<b>-1.56%</b>	<b>236,708.33</b>	<b>44,199.03</b>	<b>-18.67%</b>
<b>Expenditures</b>							
73100	Food Service	(2,957,934.00)	312,626.54	10.57%	(246,494.50)	312,626.54	126.83%
	<b>Total Expenditures</b>	<b>(2,957,934.00)</b>	<b>312,626.54</b>	<b>10.57%</b>	<b>(246,494.50)</b>	<b>312,626.54</b>	<b>126.83%</b>
<b>Total</b>	<b>143 Central Cafeteria</b>	<b>(117,434.00)</b>	<b>356,825.57</b>	<b>303.85%</b>	<b>(9,786.17)</b>	<b>356,825.57</b>	<b>3,646.</b>











School District: Hickman County District No. 410 Date 08/01/25 Month of School \_\_\_\_\_  
 School Name: East Hickman High School School No. 018 No. of Days In Session: 1  
 Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_ Begin Date: 08/01/25 End Date: 08/01/25

Grade	Net Enrollment to Date			End of Month Membership	Average Daily Attendance	Average Daily Membership
	Male	Female	Total			
K					.0000	.0000
01					.0000	.0000
02					.0000	.0000
03					.0000	.0000
04					.0000	.0000
05					.0000	.0000
06					.0000	.0000
07					.0000	.0000
08					.0000	.0000
09	59	54	113	119	100.0000	119.0000
10	60	46	106	107	87.4642	106.3095
11	63	46	109	110	87.8452	108.8452
12	52	33	85	85	71.0000	84.8452
K-12	234	179	413	421	346.3095	418.9999
N		1	1	1	1.0000	1.0000
GRAND TOTAL	234	180	414	422	347.3095	419.9999







School District: Hickman County District No. 410 Date 08/01/25 Month of School       
 School Name: District Summary School No.      No. of Days In Session: 1  
 Prepared By:                                      Phone:                      Begin Date: 08/01/25 End Date: 08/01/25

Grade	Net Enrollment to Date			End of Month Membership	Average Daily Attendance	Average Daily Membership
	Male	Female	Total			
K	106	102	208	211	171.2284	188.2284
01	123	96	219	231	211.0142	229.0142
02	105	102	207	219	195.0000	218.0000
03	106	114	220	221	178.0000	202.0000
04	111	106	217	217	188.0000	217.0000
05	130	109	239	239	212.0000	239.0000
06	127	116	243	244	216.2422	225.7231
07	104	110	214	215	192.7376	199.6328
08	125	111	236	242	208.3281	222.9804
09	134	89	223	234	194.0000	227.0000
10	108	99	207	214	174.4642	210.3095
11	120	93	213	219	173.8452	211.8452
12	110	90	200	205	178.0000	200.8452
K-12	1,509	1,337	2,846	2,911	2492.8603	2791.5791
N	27	14	41	41	28.8619	32.7238
GRAND TOTAL	1,536	1,351	2,887	2,952	2521.7222	2824.3029

\*\*\*\*\* End of report \*\*\*\*\*

*Account Activity Summary*  
*Hickman*  
04/01/2025 - 06/30/2025

<i>Beginning Value - Investment Account</i>	\$	2,801,465.21
<i>Beginning Value - Alternative Invest. Acct.</i>	\$	290,551.34
<b>Total Beginning Value</b> <sup>1 See Definitions</sup>	<b>\$</b>	<b>3,092,016.55</b>
<b><i>Additions</i></b> <sup>2</sup>		
Contributions <sup>3</sup>	\$	-
Dividends & Interest <sup>4</sup>	\$	28,723.36
<b><i>Withdrawals</i></b> <sup>5</sup>		
TSBA Fee <sup>6</sup>	\$	(1,932.51)
MS Fees <sup>7</sup>	\$	(2,574.51)
System Distributions <sup>8</sup>	\$	-
<b><i>Unadjusted Investment Earnings</i></b> <sup>9</sup>	<b>\$</b>	<b>166,545.94</b>
<i>Ending Value - Investment Account</i>	\$	2,987,783.30
<i>Ending Value - Alternative Invest. Acct.</i>	\$	294,995.53
<b>Total Ending Value</b> <sup>10</sup>	<b>\$</b>	<b>3,282,778.83</b>

**Definitions:**

1. **Beginning Value:** The total account value at the start of business on the first day of the specified reporting period.
2. **Additions:** All credits to the account in which total account value is increased within the specified reporting period.
3. **Contributions:** The sum of total cash deposits and/or other asset transfers into the Morgan Stanley account from outside of the Morgan Stanley account and by instruction of the client within the specified reporting period.
4. **Dividends and Interest:** The sum of all dividend, interest, and capital gain payments credited to the account and those in the which settlement date lies within the specified reporting period. **NOTE:** Any dividend, interest, or capital gain distribution in which a settlement date lies outside of the reporting period or in which was included in the beginning value will not be included 'Dividends and Interest' total for the period.
5. **Withdrawals:** The sum of total cash and/or other asset transfers out of the Morgan Stanley account to any other account whether inside or outside of the firm.
6. **TSBA Fee:** The fee calculated by instruction of the client and is based on the account value at the end of business on the last day of the prior quarter.
7. **MS Fees:** The sum of all quarterly fees charged by Morgan Stanley and any adjustments made to this charge within the specified reporting period in which client is in agreement for investment advisory and brokerage services provided.
8. **System Distributions:** The sum of any distributions to the beneficiary (public school system) of the GASB 45 Trust within the specified reporting period.
9. **Unadjusted Investment Earnings:** The earnings of asset investments in the Morgan Stanley account unadjusted for any fees charged or withdrawals in the account by instruction of Morgan Stanley or the client and within the specified reporting period.
10. **Ending Value:** The Account Value at the end of business on the last day of the specified reporting period.

The information and data contained in this report are from sources considered reliable, but their accuracy and completeness is not guaranteed. This report has been prepared for illustrative purposes only and is not intended to be used as a substitute for monthly transaction statements you receive on a regular basis from Morgan Stanley Smith Barney LLC. Please compare the data on this document carefully with your monthly statements to verify its accuracy. The Company strongly encourages you to consult with your own accountants or other advisors with respect to any tax questions.

Account Contribution Summary  
Hickman  
04/01/2025 - 06/30/2025

ACTIVITY DATE	ACTIVITY	DESCRIPTION		TYPE
		Total Deposits	0.00	

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Account Dividend & Interest Summary  
Hickman  
04/01/2025 - 06/30/2025

ACTIVITY DATE	ACTIVITY	DESCRIPTION		TYPE
04/01/2025	Dividend	PGIM SHORT-TERM CORP BOND Z	568.85	Cash
04/01/2025	Dividend	PGIM TOTAL RETURN BOND Z	979.50	Cash
04/01/2025	Dividend	BLACKROCK HIGH EQ INCOME INST	1,863.77	Cash
04/01/2025	Dividend	JOHN HANCOCK BOND I	2,108.58	Cash
04/01/2025	Dividend	JANUS HENDERSON MLT SEC INC I	1,349.31	Cash
04/02/2025	Dividend	CION ARES DIVERSIFIED CREDIT U	622.37	Cash
04/25/2025	Cashless Dividend	BLACKSTONE BCRED	508.19	Cash
04/30/2025	Interest Income	MORGAN STANLEY PRIVATE BANK NA	6.88	Cash
05/01/2025	Dividend	PGIM SHORT-TERM CORP BOND Z	545.28	Cash
05/01/2025	Dividend	PGIM TOTAL RETURN BOND Z	973.69	Cash
05/01/2025	Dividend	BLACKROCK HIGH EQ INCOME INST	1,800.22	Cash
05/01/2025	Dividend	JOHN HANCOCK BOND I	2,066.14	Cash
05/01/2025	Dividend	JANUS HENDERSON MLT SEC INC I	1,471.61	Cash
05/02/2025	Dividend	CION ARES DIVERSIFIED CREDIT U	606.24	Cash
05/28/2025	Cashless Dividend	BLACKSTONE BCRED	512.51	Cash
05/30/2025	Interest Income	MORGAN STANLEY PRIVATE BANK NA	2.26	Cash
06/02/2025	Dividend	PGIM SHORT-TERM CORP BOND Z	579.25	Cash
06/02/2025	Dividend	PGIM TOTAL RETURN BOND Z	1,002.30	Cash
06/02/2025	Dividend	BLACKROCK HIGH EQ INCOME INST	1,750.08	Cash
06/02/2025	Dividend	JOHN HANCOCK BOND I	2,075.34	Cash
06/02/2025	Dividend	JANUS HENDERSON MLT SEC INC I	1,506.20	Cash
06/03/2025	Dividend	CION ARES DIVERSIFIED CREDIT U	630.44	Cash
06/10/2025	LT Cap Gain	AMERICAN EUPAC F2	2,462.90	Cash
06/20/2025	Dividend	ISHARES CORE MSCI EAFE ETF	1,594.09	Cash
06/20/2025	Dividend	ISHARES CORE S&P U.S. GROWTH	204.92	Cash
06/20/2025	Dividend	ISHARES CORE S&P U.S. VALUE	389.96	Cash
06/27/2025	Cashless Dividend	BLACKSTONE BCRED	516.87	Cash
06/30/2025	Interest Income	MORGAN STANLEY PRIVATE BANK NA	3.43	Cash
06/30/2025	Interest Income	MORGAN STANLEY PRIVATE BANK NA	12.40	Cash
06/30/2025	Interest Income	MORGAN STANLEY BANK N.A.	9.78	Cash
		<b>Total Dividends and Interest</b>	<b>28,723.36</b>	

The information and data contained in this report are from sources considered reliable, but their accuracy and completeness is not guaranteed. This report has been prepared for illustrative purposes only and is not intended to be used as a substitute for monthly transaction statements you receive on a regular basis from Morgan Stanley Smith Barney LLC. Please compare the data on this document carefully with your monthly statements to verify its accuracy. The Company strongly encourages you to consult with your own accountants or other advisors with respect to any tax questions.

*Account Fee Summary  
Hickman  
04/01/2025 - 06/30/2025*

ACTIVITY DATE	ACTIVITY	DESCRIPTION		TYPE
04/07/2025	Service Fee	ADV FEE 04/01-04/30	-409.12	Cash
04/09/2025	CASH TRANSFER	FUNDS TRANSFERRED	-1,932.51	Cash
04/15/2025	Service Fee	NET PLATFORM FEE	0.00	Cash
05/07/2025	Service Fee	ADV FEE 05/01-05/31	-422.92	Cash
06/06/2025	Service Fee	ADV FEE 06/01-06/30	-422.47	Cash
06/26/2025	Account Fee	BCJ26 PLACE FEE	-660.00	Cash
06/30/2025	Account Fee	CADZX PLACE FEE	-660.00	Cash
		<b>Total Withdrawals</b>	<b>-4,507.02</b>	

**\*Cash Balance Includes Cash, Bank Deposits, MMF Balance, and Unsettled Cash.**

Unless otherwise indicated, this information is not intended to be a substitute for the official account statements that you receive from us. This information is approximate and subject to adjustment, updating and correction and is for illustrative and general reference purposes only. We are not responsible for any clerical, computational or other inaccuracies, errors or omissions. We obtain market values and other data from various standard quotation services and other sources, which we believe to be reliable. However, we do not warrant or guarantee the accuracy or completeness of any such information. The values that you actually receive in the market for any investment may be higher or lower than the values reflected herein. To the extent there are any discrepancies between your official account statement and this information, you should rely on the official account statement. This information should not be considered as the sole basis for any investment decision. The Bank Deposit Program (BDP) is a cash sweep feature whereby clients can choose to have their available free credit balances automatically deposited into interest bearing, FDIC-insured deposit accounts at up to three banks ("Program Banks"): (1) Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association (together, the "Morgan Stanley Banks"), or (2) Citibank, N.A. The Program Banks are FDIC members. Morgan Stanley Smith Barney LLC ("Morgan Stanley") is a registered broker-dealer, not a bank. Morgan Stanley and the Morgan Stanley Banks are affiliates. Unless specifically disclosed to you in writing, other investments and services offered to you through Morgan Stanley are not insured by the FDIC, are not deposits of or other obligations of, or guaranteed by, the Program Banks and involve investment risks, including possible loss of principal amount invested. External Assets - Certain assets listed in this view are based upon information provided by you, your client or other external sources and are not part of accounts that you manage at Morgan Stanley. Assets not held with Morgan Stanley may not be covered by SIPC protection or by additional protection under Morgan Stanley's excess insurance coverage plans. Morgan Stanley may include information about these external assets in this view solely as a service to you, and Morgan Stanley is not responsible for the accuracy of any information provided by external sources, including but not limited to, you, your client or another financial institution. You are responsible for ensuring the accuracy of such information. Generally, any financial institution that holds securities is responsible for year-end reporting (Internal Revenue Service (IRS) Form 1099) and separate periodic statements, which may vary from Morgan Stanley's information due to different tax reporting periods.

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**The Company strongly encourages you to consult with your own accountants or other advisors with respect to any tax questions.**

## NEWSPAPER

INVITATION TO BID: The Hickman County Board of Education will receive bids for a walk-in freezer. Sealed bids will be opened at 2:00pm, July 16, 2025, at the Hickman County Finance Office.

All bidders will be required to submit a conflict-of-interest disclosure form that can be obtained at [www.hickmank12.org/requestforproposal](http://www.hickmank12.org/requestforproposal). All bidders must comply with TCA-49-5-406 and all state, federal, local laws and regulations regarding employees and contractors working on school properties.

Sealed bids must be mailed, or hand delivered to the Hickman County Finance Office, 114 North Central Avenue, Suite 203, Centerville, TN 37033 and clearly marked on the outside of the envelope: Hickman County School Nutrition Walk-in Freezer Bid. The Hickman County Board of Education reserves the right to accept or reject any and all bids or parts of bids.

This institution is an equal opportunity provider.

Present Penny Rochelle  
Misty Weems

Mobile Fixture \$39,549.00

BID APPROVAL

ITEM FOR BID: walk-in Freezer

DATE OF OPENING: July 16, 2025

TIME OF OPENING: 2:00pm

PLACE OF OPENING: Hickman County Finance Office

SPECIFICATIONS: walk-in freezer for Centerville  
Elementary School. See Attached.

DEPARTMENT HEAD: Sharon Burns Sharon Burns 6/24/25

BUSINESS OPERATIONS

OFFICER APPROVAL: 

DIRECTOR'S APPROVAL: John Mullins

FINANCE APPROVAL: \_\_\_\_\_



**MobileFixture**

**THE KITCHEN & RESTAURANT STORE**

**SINCE 1927**

**Bid Tabulation Form:**

**For**

**Hickman County Schools**

**Walk In Freezer**

**Centerville Elementary School**

Total Bid Amount: \$39,549.00



Project

Hickman County Centerville Elem  
7-16-25

From

Mobile Fixture & Equip. Co, Inc  
Wendy Miller  
1155 Montlimar Dr  
Mobile, AL 36609  
251-342-0455

Please refer to the end of this document for information regarding Mobile Fixture's Standard Terms & Conditions. If you would like a copy of those, please visit our website at <https://mobilefixture.com/pages/terms-conditions> or contact your Mobile Fixture representative.

Prices indicated by Mobile Fixture are based upon the prices in effect as of the date of this document. Due to unprecedented pricing, transportation, and lead time volatilities, Mobile Fixture will not be responsible for unscheduled manufacturer price increases, surcharges, free freight level deviations, or extended lead times causing potential delays or increased costs to the project. Unless otherwise agreed to in a writing, signed, and delivered by Mobile Fixture's authorized representative, prices quoted by Mobile Fixture are subject to change without notice at any time, including (without limitation) between the date of Buyer's order and the date of shipment. Buyer shall be liable for the prices in effect on the date of shipment. In the event of a change in the quoted price prior to the date of shipment, Mobile Fixture will notify Buyer of the price change prior to shipment.

Minimum 25% restocking fee on all special-order returns plus any applicable return freight. NOTE: Some special-order items are NON-RETURNABLE.

All prices are subject to change without notice based on applicable tariff regulations and import duties.

## ITEM 1 - INDOOR WALK-IN

### Bally Refrigerated Boxes Model FACTORY QUOTE

Indoor Bally Freezer 43025

11'-5½"(l\*) x 7'-9"(w) x 8'-6"(h)

With 4" Floor /

4 in. Exterior Vertical Used (7'-10") with 4 in. Floor, 4 in. Ceiling

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## ITEM - REMOTE REFRIGERATION

### Bally Refrigerated Boxes Model BALLY LOT

(1) BEZA 025 L8 HT3DB (208-230/3/60) w/ smart speed

For use with SMARTVAP+

(1) BLP209LE-S2D SV+ 208-230/1/60

SmartVap+ Electric Defrost with EEV Installed

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## ITEM - WARRANTY

### Bally Refrigerated Boxes Model BALLY WARRANTY

Extended warranty

(1) 02.5 HP System (5 YR parts and 1 YR Labor)

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This Document shall be subject to Mobile Fixture & Equipment Co., Inc. Terms of Sale <https://mobilefixture.com/pages/terms-conditions>, which are incorporated herein by reference and shall govern. The parties specifically agree that no signature shall be required in order for this Document or its applicable terms and conditions to be deemed legally binding and enforceable on Customer where the intent to be so bound can be inferred (including by acceptance or retention of products or services), notwithstanding contrary requirements under any law.

## NEWSPAPER

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This institution is an equal opportunity provider.

Centerville Elementary School  
104 Mary Field Avenue  
Centerville TN 37033

## **Hickman County School Nutrition Walk-in Freezer Bid**

**Bid Release Date:** June 30, 2025

**Bid Due Date:** July 16, 2025

**Bid Opening Date:** July 16, 2025, 2:00pm at Hickman County Finance Office

### **1. Introduction**

Hickman County School Nutrition invites sealed bids from qualified vendors for the supply of school nutrition equipment. The objective of this bid is to procure high-quality, durable, and cost-effective nutrition equipment that meets the specific needs of our schools. Bidder should include any technical data sheets or statements that would be helpful in determining bid compliance with minimum specifications.

### **2. Bid Submission Guidelines**

- On site visit is required before submission of bid.
- Bids must be submitted in sealed envelope marked: Hickman County School Nutrition Walk-in Freeze Bid.
- Electronic bids will NOT be accepted.
- Bids must be received by 2:00pm on Wednesday, July 16, 2025.
- Late bids will not be considered.
- All bids must be comprehensive and include pricing for all requested equipment and services.
- Bidders must provide detailed specifications and brochures for the equipment offered.

#### **Required Forms:**

- Assurance Statement
- Statement of Non-Collusion
- Debarment Certification
- Lobbying Certification
- Hickman County Government Conflict of Interest Disclosure Form

## **BID SPECIFICATIONS**

Hickman County School Nutrition is seeking bids for a walk-in freezer for Centerville Elementary School. Hickman County School Nutrition is open to receiving bids for products that are considered "approved equals" to the brands and models specified in this document. The objective of the "approved equals" clause is to ensure Hickman County School Nutrition obtains products that meet or exceed our standards for quality, durability and efficiency. "Approved equal" is defined as any product not specified by brand or model in the bid document but is of equal or superior quality, performance, and durability, and meets the specifications outlined in terms of functionality, size, standards compliance, warranty, and maintenance requirements.

#### **4. Evaluation and Award Criteria**

- **Bid Award** – Bids will be reviewed and awarded on the basis of the lowest price and best quality as determined by the Director of School Nutrition. The cost will not be the only factor in awarding the bid. The district reserves the right to reject any and all bids or to waive any informalities in the bidding. No bidder may withdraw his bid within 60 days of the actual bid opening.

#### **5. Terms and Conditions**

- The awarded vendor(s) will be required to adhere to all specified delivery and installation timelines.
- Payment terms will be net 30 days after delivery and satisfactory installation of the equipment.
- The successful bidder must comply with all applicable laws, regulations, and guidelines.

#### **6. Submission of Bids**

Please submit your sealed bid to:

Hickman County Finance Office  
114 North Central Avenue  
Suite 203  
Centerville, TN 37033

#### **TERMINATION FOR CAUSE**

If the contractor fails to properly perform its obligations under this contract in a timely or proper manner, or if the Contractor violates any terms of this contract, Hickman County School Nutrition shall have the right to terminate the contract and withhold payments in excess of fair compensation for completed services. In the event the contract is terminated for due cause by Hickman County School Nutrition, Hickman County School Nutrition shall have the option of awarding the contract to the next lowest bidder or bid again.

## **BREACH**

A party shall be deemed to have breached the contract if any of the following occurs:

1. Failure to provide products or services that conform to contract requirements; or
2. Failure to maintain/submit any report required hereunder; or
3. Failure to perform, in full or in part, any of the other conditions of the contract
4. Violation of any warranty

## **7. Questions**

All questions regarding this bid should be directed to Sharon Burns, Director of School Nutrition at (931) 729-3391 ext. 2235.

## **8. Scope of Work**

- Remove old walk in panels and refrigeration from site.
- All equipment will be delivered on an agreed upon date.
- Equipment will be delivered as it arrives at the dealer in order to facilitate Hickman County Schools maintenance department's schedule.
- Winning vendors will deliver, uncrate and set equipment in place and remove any and all debris from the school. Winning vendor will install and make all electrical, gas and plumbing connections in order for equipment to be ready for start-up.
- Winning vendor will coordinate with School Nutrition director on removal of existing equipment.
- After installation is completed, a free start-up of the equipment is required by a Middle Tennessee service agent to ensure equipment is in good working order. Warranty will begin on date of start-up.

HICKMAN COUNTY PUBLIC SCHOOLS  
CENTERVILLE ELEMENTARY SCHOOL  
WALKIN FREEZER SPECIFICATIONS  
INDOOR INSTALLATION

GENERAL:

- A. Walk-in freezer shall be constructed of pre-fabricated, precision-formed, modular panels designed for rapid field assembly. Walk-in freezer shall be manufactured and furnished by Bally. 10 day prior approval for any other manufacturers.

CONSTRUCTION PLANS AND INSTRUCTIONS:

- A. Walk-in freezer shall be supplied with a complete set of installation instructions and erection drawings. All panels shall have panel identification corresponding with erection drawings to facilitate rapid and accurate field erection.

GUARANTEES:

- A. Walk-in freezer panels shall be guaranteed for a period of ten (10) years after final approval against poor workmanship and defective materials. Any defect within this period shall be corrected at no charge to Owner. Refrigeration system shall be guaranteed for parts and labor for a period of one year (1) year with an additional four (4) year compressor warranty.

CODES AND STANDARDS:

- A. NSF Standards: Comply with applicable National Sanitation Foundation (NSF) Standard 7 construction and recommended criteria. Provide equipment with a NSF "Seal of Approval."
- B. UL Labels: Where available, provide UL labels on prime electrical components. Provide UL "recognized marking" on other items with electrical components, signifying listing by UL where available. Provide UL approval of door electrical circuit assembly.
- C. ASTM E-84 (UL723): Comply with fire hazard classification ASTM E-84 (UL723). Panels shall be supplied with a fire hazard classification in accordance with ASTM E84 (UL723). Panels shall be classified according to ASTM E-84 (UL723) shall be flame spread rating of 25 or less with a certifying Underwriters Label Factory Mutual Approved Toxicity Rated Non-CFC polyurethane foam required. Insulation tested according to E-84 "shall not flame, glow, smolder or smoke" at a minimum test temperature of 250°F. (Flame Spread 25 indicates lower surface burning of materials. This standard is used solely to measure and describe properties of products in response to heat and flame under controlled laboratory conditions. This rating provides the walk-in panels with additional thermal resistance and may reduce the need for sprinkler systems.)
- D. ASTM D-C518: Panels & doors must meet or exceed minimum R-Values for

cooler (R25) and freezer R-32) per Federal Regulation 431.304.

#### PRODUCTS:

- A. Furnish one (1) indoor walk-in freezer to be actual 11'-5 1/2" x 7'-9" x 8' 6".
- B. Walk-in freezer is to comply with the US Energy Independence & Security Act.
- C. Interior wall finish to be 190 Series embossed white galvanized. Exterior finish to be 190 Series embossed white galvanized. Interior ceiling finish to be 190 Series embossed white galvanized. Exterior ceiling finish to be 190 Series embossed white galvanized. 4" thick floor panels have a 3/8" inside coved radius built in around the perimeter of skins and are NSF Certified. Floor finish to be .125 Diamond Tread aluminum.
- D. Panels shall be equipped with Bally Speed-Loc diaphragmatic joining devices. The distance between locks shall not exceed 46". Each device shall consist of a cam action, hooked locking arm placed in one panel, and a steel rod positioned in the adjoining panel, so that when the arm is rotated, the hood engages the rod and draws the panels tightly together with cam action. Arms and rods shall be housed in individual steel pockets. Pockets on one side of the panel shall be connected to pockets on the other side in width, by use of 2" wide metal straps set into and completely surrounded by insulation. When panels are joined these straps shall form lock-to-lock connections for superior strength. Locking device shall be accessible from the inside to facilitate installations in confined areas and shall be provided with flush press-fit caps. Surface mounted plastic plugs will not be accepted.
- E. Panels shall consist of interior and exterior metal skins precisely foamed with steel dies and roll-form equipment and thoroughly checked with gauges for accuracy. Metal skins shall be treated on the inside surface with a bonding agent to ensure a stable adhesion with the chemical bonding agents of the urethane. Urethane shall be Enovate 3000 or Solstice foamed in place (poured, not frothed) and, when completely cured, shall bind tenaciously to metal skins to form an insulated panel. Panels shall contain 100% urethane insulation and have no internal wood or structural members between skins unless required as structural support for external accessories. To ensure tight joints, panel edges must have foamed-in place tongue and groove with flexible vinyl gasket foamed-in place on the interior and exterior of all tongue edges. Gaskets shall be resistant to damage from oil, fats, water and detergents and must be NSF-approved. Gaskets shall not be stapled or glued to metal skins. All panels (except corner panels) shall be made in 23" and 46" widths, fully interchangeable for fast, easy assembly. 11-1/2", 17-1/4", 34-1/2" wide are to be furnished only if required to fit allocated space. To ensure perfect alignment and **maximum strength**, corner panels shall employ a right-angle configuration with exterior horizontal dimensions of 12" on each side.
- F. Unit shall be fitted with freezer door with 36" x 78" swing out type hinged entrance door. Door finishes to match walk-in interior/exterior. Doors shall be flush mounted, in-fitting type will have a 14-gauge unitized structural "U" channel steel door frame with 1/8" steel plates where all hardware is mounted. The steel

- frame with an internal thermal breaker will prevent twisting, sagging, and eliminates the need for structural members. Door shall be equipped with a magnetic steel core gasket across the top and both sides of the door. Bottom of the door shall be fitted with adjustable, double vinyl wiper gasket. NSF approved removable gasket. Each door to include interior ramp. Each door frame shall be provided with an LED vapor proof light fixture and an inside safety release. Doors and door handles shall be satin aluminum finish and listed by U.L. A positive action hydraulic door closer shall be included to ensure gentle closing action of door and ensure a positive seal. Provide each door with (2) heavy-duty adjustable/spring assisted satin aluminum hinges. Hinges shall be cam-lift, self-closing type, "hold-open" feature allowing door to remain open unaided, when opened to 180 degrees position. Door frames shall be provided with a 2" diameter flush-face dial thermometer. Doors provided with thermostatically controlled warmer cable around entire perimeter of opening. Freezer door to have pressure relief port.
- G. Freezer compartment to have One (1) 48" long LED light fixtures. Lights are to be designed to operate properly in their respective moisture and temperature environments.
  - H. Supply and install trim made from material with same finish as exposed exterior where walk-in cooler/freezer is adjacent to walls; seal to walls and boxes for rodent, dirt and moisture protection.
  - I. Supply and install enclosure (made from material with same finish as exposed exterior) panel or ceiling trim if height of box is lower than height of dropped ceiling.
  - J. Freezer provided with (1) Bally BLP209LE-S1D SV+, SmartVap+ Electric Defrost evaporators 208-230/1/60, with EEV Installed and (1) 2 ½ HP air-cooled BEZA025-L8-HT3DB, scroll condensing units R448A (208-230/3/60), designed for outdoor operation.

#### SUCCESSFUL BIDDER RESPONSIBILITIES:

- A. Remove old walk-in panels and refrigeration systems from site.
- B. Furnish dumpster for old panels and any trash from job site. Site shall be completely cleaned upon completion.
- C. Old refrigeration systems to be removed by successful bidder.
- D. New refrigeration systems to be placed in same location on roof. Units shall sit on Duro-Block rubber base, electro-plated, cast iron pipe supported block. No wood supports will be allowed for refrigeration installation.
- E. All refrigerant lines shall be extended in a neat and orderly manner. All copper tubing shall be securely supported with clamps and Unistrut. All copper tubing shall be refrigerant grade A.C.R. Type "L" hard copper attached with forged or wrought copper fittings. Silver solder and/or Sil-Fos shall be used to join all refrigerant piping. Soft solder is not acceptable. Conduit, wiring and refrigerant lines will be concealed within walls, ceilings, and floors of building as much as feasible.
- F. Hard copper line sets are to be installed in accordance with acceptable

refrigeration practices including utilization of all necessary line traps and line grading to maximize the flow of oil and refrigerant and/or condensate throughout the system.

- G. Drain line piping shall be A.C.R. Type "L" hard copper, properly graded and trapped outside of the compartments. Condensate drain lines shall be of Type "L" copper tubing in Walk-In Unit, and directed to outside of Unit, where shown on Drawings. Provide condensate drain lines directed to the lowest possible level. Wrap all condensate drain lines in the freezer section with electrically heated cable tape. Heat tape to be on separate/dedicated circuit.
- H. All walk-in panel penetrations are to be field drilled with PVC sleeves utilized. Sleeves to be internally sealed with polyurethane foam.
- I. Install new walk-in and level floors with the use of roof shingles. No ceramic tile allowed for leveling. Interior ramps in floor panels to be level with existing kitchen floor.
- J. Provide and install trim, trim shall match exterior finish of walk-in.
- K. Bidder is responsible for all the electrical between the electrical disconnect and all the points of connection including control wiring. All electrical conduit is to be of lock-tite type or field foamed-in-place.
- L. Bidder is responsible for hanging all lights inside walk-in.

#### HICKMAN COUNTY RESPONSIBILITIES

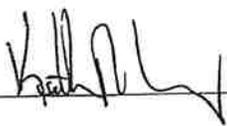
- A. Owner is responsible for providing energized electrical disconnects as required mounted within 5' of the proposed condensing unit locations. Electrical disconnects to include a properly sized 120-volt circuit with circuit breaker protection.
- B. Owner is responsible for bringing power to lights inside walk-in.

## ASSURANCE STATEMENT

This vendor hereby agrees that it will comply with:

- i. Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d et seq.);
- ii. Title IX of the Education Amendment of 1972 (20 U.S.C. 1681 et seq);
- iii. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794);
- iv. Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.)
- v. Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189);
- vi. Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000);
- vii. All provisions required by the implementing regulations of the Department of Agriculture (USDA) (7 CFR Part 15 et seq.);
- viii. Department of Justice Enforcement Guidelines (28 CFR Parts 35, 42 and 50.3);
- ix. Food and Nutrition Service (FNS) directives and guidelines to the effect that, no person shall, on the grounds of race, color, national origin, sex, age or disability, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under an program or activity for which the Program applicant receives Federal financial assistance from USDA; and hereby gives assurance that it will immediately take measures necessary to effectuate this Agreement.
- x. The USDA non-discrimination statement that in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and polices, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discrimination based on race, color national origin, religion, six, gender identity (including gender expression), sexual orientation, disability, age marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

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

Printed Name: Keith Murray

Title: COO

Date: 7-14-25

**STATEMENT OF NON-COLLUSION**

By Submission of the Bid of Proposal, the Bidder Certifies that:

1. This bid or proposal has been independently arrived at without collusion with any other competitor or potential competitor;
2. This bid proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the opening of bids or proposals for this project, to any other bidder, competitor, or potential competitor;
3. No attempt has been made to induce any other person, partnership or corporation to submit or not to submit a bid or proposal;
4. The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as well as to the person signing in its behalf;
5. That attached hereto (if a corporate bidder) is a certified copy of a resolution authorizing the execution of the certificate by the signatory of this bid or proposal on behalf of the corporate bidder.

Mobile Fixture and Equipment Co.

Company Name  
1155 Montlimar Dr  
Address  
Mobile, AL 36609  
Signature  
COO  
Title  
7-14-25  
Date



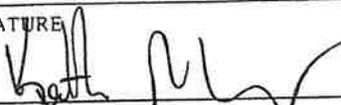
**Certification Regarding Debarment, Suspension, and Other Responsibility Matters  
 Primary Covered Transactions**

*The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 CFR § 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal or civil fraud, privacy, and other statutes may be applicable to the information provided.*

**(Read instructions on page two before completing certification.)**

- A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  2. Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and
  4. Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME <b>Mobile Fixture and Equipment Co.</b>	PR/AWARD NUMBER OR PROJECT NAME <b>Hickman County Bally Walk In Freezer</b>
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S) <b>Keith Murray/COO</b>	
SIGNATURE 	DATE <b>7-14-25</b>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-8992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender

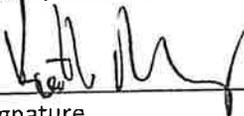
## LOBBYING CERTIFICATION

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts exceeding \$100,000 in federal funds

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of the undersigned shall complete and submit Standard Form LLL, DISCLOSURE FORM TO REPORT LOBBYING, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered sub awards exceeding \$100,000 in federal funds at all appropriate tiers and that all sub recipients shall certify and disclose accordingly.

Mobile Fixture and Equipment Co.	Hickman County Bally Walk In Freezer
Name/Address of Organization	Award Number or Project Name
Keith Murray/COO	
Name/Title of Submitting Official	
	7-14-25
Signature	Date

# Hickman County Government

## Conflict of Interest Disclosure Form

The County Financial Management System of 1981 contains the most stringent conflict of interest provisions. TCA §5-21-121 provides:

- (a) The director, purchasing agent, members of the committee, members of the county legislative body or other officials, employees, or members of the board of education or highway commission shall not be financially interested or have any personal beneficial interest, either directly or indirectly, in the purchase of any supplies, materials, equipment or contractual services for the county.
- (b) No firm, corporation, partnership, association or individual furnishing any such supplies, materials, equipment or contractual services, shall give or offer, nor shall the director or purchasing agent or any assistant or employee accept or receive directly or indirectly from any person, firm, corporation, partnership or association to whom any contract may be awarded, by rebate, gift or otherwise, any money or other things of value whatsoever, or any promise, obligation or contract for future reward or compensation.

Date: 7-14-25 Name: Keith Murray

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

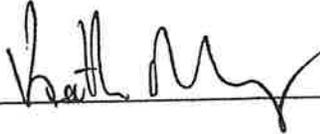
I have the following conflict of interest to report (please specify any boards or committees you (and/or your spouse) sit on, the name of your employer and any businesses you or your spouse may own.

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I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Date: 7-14-25 Signature: 

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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Page updated: February 15, 2023

## CODE OF CONDUCT

The following conduct will be expected of all persons who are engaged in the awarding and administration of contracts supported by School Food and Nutrition Funds.

1. No employee, officer or agent of named School food Authorities shall participate in the selection or in the award or administration of a contract supported by program funds if a conflict of interest, real or apparent, would be involved.

Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award.

- a. The employee, officer or agent
  - b. Any member of the immediate family
  - c. His or her partner
  - d. An organization which employs or is about to employ one of the above.
2. The School Nutrition Program employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors or parties to sub-agreements.
  3. Penalties for violation of code of conduct of named School nutrition Program should be:
    - a. Reprimand by Board of Education
    - b. Dismissal by Board of Education
    - c. Any legal action necessary

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Mobile Fixture &amp; Equipment Co INC</b>	
<b>2</b> Business name/disregarded entity name, if different from above.	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see Instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):  Exempt payee code (if any) <u>N/A</u>  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <u>N/A</u>  <i>(Applies to accounts maintained outside the United States.)</i>
<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions . . . . . <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>1155 Montlamar Drive</b>	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code <b>Mobile, AL 36609</b>	
<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>													
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<b>OR</b>													
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6	3	-	0	7	6	5	3	8	7				

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <i>Ronald Sellers</i>	Date <i>1/2/2025</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Company ID Number: 508580

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION  
MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Mobile Fixture (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



**Company ID Number: 508580**

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

Company ID Number: 508580

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo



Company ID Number: 508580

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

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uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-



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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE**

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,

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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### ARTICLE III

## REFERRAL OF INDIVIDUALS TO SSA AND DHS

### A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

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determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

## B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

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## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

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D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

# E-Verify



Company ID Number: 508580

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Mobile Fixture</b>	
<b>Murray Keith</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>02/22/2012</b>
Signature <i>Murray Keith</i>	Date <b>2-22-12</b>
Department of Homeland Security – Verification Division	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>02/22/2012</b>
Signature	Date

### Information Required for the E-Verify Program

#### Information relating to your Company:

Company Name:	Mobile Fixture
Company Facility Address:	1155 Montlilar Drive
	Mobile, AL 36609
Company Alternate Address:	
County or Parish:	MOBILE
Employer Identification Number:	630765387



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2025

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

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

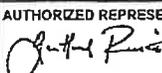
<b>PRODUCER</b> Cobbs, Allen & Hall, Inc. 115 Office Park Drive Birmingham AL 35223	<b>CONTACT NAME:</b> Suzi Dennis <b>PHONE (A/C, No, Ext):</b> 205-874-1982 <b>E-MAIL ADDRESS:</b> sdennis@cacgroup.com <b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Mobile Fixture And Equipment Company, Inc. 1155 Montlimar Drive Mobile AL 36609	<b>License#:</b> 79319 <b>MOBIFIX-01</b>
<b>INSURER A:</b> Phoenix Ins Co <b>INSURER B:</b> Travelers P&C of America <b>INSURER C:</b> Charter Oak Fire <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 25623 25674 25615

**COVERAGES**      **CERTIFICATE NUMBER:** 1840981278      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER		Y6307X018398	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		8107X091633	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Par person) \$ BODILY INJURY (Par accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	CUP7X1139062514	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	UB4X101373	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine		Y6307X018398	1/1/2025	1/1/2026	Leased/Rented Equip 250,000 Deductible 1,000 Actual Cash Value

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

<b>CERTIFICATE HOLDER</b>  Mobile Fixture and Equipment Company, Inc. Proof of Insurance 1155 Montlimar Drive Mobile AL 36609	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Tennessee School Plant  
MANAGEMENT ASSOCIATION

## Memorandum

**To:** Superintendents and Facility Directors

**From:** Dr. Tammy (*Grissom*) Ganger, TSBA Executive Director  
Debbie Shedden, TSPMA Executive Director

**Subject:** Tennessee School Plant Management Association Membership Dues

**Date:** July 10, 2025

The Tennessee School Boards Association (TSBA) and the Tennessee School Plant Management Association (TSPMA) have partnered to provide your school system with the following benefits:

1. Facilities training annually at several TSPMA Conferences including:
  - a. TSPMA Annual Conference June 8-10, 2026 at the Gatlinburg Convention Center in Gatlinburg; Registration free for districts with paid membership.
  - b. Additional TSPMA Conferences:
    - Fall Core Certification Class, October 22, 2025 at Union University in Jackson. Must be paid membership and Core Classes paid.
    - Fall Conference October 23, 2025 at Union University in Jackson, TN; Registration free for districts with paid membership.
    - Winter Core Certification Class, February 5, 2026 at the Gatlinburg Convention Center in Gatlinburg, TN. Must be paid member, and Core Certification paid.
    - Winter Conference February 6, 2026 at the Gatlinburg Convention Center, Gatlinburg, TN; Registration free for districts with paid membership.
  - c. TSPMA quarterly district meetings; Registration free for districts with paid membership.
  - d. Webinars on topics relevant and critical to school facility managers; Registration free for districts with paid membership.
2. Assistance to your facilities personnel in developing long range capital improvement plans for your district.
3. Assistance to your facilities personnel in developing appropriate preventative maintenance schedules for your facilities and equipment and proper cleaning standards for your school facilities.
4. Serve as a contact for you and your board chairman on questions related to your facility concerns.
5. Most importantly, TSPMA has launched a Core Certification Program that will aid your Facility/Operations Directors, Energy Specialists, and all of your school facility professionals. It is designed to give a well-rounded understanding of key elements crucial to K-12 school facilities, and higher education, and give your personnel the knowledge to face everyday challenges.

We encourage you and/or your school facilities personnel to join TSPMA. The annual membership fee is \$475.00. With TSPMA membership, you will have engineers, construction managers, business managers, educational facilities managers and educators that

have a vast knowledge of school system operations and management at your fingertips. For more information on membership, please visit [www.tspma.org](http://www.tspma.org).

If you have any questions or concerns about your facilities, please contact Debbie Shedden, TSPMA Executive Director at [debbiegshedden@att.net](mailto:debbiegshedden@att.net) or 423-921-2652 or Tammy Ganger, TSBA Executive Director at [tammyg@tsba.net](mailto:tammyg@tsba.net) or 615-815-3901.

Thank you.

# HICKMAN COUNTY SCHOOLS

FY 2026

Approved June 2, 2025

## CERTIFIED SALARY SCHEDULE

(Updated August 2025 to meet State Minimum Salary)

YEARS	BACHELORS	MASTERS	MASTERS + 30/40	Ed.S.	Ed.D/Ph.D.
0	\$47,924	\$50,605	\$52,072	\$53,454	\$56,103
1	\$48,731	\$50,920	\$53,915	\$55,298	\$57,947
2	\$49,538	\$51,957	\$54,952	\$55,988	\$59,214
3	\$49,653	\$52,187	\$55,067	\$56,219	\$59,444
4	\$49,768	\$52,533	\$55,182	\$56,334	\$59,675
5	\$49,999	\$53,108	\$55,988	\$56,795	\$59,905
6	\$51,150	\$54,606	\$56,564	\$57,371	\$60,136
7	\$51,841	\$54,952	\$57,371	\$58,178	\$61,288
8	\$52,187	\$55,182	\$58,062	\$58,868	\$62,555
9	\$52,648	\$55,874	\$58,523	\$59,560	\$63,707
10	\$53,108	\$56,449	\$59,099	\$60,021	\$65,089
11	\$54,261	\$59,214	\$60,827	\$62,094	\$66,472
12	\$54,606	\$60,251	\$61,519	\$62,785	\$66,933
13	\$54,837	\$60,366	\$61,634	\$63,246	\$67,279
14	\$55,067	\$60,481	\$61,863	\$63,477	\$68,661
15	\$55,298	\$60,712	\$62,324	\$64,053	\$69,006
16	\$57,486	\$62,785	\$64,743	\$66,818	\$71,656
17	\$58,639	\$63,477	\$65,435	\$67,854	\$73,039
18	\$58,754	\$63,592	\$65,781	\$68,545	\$73,960
19	\$58,983	\$63,707	\$65,896	\$68,891	\$74,075
20	\$59,099	\$63,822	\$66,933	\$69,467	\$75,112
21	\$60,942	\$65,781	\$68,776	\$71,310	\$77,070
22	\$61,058	\$65,896	\$69,006	\$71,656	\$77,301
23	\$61,173	\$66,011	\$69,121	\$71,771	\$77,531
24	\$61,288	\$66,126	\$69,237	\$71,886	\$77,761
25	\$61,519	\$66,241	\$69,352	\$72,001	\$77,992
26	\$61,634	\$66,472	\$69,467	\$72,117	\$78,222
27	\$61,863	\$66,587	\$69,582	\$72,347	\$78,568
28	\$61,979	\$66,702	\$69,698	\$72,462	\$78,799
29	\$62,094	\$66,818	\$69,813	\$72,578	\$79,029
30	\$62,785	\$67,163	\$70,504	\$73,039	\$80,987

**Hickman County Board of Education**  
**Budget Amendment No. 3**  
**Federal Programs (Fund 142)**  
**August 4, 2025**

Account	Description	Debit	Credit	Justification
47131 - - - 811	Revenue	\$ 50,000.00		CTE Perkins Reserve Grant
71300 - 499 - - 811	Other Supplies & Materials		3,000.00	
71300 - 730 - - 811	Vocational Instruction Equipment		47,000.00	
		\$ 50,000.00	\$ 50,000.00	

**Approved:**

**Attest:**

**Board Chair**

**John Mullins**

**Hickman County Board of Education**  
**Budget Amendment No. 4**  
**Federal Programs (Fund 142)**  
**August 4, 2025**

Account	Description	Debit	Credit	Justification
72130 - 172 - - 170	Instructional Coaches	\$ 85,727.00		To bring ATSI Grant into agreement with approved ePlan
72130 - 201 - - 170	Social Security	5,315.07		
72130 - 204 - - 170	State Retirement	7,714.89		
72130 - 212 - - 170	Medicare	1,243.04		
72210 - 172 - - 170	Instructional Coaches		64,009.87	
72210 - 189 - - 170	Other Salaries & Wages		24,158.00	
72210 - 201 - - 170	Social Security		5,466.51	
72210 - 204 - - 170	State Retirement		5,087.19	
72210 - 212 - - 170	Medicare		1,278.43	
		\$ 100,000.00	\$ 100,000.00	

**Approved:**

**Attest:**

**Board Chair**

**John Mullins**

**Hickman County Board of Education  
Budget Amendment No. 5  
General Purpose (Fund 141)  
August 4, 2025**

Account	Description	Debit	Credit	Justification
73300 - 189	Other Salaries & Wages	72,314.00		<b>To budget Family Resource personnel expenditures into location Cost Center</b>
73300 - 189 - FRC	Other Salaries & Wages		40,091.00	
73300 - 189 - FRE	Other Salaries & Wages		32,223.00	
73300 - 201	Social Security	5,532.02		
73300 - 201 - FRC	Social Security		3,066.96	
73300 - 201 - FRE	Social Security		2,465.06	
72410 - 399	Other Contracted Svc	80,000.00		<b>To budget for Contracted Services (ie: copier contracts) for each school</b>
72410 - 399 - CES	Other Contracted Svc		10,000.00	
72410 - 399 - CIS	Other Contracted Svc		10,000.00	
72410 - 399 - EHIS	Other Contracted Svc		10,000.00	
72410 - 399 - EHES	Other Contracted Svc		10,000.00	
72410 - 399 - EHMS	Other Contracted Svc		10,000.00	
72410 - 399 - EHHS	Other Contracted Svc		10,000.00	
72410 - 399 - HCMS	Other Contracted Svc		10,000.00	
72410 - 399 - HCHS	Other Contracted Svc		10,000.00	
71100 - 189 -	Other Salaries & Wages	350,000.00		<b>To track Differentiated Pay Plan expenditures</b>
71100 - 189 - DP	Other Salaries & Wages		350,000.00	
71100 - 201 -	Social Security	26,775.00		
71100 - 201 - DP	Social Security		26,775.00	
72810 - 599 -	Other Charges	161,388.33		<b>To track private donation expenditures</b>
72810 - 599 - MBB	Other Charges (MBB)		146,388.33	
72810 - 599 - SS			15,000.00	
		<b>\$ 696,009.35</b>	<b>\$ 696,009.35</b>	

**Approved:**

**Board Chair**

**Attest:**

**John Mullins**

**Hickman County Board of Education  
 Budget Amendment No. 6  
 General Purpose (Fund 141)  
 August 4, 2025**

Account	Description	Debit	Credit	Justification
39900 - -	Fund Balance	120,000.00		
72120 - 189 - OFG	Other Salaries & Wages		50,000.00	To budget carryover for Opioid Fund Grant
72120 - 201 - OFG	Social Security		3,825.00	
72120 - 204 - OFG	State Retirement		4,500.00	
72120 - 599 - OFG	Other Charges		61,675.00	
39900 - -	Fund Balance	3,138.79		To budget carryover for School Mental Health Grant
72120 - 599 - SMH	Other Charges		3,138.79	
		\$ 123,138.79	\$ 123,138.79	

**Approved:**

**Attest:**

**Board Chair**

**John Mullins**

**Hickman County Board of Education  
 Budget Amendment No. 7  
 General Purpose (Fund 141)  
 August 4, 2025**

Account	Description	Debit	Credit	Justification
76100 - 707 -	Building Improvements	60,000.00		Move budgeted capital items which were completed in FY 2025 to Maintenance need at HCHS
76100 - 799 -	Other Capital Outlay	25,000.00		
72620 - 335 -	Maint. & Repair Svc Bldg		85,000.00	
		\$ 85,000.00	\$ 85,000.00	

**Approved:**

**Attest:**

**Board Chair**

**John Mullins**

**Hickman County Board of Education**  
**Budget Amendment No. 8**  
**General Purpose (Fund 141)**  
**August 4, 2025**

Account	Description	Debit	Credit	Justification
46590 - - BONUS	Revenue - State Bonus	578,936.60		To budget State Teacher Bonus
71100 - 188 - BONUS	Bonus		504,000.00	
71100 - 201 - BONUS	Social Security		38,556.00	
71100 - 204 - BONUS	Pension		36,380.60	
		\$ 578,936.60	\$ 578,936.60	

**Approved:**

**Attest:**

**Board Chair**

**John Mullins**

**Hickman County Board of Education**  
**Budget Amendment No. 9**  
**General Purpose (Fund 141)**  
**August 4, 2025**

Account	Description	Debit	Credit	Justification
71200 - 116 -	Teachers	85,000.00		<b>To move salary for Psychologist                      from SPED Teacher Salary                      Line-Item</b>
71200 - 201 -	Social Security	6,502.50		
71200 - 204	Pensions	4,904.50		
72220 - 124	Psychologist		85,000.00	
72220 - 201	Social Security		6,502.50	
72220 - 204	Pensiosns		4,904.50	
		\$ 96,407.00	\$ 96,407.00	

**Approved:**

**Attest:**



*Misty Shelton*

*VPK Supervisor/Licensure Coordinator/Board Policies*  
Hickman County Schools  
115 Murphree Avenue  
Centerville, Tennessee 37033

To: School Board Members  
From: Misty Shelton  
Date: August 2025

**2nd reading:**

**Policy 5.110 - Compensation Guides & Contracts**

State law now permits Boards to determine whether to compensate a teacher's estate or designated beneficiary for unused leave time. If the Board would like to offer this benefit, TSBA recommends adding a provision to the policy.

**Up for Review:**

- 6.400 Promoting Student Welfare
- 6.4001 Student Surveys, Analyses, and Evaluation
- 6.402 Physical Examinations and Immunizations
- 6.403 Communicable Diseases
- 6.4031 Pediculosis (Head Lice)
- 6.404 Acquired Immune Deficiency Syndrome
- 6.405 Medicines
- 6.4051 Emergency Medications
- 6.4052 Opioid Antagonist
- 6.408 Supervision of Students

**Thank you for your careful consideration of these policies.**

931-729-3391 ext. 2226

*misty.shelton@hickmank12.org*

*fax 931-729-3834*

# Hickman County Board of Education

Descriptor Term:

**Compensation Guides & Contracts**

Descriptor Code:

**5.110**

Issued Date:

**11/05/24**

Rescinds:

**5.110**

Issued:

**10/03/22**

1 All licensed personnel must make a written contract with the Board at a fixed salary per month before  
2 entering upon their duties.<sup>1</sup>

3 The director of schools shall establish the salary rating of each person employed and shall recommend  
4 such salary rating to the Board for its approval.<sup>2</sup>

5 Salaries of all employees, including substitute and supplemental pay, shall be paid by the Board. No  
6 payment to any employee for service performed on behalf of the school system shall be made from any  
7 source other than the Board.

8 Contracts for administrators and system-wide professional personnel shall include two-hundred (200)  
9 days of responsibility, plus twenty (20) days for each additional month assigned by the Board. Each  
10 contract shall provide:<sup>3</sup>

- 11 1. A minimum of one hundred and eighty (180) working days;
- 12 2. A minimum of five (5) days for in-service education;
- 13 3. Ten (10) annual days; and
- 14 4. Five (5) days as designated by the Board. (Teachers shall use one (1) day for parent  
15 teacher conferences.)

16 The school calendar adopted by the Board each year shall become part of each employee's contract.

17 Salaries and supplements may be paid from revenue derived from sources other than taxes, provided  
18 the revenue is deposited with and salaries paid through the Board. This includes donations or  
19 contributions from individual, civic or other non-school related sources of funds from individual  
20 school activity funds, such as gate receipts and concessions.<sup>1,4</sup>

## 21 **ACCRUED LEAVE & BENEFICIARIES<sup>5</sup>**

22 ~~Include the provision below if the Board opts to compensate the estate of a deceased teacher for~~  
23 ~~accrued leave.~~

24 A deceased teacher's estate or designated beneficiary shall be paid the value of any unused  
25 accumulated leave. Unless a teacher designates differently, the beneficiary shall be the same as the  
26 beneficiary designed for receipt of retirement benefits with the Tennessee Consolidated Retirement  
27 System

Legal References

1. TCA 49-2-203(a)(1); TCA 49-5-408
2. TCA 49-5-402
3. TCA 49-6-3004
4. TCA 49-6-2006(a)
5. Public Acts of 2025, Chapter No. 433

Cross References

- School Calendar 1.800
- Revenues 2.400
- Payroll 2.802
- Application and Employment 5.106

# Hickman County Board of Education

	Descriptor Term: <b>Promoting Student Welfare</b>	Descriptor Code: <b>6.400</b>	Issued Date: <b>06/05/23</b>
		Rescinds: <b>6.400</b>	Issued: <b>05/03/21</b>

1 The Director of Schools shall develop procedures to promote and protect the health and welfare of  
2 students. These should provide, at a minimum, for the following:<sup>1</sup>

- 3 1. Student guidance services;
- 4 2. School health services;
- 5 3. School psychological services; and
- 6 4. School social work services.

7 The development of these programs and the scope of the services provided shall be consistent with  
8 state law.

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#### Cross References

Acquired Immune Deficiency Syndrome 5.401  
Attendance 6.200  
Drug-Free Schools 6.307  
Physical Examinations and Immunizations 6.402  
Student Communicable Diseases 6.403  
Acquired Immune Deficiency Syndrome 6.404  
Medicines 6.405  
Reporting Child Abuse 6.409  
Student Suicide Prevention 6.415

# Hickman County Board of Education

Descriptor Term: <b>Student Surveys, Analyses, and Evaluations</b>	Descriptor Code: <b>6.4001</b>	Issued Date: <b>08/07/23</b>
	Rescinds: <b>6.4001</b>	Issued: <b>06/05/23</b>

1 Surveys, analyses, and evaluations for research purposes shall be allowed by the Board when the project  
2 is viewed as contributory to a greater understanding of the teaching-learning process, the project does  
3 not violate the goals of the Board, and the disruption of the regular school program is minimal. The  
4 director of schools shall develop administrative procedures for approving requests for conducting  
5 surveys, analyses, or evaluations by agencies, organizations or individuals. The requests shall outline  
6 what is to be done, who is to be involved and how the results will be used and distributed.<sup>1</sup>

7 Prior to the dissemination of a survey, analysis, or evaluation to students, parents/guardians shall be  
8 notified of their ability to review the materials. Such notification shall include information indicating  
9 the purpose of the survey, analysis, or evaluation as well as who will have access to the results. The  
10 survey, analysis, or evaluation shall only be administered to students under the age of eighteen (18)  
11 whose parent(s)/guardian(s) provide written, informed, and voluntarily signed consent. A student who  
12 is eighteen (18) years of age or older may participate after he/she provides written, informed, and  
13 voluntarily signed consent. The Director of Schools shall develop procedures for granting such parental  
14 requests.<sup>1</sup>

15 The director of schools shall develop procedures for granting such parental requests and to implement  
16 the other provisions of this policy.<sup>1</sup>

17 No student shall be required, as part of any program, to submit to a survey, analysis or evaluation that  
18 reveals information concerning: <sup>1,2</sup>

- 19 1. mental or psychological problems of the student or the student's family;
- 20 2. sexual behavior or attitudes;
- 21 3. illegal, anti-social, self-incriminating, or demeaning behavior;
- 22 4. critical appraisals of other individuals with whom respondents have close family relationships;
- 23 5. legally privileged relationships;
- 24 6. income; or
- 25 7. the collection of student biometric data involving the analysis of facial expressions, EEG brain  
26 wave patterns, skin conductance, galvanic skin response, heart-rate variability, pulse, blood  
27 volume, posture, and eye-tracking<sup>3</sup>

28 without the prior consent of the student (if the student is an adult or emancipated minor), or in the case  
29 of an unemancipated minor, without the prior written consent of the parent.<sup>5</sup>

30 The collection of the following student data is strictly prohibited:<sup>4</sup>

- 31 1. political affiliation or voting history;
- 32 2. religious practices; and
- 33 3. firearm ownership.

**1 COLLECTING, DISCLOSING OR USING INFORMATION FOR MARKETING<sup>5</sup>**

2 In general, the district will not collect, disclose or use personal student information for the purpose of  
3 marketing or selling that information or otherwise providing that information to others for that purpose.

4 If any collected information is to be marketed or sold, parents will be directly notified at least annually  
5 at the beginning of the school year of the specific or approximate dates when such information will be  
6 collected. Parents, upon request, may inspect any instrument used to collect personal information for the  
7 purpose of marketing or selling that information before the instrument is administered or distributed to  
8 the student. All parents and students of appropriate age may decline to provide the information requested.

9 This portion of the policy does not apply to the collection, disclosure or use of personal information  
10 collected from students for the exclusive purpose of developing, evaluating or providing educational  
11 products or services for or to students or educational institutions to the extent allowed by law, such as  
12 the following:<sup>4</sup>

- 13 1. College or other postsecondary education recruitment or military recruitment.
- 14 2. Book clubs, magazines and programs providing access to low-cost literary products.
- 15 3. Tests and assessments used by elementary schools and secondary schools to provide  
16 cognitive, evaluative, diagnostic, clinical, aptitude or achievement information about  
17 students (or to generate other statistically useful data for the purpose of securing such tests  
18 and assessments) and the subsequent analysis and public release of the aggregate data from  
19 such tests and assessments.
- 20 4. The sale by students of products or services to raise funds for school-related or education  
21 related activities.
- 22 5. Student recognition programs.

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**Legal References**

1. TCA 49-2-211; Public Acts of 2023, Chapter No. 353
2. 20 USCA § 1232h
3. TCA 49-1-706
4. TCA 49-1-705
5. 20 USCA § 1232h(c)(1); 20 USCA § 1232h(c)(4)

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**Cross References**

Testing Programs 4.700

# Hickman County School System

**Student Surveys, Analyses, and  
Evaluation**

**6.4001AP**

Request to Conduct Survey/Research (6.4001) In  
Hickman County Schools

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

**Attach document(s) in response to each item listed.**

State the purpose of the survey/research.

Describe in detail the following:

How the survey/research will be conducted

Who is to be involved

List names and contact information of all surveyors/researchers.

List expected participants (i.e., principals, teachers, students & grade-level).

When the survey/research will be conducted (duration, time of day, etc.)

Where the survey/research will be conducted

Explain how results will be used and distributed

Attach a copy of the parent/guardian consent which includes all bulleted information listed above.

Attach a copy of the Internal Review Board (IRB), if the research is for a university or college.

*NOTE: The director of schools reserves the right to rescind permission for the survey/research at any time.*

Your signature documents that the information contained in this packet is accurate and results will not be used or distributed in any manner other than listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit complete request to the director of schools for approval.

\_\_\_\_\_  
**Approved**  
\_\_\_\_\_  
**Not Approved**

\_\_\_\_\_  
Director of Schools Signature

\_\_\_\_\_  
Date

<b>Hickman County Board of Education</b>			
	Descriptor Term: <b>Physical Examinations and Immunizations</b>	Descriptor Code: <b>6.402</b>	Issued Date: <b>02/05/24</b>
		Rescinds: <b>6.402</b>	Issued: <b>08/07/02</b>

1 **PHYSICAL EXAMINATIONS<sup>1</sup>**

2 The principal shall ensure that there is a complete physical examination of each student prior to:<sup>2</sup>

- 3 1. Entering school for the first time.
- 4
- 5 2. Participation as a member of any athletic team or in any other strenuous physical activity
- 6 program.

7 Cost of the examination shall be borne by the parent or guardian of the student. These records shall be

8 on file in the principal's office.

9

10 Screening tests as recommended by the Tennessee Department of Education and the Department of

11 Health will be conducted. Parent(s)/guardian(s) will receive written notice of any screening result that

12 indicates a condition that might interfere with the student's progress. Parent(s)/guardian(s) may excuse

13 their student from participating in health screenings that are part of a coordinated school health

14 program by submitting a request in writing to the school nurse, instructor, school counselor, or

15 principal.<sup>3</sup>

16

17 In general, the school district will not conduct physical examinations of a student without parental

18 consent to do so or by court order, unless the health or safety of the student or others is in question.<sup>3</sup>

19 **IMMUNIZATIONS**

20 No students entering school, including those entering kindergarten or first grade, those from out-of-

21 state and those from nonpublic schools, will be permitted to enroll (or attend) without proof of

22 immunization, as determined by the Commissioner of Public Health. It is the responsibility of the

23 parents or guardians to have their children immunized and to provide such proof to the principal of the

24 school which the student is to attend.<sup>4</sup>

25

26 Exceptions will be granted to any student whose parent/guardian files with school authorities a signed,

27 written statement that such measures conflict with the one of the following:

28

- 29 1. His/her religious tenets and practices if in the absence of an epidemic or immediate threat of an
- 30 epidemic, except in the event of a COVID-19 or any variant outbreak;<sup>5</sup> or
- 31 2. Due to medical reasons if the student has a written statement from his/her doctor excusing
- 32 him/her from the immunization.<sup>6</sup>

33 Proof of exceptions will be in writing and filed in the same manner as other immunization records.

34 The Director of Schools shall ensure that appropriate immunization records are maintained for each student.

- 1 A list of transfer students shall be kept at each school throughout the school year in order that their  
2 records can be monitored by the Department of Health and Environment.

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Legal References

1. [20 USCA § 1232h\(c\)](#)
2. [TRR/MS 0520-01-13-01\(1\)\(a\)](#)
3. [Public Acts of 2023, Chapter No. 353; \*Tennessee School Health Screening Guidelines\*, \[https://www.tn.gov/content/dam/tn/education/csh/FINAL\\\_Health\\\_screening\\\_Guidelines\\\_2022.pdf\]\(https://www.tn.gov/content/dam/tn/education/csh/FINAL\_Health\_screening\_Guidelines\_2022.pdf\); 20 USCA § 1232h\(c\)\(2\)\(C\)](#)
4. [TCA 49-6-5001\(a\),\(c\)](#)
5. [TCA 49-6-5001\(b\)\(2\)-\(3\)](#)
6. [TCA 49-6-5001\(c\)\(2\)](#)

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Cross References

Promoting Student Welfare 6.400

# Hickman County Board of Education

Descriptor Term: <b>Student Communicable Diseases</b>	Descriptor Code: <b>6.403</b>	Issued Date: <b>06/05/23</b>
	Rescinds: <b>6.403</b>	Issued: <b>12/03/18</b>

1 No student will be denied an education solely because of a communicable disease, and his/her  
2 educational program shall be restricted only to the extent necessary to minimize the risk of transmitting  
3 the disease.

4 Parents or guardians of infected students shall inform appropriate school officials of the infection so that  
5 proper precautions for the protection of other students, employees, and the infected student shall be  
6 taken.

7 No student with a communicable disease which may endanger the health of either himself/herself or  
8 other individuals will enter or remain in the regular school setting.<sup>1,2</sup> If a school principal has reason to  
9 believe a student has a communicable disease which may endanger the health of either himself/herself  
10 or other individuals in the regular school setting, the principal shall:

- 11 1. Assign the student to a setting which will protect other students, employees and the student  
12 himself; or
- 13 2. Exclude the student from school until certification is obtained from a physician or the County  
15 Health Department by either the parent or principal stating that the disease is no longer  
16 communicable.

17 If the principal has reason to believe that the student has a long-term communicable disease, the principal  
18 must require confirmation from a physician or the County Health Department as to the student's  
19 condition. If the student is confirmed to have a long-term communicable disease the principal shall refer  
20 the student for special education services.<sup>1</sup>

21 The principal may request that further examinations be conducted by a physician or County Health  
22 Department and may request periodic re-examinations after the student has been readmitted to the  
23 school.<sup>2</sup>

24 Expenses incurred from examinations requested by school officials shall be paid by the Board.

25 The names of all students excluded from school under this policy will be forwarded to the office of the  
26 director of schools.

Legal References

1. TRR/MS 0520-01-03-.08
2. TCA 49-2-203(b)(2)

Cross References

- Special Education 4.202  
Homebound Instruction 4.206

# Hickman County Board of Education

Descriptor Term: <b>Pediculosis (Head Lice)</b>	Descriptor Code: <b>6.4031</b>	Issued Date: <b>06/05/23</b>
	Rescinds: <b>6.4031</b>	Issued: <b>04/05/21</b>

1 No student shall be denied an education solely by reason of Pediculosis (head lice) and his/her  
2 educational program shall be restricted only to the extent necessary to minimize the risk of transmitting  
3 the infestation.

4 It shall be the responsibility of the principal, school nurse, or designee to notify the parents in the event  
5 a child has head lice. A letter shall be sent home to explain the condition, requirements for readmission,  
6 and deadlines for satisfactory completion of the treatment.

7 Prior to readmission, satisfactory evidence must be submitted to school personnel that the student has  
8 been treated for head lice. Evidence may include but not be limited to:

- 9 (1) Proof of treatment with a pediculicide product (head lice shampoo) or  
10 (2) Satisfactory examination by a principal, school nurse, or designee.

11 Treatment and prevention procedures shall be developed by the director of schools in consultation with  
12 Coordinated School Health and distributed to all classroom teachers. Prevention procedures include  
students re-entering school will be re-screened for live lice in 7-10 days.

14 Any subsequent incidences of head lice for a student during the school year shall require submission of  
15 satisfactory evidence of treatment for head lice and be found free of lice by a school health official.

16 A student shall be expected to have met all requirements for treatment and return to school. A student  
17 will be allowed a total of four excused absences for treatment of lice at any given time during the school  
18 year. Any days in excess of this will be unexcused.

# Hickman County Board of Education

	Descriptor Term:  <b>Bed Bugs</b>	Descriptor Code: <b>6.4032</b>	Issued Date: <b>06/05/23</b>
		Rescinds: <b>6.4032</b>	Issued: <b>04/05/21</b>

1 In those situations when a bed bug is found on a student or the student's belongings, it will be the goal  
2 of the school system to assist the student and to prevent transmission of bed bugs to the school and  
3 other students. While undertaking these goals, it is the further goal of the school system to restrict the  
4 affected student's educational program only to the extent necessary to minimize the risk of transmitting  
5 a bed bug infestation.

6 It shall be the responsibility of the principal, school nurse, or designee to notify the parents or  
7 guardians in the event a bed bug has been found on a student or their belongings. A letter shall be sent  
8 home to explain the condition, that the student will be excluded from school until the requirements for  
9 readmission have been met, and deadlines for satisfactory completion of any required treatment.  
10 Readmission of the student to school will be conditioned upon a satisfactory examination by a school  
11 health official and if circumstances deem such necessary proof of treatment by a professional pest  
12 management service.

13 A student shall be expected to have met all requirements for readmission and return to school no later  
14 than 7 days following exclusion for bed bugs. All days in excess of the 7 day allowable period shall be  
15 marked as unexcused absences and referred to the attendance supervisor.

16 Procedures for the school system's prevention of bed bug infestations, the response to the sighting of a  
17 bed bug, and of any necessary treatment of school facilities in the event of a bed bug infestation shall  
18 be developed by the director of schools in consultation with the school system's Coordinated School  
19 Health Office.

<b>Hickman County Board of Education</b>			
	Descriptor Term: <b>Acquired Immune Deficiency Syndrome</b>	Descriptor Code: <b>6.404</b>	Issued Date: <b>06/05/23</b>
		Rescinds: <b>6.404</b>	Issued: <b>04/05/21</b>

1 **LIABILITY AND NON-DISCRIMINATION**

2 Students infected with HIV shall not be denied enrollment in school. The Board shall not prevent an HIV  
 3 infected student from participating in the continuation of his/her education on the basis of HIV infection.  
 4 Further, the student shall be subject to the same rules for class assignment, privileges and participation  
 5 in any school-sponsored activities as all other students. The Board shall strive to maintain a respectful  
 6 school climate for HIV infected students.

7 Mandatory screening for communicable diseases not spread by casual everyday contact, such as HIV  
 8 infection, shall not be a condition for school entry or attendance.<sup>1</sup>

9 **ATHLETICS**

10 A student who is HIV positive may not be denied the opportunity to participate in school athletic  
 11 programs based solely on his/her HIV status. All reasonable accommodations shall be made to allow  
 12 students with HIV to participate in school-sponsored physical activities.<sup>1</sup>

13 **ADMINISTRATIVE RESPONSIBILITIES FOR CONFIDENTIALITY**

14 If a student's parents/guardians choose to disclose the child's HIV status, all matters pertaining to that  
 15 student will be directed by procedures initiated by the director of schools.

16 The director of schools shall be responsible for requesting medical records from the parent/guardian and  
 17 a statement from the student's physician regarding health status of the student reported to have  
 18 HIV/AIDS. In addition, the director of schools will gather information regarding the student's  
 19 cumulative school record.

20 **CONFIDENTIALITY**

21 No information concerning an HIV infected student shall be divulged, directly or indirectly, to any other  
 22 individual or group without the written consent of the parent/guardian. All medical information and  
 23 written documentation of discussions, telephone conversations, proceedings and meetings shall be kept  
 24 by the director of schools in a locked file. If the HIV infected student is under the age of eighteen (18),  
 25 access to this file will be granted only to those persons who have the written consent of the infected  
 26 student's parents/guardians.

27 **Under no circumstances shall information identifying a student with AIDS be released to the**  
 28 **public.<sup>2, 3</sup>**

29 **APPROPRIATE ALTERNATIVE EDUCATION PROGRAMS**

1 In determining the educational placement of a student known to be infected with HIV, school authorities  
2 shall follow established policies and procedures for students with disabilities. School authorities shall  
3 reassess placement if there is a change in the student's need for accommodations or services.

#### 4 **HIV PREVENTION EDUCATION/CURRICULUM<sup>5</sup>**

5 The director of schools shall be responsible for developing instructional objectives to address each  
6 terminal objective in the state AIDS curriculum framework and provide each teacher responsible for  
7 teaching AIDS education with these objectives. Students shall further be taught universal precautions  
8 through the K-8 Healthful Living and Lifetime Wellness curricula and through the Board's HIV  
9 prevention education program.

10 The state AIDS curriculum and related instructional objectives will be used in grades K-12. Parents and  
11 guardians shall have convenient opportunities to preview all HIV prevention curricula and materials in  
12 accordance with the provisions of the Family Education Law of 1989.

13 Students shall have access to voluntary and confidential counseling about matters related to HIV.  
14 Administrators shall maintain a list of counseling and testing resources for student use.

#### 15 **INFECTION CONTROL**

16 The director of schools shall develop an Occupational Safety and Health Administration (OSHA)-based  
17 infection control plan in which each school will provide for: 1) well-maintained and easily accessible  
18 materials necessary to follow universal precautions, and 2) designate first responders responsible for  
19 implementing infection control guidelines, including investigating, correcting, and reporting on  
20 instances of exposure. All schools shall further follow the most current Centers for Disease Control and  
21 Prevention (CDC) Universal Precautions for Prevention of Transmission of Human Immunodeficiency  
22 Virus, Hepatitis B Virus, and Other Blood borne Pathogens in Health Care Settings and the OSHA blood  
23 borne pathogens standard.<sup>4</sup>

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#### Legal References

1. TRR/MS 0502-01-03-.08
2. TCA 68-10-113
3. 20 USCA § 1232g; 34 CFR § 300.622, 623
4. TRR/MS 0520-01-03-.05(1)(c)
5. State Board of Education Policy 5.300

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#### Cross References

- Section 504 & ADA Grievance Procedures 1.802  
Special Education 4.202  
Homebound Instruction 4.206  
Student Records 6.600

# Hickman County Board of Education

Descriptor Term:  <b>Medicines</b>	Descriptor Code: <b>6.405</b>	Issued Date: <b>06/05/23</b>
	Rescinds: <b>6.405</b>	Issued: <b>04/05/21</b>

1 If under exceptional circumstances a child is required to take non-prescription or prescription  
2 medication during school hours and the parent/guardian cannot be at school to administer the  
3 medication, only the principal or the principal's designee will assist in self-administration of the  
4 medication if the student is competent to self-administer medicine with assistance in compliance with  
5 the following regulations: <sup>1</sup>

6 Written instructions signed by the parent will be required and will include:

- 7 1. Child's name;
- 8 2. Name of medication;
- 9 3. Name of physician;
- 10 4. Time to be self-administered;
- 11 5. Dosage and directions for self-administration (non-prescription medicines must have label  
12 direction);
- 13 6. Possible side effects, if known; and
- 14 7. Termination date for self-administration of the medication.

15 Students with asthma shall be permitted to self-administer prescribed, metered dosage asthma-reliever  
16 inhalers if the additional information is provided by a parent/guardian:

- 17 1. Written statement from the prescribing health care practitioner that the student suffers from  
18 asthma and has been instructed in self-administration; and
- 19 2. Purpose of the medication.

22 The medication shall be delivered to the principal's office in person by the parent/guardian of the  
23 student unless the medication shall be retained by the student for immediate self-administration.

24 The medication must be delivered to the principal's office in person by the parent/guardian or their  
25 designee of the student unless the medication must be retained by the student for immediate self-  
26 administration (i.e. students with asthma), in which case a doctor's order is required to be on file at the  
27 school.

28 Volunteer personnel, trained by a registered nurse, may administer emergency medication to a student  
29 based on that student's Individual Health Plan (IHP) or a physician's standing order. A call to 911 will  
be made in the event of these emergencies.

1 The administrator/designee will:

- 2 1. Inform appropriate school personnel of the medication to be self-administered;
- 3 2. Keep written instructions from parent in student's record;
- 4 3. Keep an accurate record of the self-administration of the medication;
- 5 4. Keep all medication in a locked cabinet except medication retained by a student per physician's
- 6 order;
- 7 5. Return unused prescription to the parent or guardian only; and
- 8 6. Ensure that all guidelines developed by the Department of Health and the Department of
- 9 Education are followed.

10 The parent or guardian is responsible for informing the designated official of any change in the  
11 student's health or change in medication.

12 A copy of this policy shall be provided to a parent or guardian upon receipt of a request for long-term  
13 administration of medication.

#### 14 **TRANSPORTATION OF MEDICATIONS ON SCHOOLS BUSES**

15 In an effort to ensure the safety and well-being of all students, no medications except inhalers or other  
16 medications which a physician has indicated in writing should be kept on a student's person, may be  
17 transported on school buses. Parents must make arrangements for delivery of medications to the school  
18 that their child attends.

19 In the event that medication is sent to school on a bus in violation of this policy, the following  
20 procedure will be utilized:

##### 21 1. *First Non-Compliance Incident*

22 Parents will be contacted by phone or letter. A copy of this policy will be attached to the letter.

##### 23 2. *Second Non-Compliance Incident*

24 A referral will be made to the Juvenile Court of Hickman County and/or the Department of  
25 Children's Services for disposition of the matter.

#### 26 **DISPOSAL OF MEDICATIONS**

1 Notification will be provided by phone call or notes sent home to parents one week prior to the end of  
the school year that unused medication is remaining at school.

3 If a parent/guardian or their designee does not pick up remaining medication, disposal will occur at the  
4 end of the school year by transporting to the Hickman County Sheriff's Department to be disposed of  
5 properly through the Community Drug Take Back Program. Two school personnel shall be present at  
6 disposal. Appropriate school personnel will be trained annually in disposal procedures. Documentation  
7 shall occur regarding disposal of all medications.

## 8 **BLOOD GLUCOSE SELF-CHECKS<sup>2</sup>**

9 Upon written request of a parent or guardian, and if included in the student's medical management plan  
10 and in the IHP, a student with diabetes shall be permitted to perform a blood glucose check or  
11 administer insulin using any necessary diabetes monitoring and treatment supplies, including sharps.  
12 The student shall be permitted to perform the testing in any area of the school or school grounds at any  
13 time necessary. The student will report the use of the monitoring or treatment supplies to school  
14 employee for proper disposal.

15 Sharps shall be stored in a secure, but accessible location, including the student's person, until use of  
16 such sharps is appropriate.

17 Use and disposal of sharps shall be in compliance with the guidelines set forth by the Tennessee  
18 Occupational Safety and Health Administration (TOSHA).

## 19 **STUDENTS WITH PANCREATIC INSUFFICIENCY OR CYSTIC FIBROSIS<sup>3</sup>**

20 Students diagnosed with pancreatic insufficiency or cystic fibrosis shall be permitted to carry and self-  
21 administer their prescribed medication in a manner directed by a licensed healthcare provider without  
22 additional assistance or direction. The Director of Schools shall develop procedures for the  
23 development of both an Individualized Healthcare Plan (IHP) and an Emergency Care Plan (ECP) that  
24 conforms to state law for every student with pancreatic insufficiency or cystic fibrosis that wishes to  
25 self-medicate.

## 26 **STUDENTS WITH ADRENAL INSUFFICIENCY<sup>4</sup>**

27 The parent/guardian of a student diagnosed with adrenal insufficiency shall notify the school district of  
28 the student's diagnosis. Once notified, the district shall observe the following procedure:

- 29 1. The district shall train school personnel who will be responsible for administering the  
30 medication for the treatment of adrenal insufficiency and any who volunteer to administer the  
31 medication.

- 1        2. The district shall maintain a record of all school personnel who have completed this training.
- 2
- 3        3. If a student is suffering from an adrenal crisis, a school nurse or other licensed health care
- 4            professional may administer the prescribed medication to the student. If a school nurse or other
- 5            licensed health care professional is not immediately available, trained school personnel may
- 6            administer the prescribed medication.
  
- 7        The director of schools shall develop procedures on the administration of medications that treat adrenal
- 8        insufficiency and recordkeeping per rules set forth by the State Board of Education.

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Legal References

1. TCA 49-50-1602
2. TCA 49-50-1602(d)(7)
3. TCA 49-50-1601; State Board of Education Policy 4.205
4. TRR/MS 0520-01-12: State Board of Education Policy 4.205

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Cross References

Emergency Allergy Response Plan 6.412

# Hickman County Board of Education

Descriptor Term: <b>Emergency Medication</b>	Descriptor Code: <b>6.4051</b>	Issued Date: <b>06/05/23</b>
	Rescinds: <b>6.4051</b>	Issued: <b>04/05/21</b>

1 This policy addresses those instances when students need to receive medication in an emergency  
2 situation. Board Policy 6.405 addresses instances wherein students take medicine during the school  
3 day in non-emergency situations.

4 School personnel, who volunteer, under no duress or pressure and have been properly trained by a  
5 registered nurse, are permitted to administer glucagon in emergency situation to a student based on  
6 physician's order and/or the student's Individual Health Plan (IHP). If the school nurse is on site, the  
7 nurse shall provide the service to the student.<sup>1</sup>

8 The school nurse shall be responsible for updating and maintaining each IHP. There must be a  
9 parent/guardian signature on file giving permission prior to training school personnel to administer  
10 glucagon.

11 Following are specifics relating to glucagon and diazepam. Volunteer personnel, trained by a  
12 registered nurse, may administer emergency medication to a student based on that student's Individual  
13 Health Plan (IHP) or a physician's standing order. A call to 911 will be made in the event of these  
14 emergencies.

## 15 DEFINITION OF GLUCAGON

16 Glucagon is a hormone that helps the liver release sugar, thus increasing the level of sugar in the blood.  
17 It must be injected with a syringe into the body like insulin.

## 18 WHEN TO USE GLUCAGON

19 Glucagon is administered when the student has low blood sugar and is unable to take liquid or food by  
20 mouth because of unconsciousness or seizure activity as per a medical provider's written instructions.

## 21 TRAINING

- 22 1. Review physicians' orders for glucagon and parent/guardian permission on file.
- 23 2. The volunteer must complete an initial in-depth diabetes-related training recognizing  
24 signs and symptoms of hypoglycemia and respond with student-specific interventions.
- 25 3. The volunteer trainee must be able to state glucagon's action and the need for its use.
- 26 4. The volunteer trainee must be able to state how glucagon should be prepared, the  
27 dosage, and side effects as well as follow-up care after the administration of glucagon.

- 1           5.     The volunteer trainee must be able to identify where glucagon will be stored (must be  
2           kept in a secure location away from heat and direct light) and readily available to the  
3           student.
- 4           6.     The volunteer trainee will notify or delegate notification of EMS/911 personnel,  
5           parents/guardian, and the school nurse any time glucagon is administered to any  
6           student.
- 7           7.     The volunteer trainee must document observations, administration of glucagon, and  
8           follow-up care on the appropriate diabetic and medication forms.
- 9           8.     Training will be provided until competency is demonstrated, and retraining shall be  
10          completed on a yearly basis. Training will be documented and include a skills checklist,  
11          instructor's name, trainee's name, date of training, and documentation of competency of  
12          trainee to administer glucagon. A copy of the trainee's competency training form will be  
13          kept in the employee's personnel file.

#### 14   **DEFINITION OF DIAZEPAM (DIASTAT)**

15   Diazepam works to stop seizure activity by acting on brain cell interactions that inhibit the seizure  
16   discharges. This special formulation of diazepam is administered rectally as a gel.

17   School personnel who volunteer under no duress or pressure and who have been properly trained by a  
18   registered nurse or employed or contracted by the Hickman County School System may administer  
19   anti-seizure medication, including diazepam gel to a student in an emergency situation based on the  
20   student's IHP. If the school nurse is available, on site, and able to reach the student within the time  
21   limit for administration specified in the IHP, then the school nurse shall provide this service to the  
22   student.

#### 23   **WHEN TO USE DIAZEPAM**

24   Upon the decision of a trained volunteer to administer diazepam gel (Diazepam), school officials shall  
25   immediately summon local emergency medical services to the school to provide necessary monitoring  
26   of transport to safeguard the health and condition of the student.

27   Trained volunteer school personnel administering anti-seizure medications, any registered nurse who  
28   provides training to administer such medications, and any local board of education shall not be liable  
29   in any court of law for injury resulting from the reasonable and prudent assistance in the administration  
30   of such medications, if performed pursuant to the policies and guidelines developed by the departments  
31   of health and education and approved by applicable regulatory or governing boards or agencies.

32   The Hickman County School System shall not assign a student with epilepsy or other seizure disorder  
33   to a school other than the school for which the student is zoned or would otherwise regularly attend  
34   because the student has a seizure disorder.

35   A student's parent/guardian, who has given the student's school written authorization to administer  
36   anti-seizure medication, shall, in accordance with the student's IHP, notify the school administrator or  
37   school nurse if anti-seizure medication or prescription over-the-counter medicines are administered at a

- 1 time at which the student is not present in school. The student's IHP shall set forth with specificity the  
requirements of reporting administration of medication and for the dissemination of such information
- 3 to volunteer school personnel trained to administer anti-seizure medication. Such notification shall be  
4 given after administration of medication before or at the beginning of the next school day in which the  
5 student is in attendance.

## 6 TRAINING

7 Prior to administration of an anti-seizure medication to a student by volunteer school personnel or a  
8 school nurse in an emergency situation, the student's parent/guardian shall provide:

- 9 1. The school with a written authorization to administer the medication at school;
- 10 2. A written statement from the student's health care practitioner, which shall contain the  
11 student's name, the name and purpose of the medication, the prescribed dosage, the  
12 route of administration, the frequency that the medication may be administered, and the  
13 circumstances under which the medication may be administered;
- 14 3. Prior to its date of expiration, the prescribed medication to the school is in its unopened,  
15 sealed package with the intact label affixed by the dispensing pharmacy.

## 16 EMERGENCY ALLERGY RESPONSE PLAN

17 The director of schools shall develop and maintain an Emergency Allergy Response Plan that meets  
state guidelines for managing students with life-threatening allergies. The Plan shall include measures  
19 to reduce exposure to allergens and procedures to treat allergic reactions. Components of the plan shall  
20 include, but are not limited to: education and training of personnel, record keeping/documentation,  
21 development and reviews of the allergy action plan, and protocols for classrooms and cafeterias that  
22 include strategies to reduce exposure to allergens.<sup>2</sup>

23 Using the state food allergy guidelines plan as a guide, the direction shall also develop a process to  
24 identify all students with food allergies and develop and implement an Individualized Health Care Plan  
25 (IHCP) with an Allergy Action Plan for each specific student.<sup>3</sup>

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### Legal References

1. TCA 49-50-1602(g)(1)
2. TCA 49-50-1602(f)
3. *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting, including Guidelines for Managing Life Threatening Food Allergies in Tennessee Schools* (Tennessee Department of Education and Tennessee Department of Health, 2014)

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### Cross References

Medicines 6.405

# Hickman County School System

Emergency Medication

6.4051AP

## Hickman County Schools

### STANDING ORDER

#### Auto-Injector Epinephrine Administration for Anaphylaxis

In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.

*In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.*

**DEFINITION:** **Anaphylaxis** is a severe allergic reaction which can be life threatening and occur within minutes after a triggering event or up to hours later.

**CAUSES:** Extreme sensitivity to one or more of the following:  
medication  
exercise induced foods  
latex  
idiopathic (unknown) insect  
stings  
other  
asthma triggers

**PHYSICAL FINDINGS:** Common symptoms associated with anaphylaxis: difficulty breathing, wheezing  
hives, generalized flushing, itching, or redness of the skin  
swelling of the throat, lips, tongue, throat; tightness change of voice; difficulty swallowing  
tingling sensation, itching, or metallic taste in mouth feeling  
of apprehension, agitation

#### **STANDING ORDER:**

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. It is safer to give epinephrine than to delay treatment.

**Anaphylaxis is a life-threatening reaction.**

2. (If you are alone and are able to provide epinephrine, call out or yell for help as you

immediately go get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.)

3. (If **you are alone and do not know how to provide epinephrine**, call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.)

4. Select appropriate epinephrine auto-injector to administer, based on weight.

Dosage: 0.15 mg Epinephrine auto-injector IM, if less than 66 pounds  
0.30mg Epinephrine auto-injector IM; if 66 pounds or greater

Frequency: If symptoms continue, a second dose should be administered 5 to 15 minutes after first dose

5. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for 10 seconds to deliver medication and then remove.** Massage the area for 10 more seconds. Note the time.

6. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise 911 operator that anaphylaxis is suspected and epinephrine has been given.

7. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.

8. Call School Nurse Front Office school personnel and advise of situation.

9. Repeat the dose after 5 to 15 minutes if symptoms persist or return.

10. Stay with individual until EMS arrives, continuing to follow the directions in No. 7 above.

11. Provide EMS with epinephrine auto-injector labeled with name, date, and time administered to transport to the ER with student.

**FOLLOW UP (to be done the same day as the event):**

Assure parents/guardians have been notified. Complete required documentation of incident. Order replacement epinephrine auto-injector

Physician/ Licensed Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

\*Effective for School Year \_\_\_\_\_

\*\*Must be renewed annually and with any change in prescriber.

**Hickman County Schools  
Report of Epinephrine Administration**

**Student Demographics and Health History**

1. School District: \_\_\_\_\_ Name of School: \_\_\_\_\_
2. Age: \_\_\_\_\_ Type of Person: Student Staff Visitor Gender: M F  
Ethnicity: Spanish/Hispanic/Latino: Yes No
3. Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific  
Islander White Other
4. History of severe or life-threatening allergy: Yes, Known by student/ family Yes, Known by school  
Unknown

If known, specify type of allergy: \_\_\_\_\_  
 If yes, was allergy action plan available at the school? Yes No Unknown  
 History of anaphylaxis: Yes, known by student/family; Yes Known by school; No; Unknown  
 Previous epinephrine use: Yes, known by student/family; Yes Known by school; No; Unknown  
 Diagnosis/ History of asthma: Yes, known by student/family; Yes Known by school; No; Unknown

**School Plans and Medical Orders**

5. Individual Health Care Plan (IHCP) in place? Yes No Unknown
6. Written school district policy on management of life-threatening allergies in place? Yes No  
Unknown
7. Does the student have a student specific order for epinephrine? Yes No Unknown
8. Expiration date of epinephrine \_\_\_\_\_ Unknown

**Epinephrine Administration Incident Reporting**

J. Date/Time of occurrence: \_\_\_\_\_  
 Vital signs: BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

10. If known, specify trigger that precipitated this allergic episode:

Food	Insect Sting	Exercise	Medication	Latex	Other	Unknown
------	--------------	----------	------------	-------	-------	---------

If other please explain: \_\_\_\_\_

11. If food was a trigger, please specify which food \_\_\_\_\_

Please check:

Ingested	Touched	Inhaled	Other
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If other please specify: \_\_\_\_\_

Did reaction begin prior to school? Yes No Unknown

12. Location where symptoms developed:

Classroom	Cafeteria	Health Office	Playground	Bus	Other
-----------	-----------	---------------	------------	-----	-------

If other please specify \_\_\_\_\_

13. How did exposure occur?

14. Symptoms: (Circle all that apply)

**Respiratory-** Cough, Difficulty breathing, hoarse voice, Nasal congestion/rhinorrhea, Swollen (throat, tongue)  
Shortness of Breath, Strider, Tightness (chest, throat), Wheezing

**GI-** Abdominal discomfort, Diarrhea, Difficulty swallowing, Oral Pruritus, Nausea, Vomiting

**Skin-** Angioedema, Flushing, General pruritus, General rash, Hives, Lip swelling, Localized rash, Pale

**Cardiac/Vascular-** Chest discomfort, Cyanosis, Dizziness, Faint/Weak pulse, Headache, Hypotension, Tachycardia

**Other:** Diaphoresis, Irritability, Loss of consciousness, Metallic taste, Red eyes, Sneezing, Uterine cramping

15. Location **where** epinephrine administered:  
Health Office, Other specify \_\_\_\_\_

16. Location of epinephrine storage:  
Health Office, Other specify \_\_\_\_\_

17. Epinephrine administered by:  
RN, Self, Other

18. If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?  
Yes If known, date of training \_\_\_\_\_ No

19. Did the student follow school protocols to notify school personnel and activate EMS? Yes No NA

20. If epinephrine was administered by other, please specify \_\_\_\_\_  
Was this person formally trained? Yes Date of training \_\_\_\_\_ No Don't know

Time elapsed between onset of symptoms and communication of symptoms: \_\_\_\_\_ minutes  
Time elapsed between communication of symptoms and administration of epinephrine: \_\_\_\_\_ minutes  
Parent notified of epinephrine administration: (time) \_\_\_\_\_

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### Disposition

21. EMS notified at: (time) \_\_\_\_\_ Transferred to ER: Yes No Unknown

If yes, transferred via: ambulance Parent/Guardian Other

Discharged after \_\_\_\_\_ hours

Parent: At school Will come to school Will meet student at hospital

Other: \_\_\_\_\_

22. Hospitalized: Yes; If yes, discharged after \_\_\_\_\_ days No

Name of hospital: \_\_\_\_\_

23. Student/Staff/Visitor outcome: \_\_\_\_\_

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If first occurrence of allergic reaction:

a. Was the individual prescribed an epinephrine auto injector in the ER? Yes No Don't Know

b. If yes, who provided the epinephrine auto injector training?

ER PCP School Nurse Other Don't Know

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Don't Know

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**School Follow-up**

24. Did a debriefing meeting occur? Yes No

Did family notify prescribing MD? Yes No Unknown

25. Recommendation for changes: Protocol change Policy change Educational change Information sharing  
None

26. Comments (include names of school staff, parent, others who attend  
debriefing): \_\_\_\_\_

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Rev 9/24 Please complete all pages.

# Hickman County Board of Education

Descriptor Term: <b>Opioid Antagonist</b>	Descriptor Code: <b>6.4052</b>	Issued Date: <b>08/05/24</b>
	Rescinds: <b>6.4052</b>	Issued: <b>05/01/23</b>

## 1 *General*

2 The district shall maintain an opioid antagonist at each school in at least two (2) unlocked, secure  
3 locations to be administered to any student believed to be having a drug overdose. School nurses and  
4 other school personnel expected to provide emergency care to students shall be trained according to the  
5 Tennessee Department of Health guidelines. The school nurse or other trained school personnel may  
6 utilize the school's supply of opioid antagonists to respond to a drug overdose, under a standing  
7 protocol from a physician.

8 School district staff shall not prohibit a student, employee, or visitor from possessing an opioid  
9 antagonist while the person is on school property or attending a school-sponsored activity held at a  
10 location that is not school property.<sup>2</sup>

## 11 **NOTIFICATION AND RESPONSE**

12 The school nurse, school resource officer or other trained school personnel will notify or delegate  
13 notification of the school ERT team, EMS/911 personnel and the parent(s)/guardian(s) any time an  
14 opioid antagonist is administered to any student. The school nurse, school resource officer or other  
15 trained school personnel should respond to the scene with the AED.

## 16 **LIABILITY**

17 If a student is injured or harmed due to the administration of an opioid antagonist that a physician has  
18 prescribed to an LEA under Tennessee State Law TCA 49-50-1604(C) the physician shall not be held  
19 responsible for the injury unless the physician issued the prescription or standing protocol with  
20 intentional disregard for safety.

21 Similarly, if a student is injured or harmed due to the administration of an opioid antagonist to the  
22 student by a school nurse, school resource officer or other trained school personnel under Tennessee  
23 State Law TCA 49-50-1604(c), the school nurse, school resource officer or school employee who  
24 administered the opioid antagonist with an intentional disregard for safety.

## **PROCEDURES**

- 1 The director of schools shall develop procedures for the maintenance and usage of opioid antagonists as
- 2 well as procedures regarding record keeping and reporting after any incident.
  
- 3 Training will be provided until competency is demonstrated and retraining shall be completed on a
- 4 yearly basis. Training will be documented and include a skills checklist, instructor's name, trainee's
- 5 name, date of training and documentation of competency of trainee to administer opioid antagonist. A
- 6 copy of the trainee's competency training form will be kept in the Coordinated School Health office.

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#### Legal References

1. State Board of Education Policy 4.205; TCA 49-50-1604
2. Public Acts of 2024, Chapter No. 629

# Hickman County Board of Education

	Descriptor Term: <b>Supervision of Students</b>	Descriptor Code: <b>6.408</b>	Issued Date: <b>06/05/23</b>
		Rescinds: <b>6.408</b>	Issued: <b>04/05/21</b>

- 1 Students will be under the supervision of school personnel, either certificated or non-certificated,<sup>1</sup> at all  
2 times, including play periods and lunch periods, as well as during the school day and during  
3 extracurricular activities.
- 4 The principal shall assign students to school personnel and ensure proper supervision.

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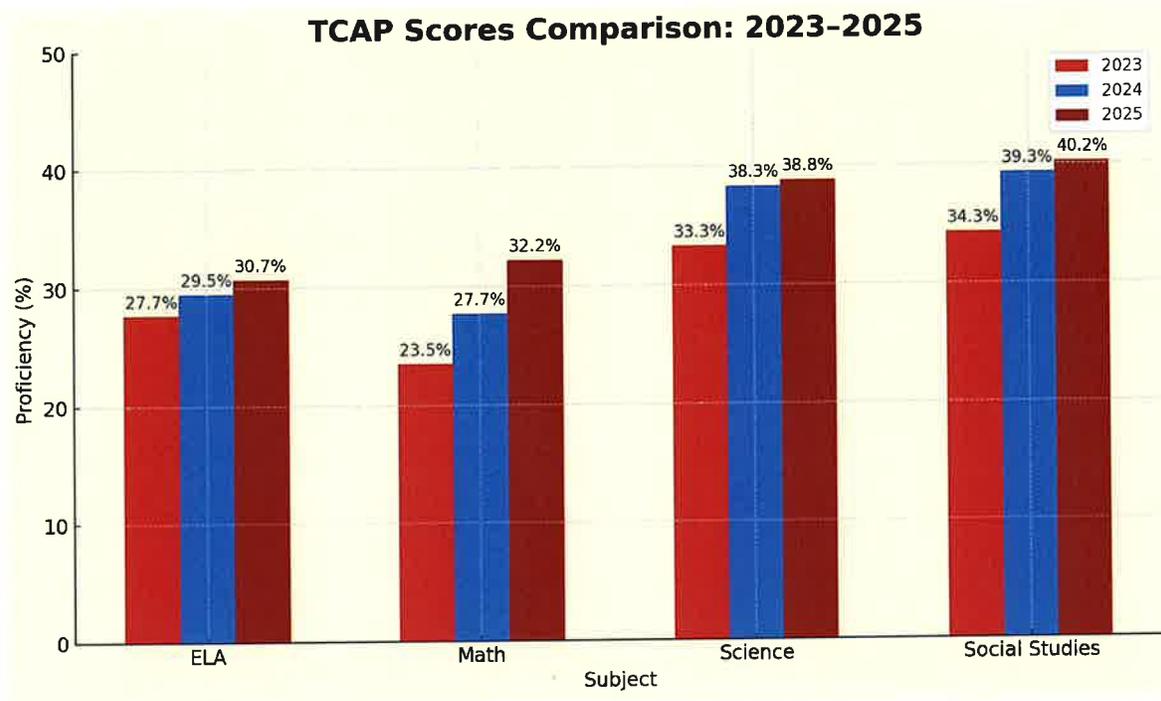
Legal References

1. TCA 49-2-303(b)(7)

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Cross References

Staff Time Schedules 5.602



## Hickman County District Designation

Each year, schools and districts earn designations based on key performance indicators essential to student success. These include student proficiency (achievement), learning progress (growth), regular attendance (chronic absenteeism), readiness for postsecondary success (graduation rate and ready graduate), and support for English learners developing language skills.

School Year	Achievement Average	State Rank	State Percentile Rank	Final Determination
2022-2023	1.3	5th lowest	3.4%	In Need of Improvement
2023-2024	1.9	47th lowest	32.2%	Advancing
2024-2025	Pending	Pending	Pending	Pending

### Hickman County TCAP/EOC Success Rate

Content	Grade	2023 Success Rate	2024 Success Rate	2025 Success Rate	23 Compared to 25
ELA	2nd	18%	50%	57%	39.41%
	3rd	44%	33%	31%	-13.33%
	4th	27%	46%	40%	12.66%
	5th	21%	22%	34%	13.18%
	6th	22%	30%	27%	5.40%
	7th	23%	23%	26%	2.53%
	8th	14%	17%	20%	5.81%
	Eng I	23%	19%	21%	-1.87%
	Eng II	40%	42%	45%	4.66%
Math	2nd	33%	32%	32%	-1.06%
	3rd	45%	56%	41%	-4.11%
	4th	43%	43%	48%	4.88%
	5th	34%	34%	39%	5.24%
	6th	26%	29%	40%	13.90%
	7th	18%	25%	29%	10.84%
	8th	13%	12%	28%	15.10%
	A1	5%	5%	4%	-1.36%
	A2	5%	24%	24%	19.41%
	Geo	17%	17%	28%	11.06%
Science	3rd	50%	41%	34%	-15.78%
	4th	36%	41%	46%	10.41%
	5th	31%	29%	35%	4.44%
	6th	33%	38%	36%	2.58%
	7th	39%	46%	45%	6.30%
	8th	25%	32%	41%	16.04%
	Biology	18%	40%	35%	17.15%
Social Studies	6th	39%	45%	37%	-1.80%
	7th	33%	34%	45%	11.87%
	8th	38%	25%	48%	9.87%
	U.S. History	26%	34%	29%	3.25%

# 2024-2025 CTE Enrollment Information

(taken from Skyward)

## East Hickman High School

- 351 out of 391 students enrolled in CTE
  - 90% of the school population
  - Equates to 1,193 students enrolled in CTE when counting students for all of their CTE courses that they are enrolled in (many are enrolled in more than one CTE course)
- SWD-22 out of 70 enrolled in CTE DE
  - 31%

## Hickman County High School

- 354 out of 398 students enrolled in CTE
  - 89% of the school population
  - Equates to 1,327 students enrolled in CTE when counting students for all of their CTE courses that they are enrolled in (many are enrolled in more than one CTE course)
  - HCHS has more CTE quarter courses
- SWD-30 out of 69 enrolled in CTE DE
  - 43%

## East Hickman Middle School CTE Enrollment

- 291 CTE students out of 330 students
  - 88% of the students enrolled in CTE
  - Career Exploration courses

## Hickman County Middle School CTE Enrollment

- 310 students out of 344 students
  - 90% of the students enrolled in CTE
  - Career Exploration courses and Intro to Social Health

## Historical High School Data (taken from Skyward)

All CTE ENROLLMENT	2022-2023	2023-2024	2024-2025
EHHS	750	764	1193
HCHS	882	1032	1327
	1632	1796	2520

# Industry Credentials

School Year	ICs Earned	Number of ICs Offered	Number of Students
2024-2025	398	16	297
2023-2024	280	14	209
2022-2023	199	11	---
2021-2022	84	8	---

## Ready Graduate (Pending)

In order for a student to be considered a TN Ready Graduate, they must complete at least one of the following criteria:

- ACT Composite Score of 21 or higher (SAT 1060 or higher)
- Four EPSOs
- Two EPSOs and earn an Industry Credential
- Two EPSOs and earn a Qualifying Score on the ASVAB (Military Entrance Exam)
  - Current score required-31

**PROPOSED FUNDRAISING ACTIVITIES**

Fund/account name CES - student incentives

Proposed fundraising activities: Kona Ice

Purposed Uses of funds raised

Student incentives - behavior/attendance

Expected student involvement (school-wide or specific school organization) \_\_\_\_\_

school-wide (open house night)

Method by which school will receive profit check

Requested by family engagement committee Date \_\_\_\_\_  
Name/Title

Approved by Amy McAlbee Date 7/10/25  
Principal

Approved by John Mullins Date 7-14-25  
Director of Schools\*

\* The Director of Schools must approve all fundraising activities that involve the participation of the general student population in the marketing process of the fundraising effort.

**PROPOSED FUNDRAISING ACTIVITIES**

Fund/account name Volleyball

Proposed fundraising activities: sell t-shirts

Purposed Uses of funds raised Volleyball equipment

Expected student involvement (school-wide or specific school organization) \_\_\_\_\_

☉ volleyball team

Method by which school will receive profit Cash

Requested by Christie Carter/coach Date 7-25-25  
Name/Title

Approved by Ania S. Shep Date 7-28-25  
Principal

Approved by John Mullens Date 7-28-25  
Director of Schools\*

\* The Director of Schools must approve all fundraising activities that involve the participation of the general student population in the marketing process of the fundraising effort.

## PROPOSED FUNDRAISING ACTIVITIES

Fund/Account Name: Volleyball

Proposed Fundraising Activities: Host a 6th grade play date

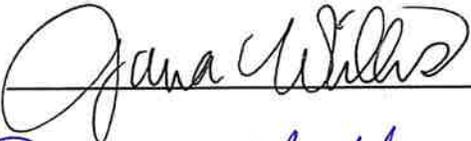
Proposed Uses of Funds Raised: Volleyball team equipment, necessities, and anything needed for the team.

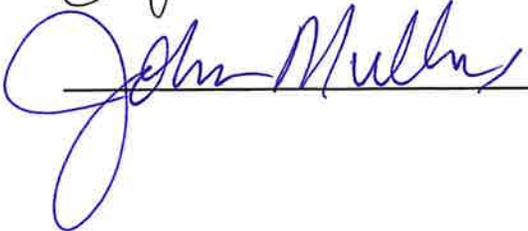
Expected Student Involvement (school-wide or specific school organization):

Volleyball team and other school volleyball teams at \$150 a team entry plus selling tshirts and concession stands

Method by which school will receive profit: Check & Cash

Requested by (Name/Title): Heather Nihoff Date: 7/18/25

Approved by (Principal):  Date: 7-21-25

Approved by (Director of Schools):  Date: 7-23-25

**PROPOSED FUNDRAISING ACTIVITIES**

Fund/Account Name EHMS Cheerleading

Proposed Fundraising Activities \_\_\_\_\_

"Christmas Classic" Show Case, which will be a showcase where we invite other schools and cheer teams to perform and share their routines

Proposed Uses of Funds Raised: \_\_\_\_\_

Build account funds and pay for competitions

Expected Student Involvement (school-wide or specific school organization):

Entire Team

Method by which school will receive profit: Cash

Requested by (Name/Title): Samantha Barnhill / Coach Date: 07/01/2025

Approved by (Principal): Jana Willis / DB Date: 7/15/25

Approved by (Director of Schools): John Muller Date: 7-16-25

**PROPOSED FUNDRAISING ACTIVITIES**

Fund/Account Name EHMS Cheerleading

Proposed Fundraising Activities: \_\_\_\_\_

"Christmas Classic" Show Case, which will be a showcase where we invite other schools and cheer teams to perform and share their routines

Proposed Uses of Funds Raised: \_\_\_\_\_

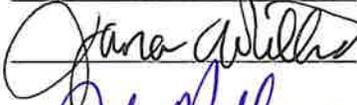
Build account funds and pay for competitions

Expected Student Involvement (school-wide or specific school organization)

Entire Team

Method by which school will receive profit: Cash

Requested by (Name/Title): Samantha Barnhill / Coach Date: 07/01/2025

Approved by (Principal):  Date: 7-1-25

Approved by (Director of Schools):  Date: 7-1-25

C

**PROPOSED FUNDRAISING ACTIVITIES**

Fund Account Name EHMS Cheerleading

Proposed Fundraising Activities Air Freshner Sale through fundraisewithunique.com

Proposed Uses of Funds Raised Purchase, practice wear, bows, and additonal uniforms

Expected Student Involvement (school-wide or specific school organization) Entire Team

Method by which school will receive profit Check

Requested by (Name Title) Samantha Barnhill / Coach Date 07/01/2025

Approved by (Principal) *[Signature]* Date 7-1-25

Approved by (Director of Schools) *[Signature]* Date 7-1-25

DOUG LANE  
2059 Lake Drive, Centerville, TN 37033

RONALD GAMMONS  
6419 Rice Ln., Lyles, TN 37098

TIM HOBBS  
9220 Old Bon Aqua Rd., Bon Aqua, TN 37025

TABITHA CUDE  
4141 Lewis Rd., Centerville, TN 37033



**John Mullins**  
Superintendent of Schools  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033

CHRISTY MAYS  
450 Hwy 50, Centerville, TN 37033

SHERRI BAKER  
9037 E 40 Rd., Bon Aqua, TN 37025

JANE HERRON  
PO Box 13, Nunnely, TN 37137

~~School Support Organization~~  
**Request For Fundraising Activities**

Organization JROTC HCHS

Proposed Fundraising Activity Nissan Stadium Gate worker

Date(s) 30 Aug 2025

Location(s) NISSAN Stadium

Requested By MRS SENECA Moore 7/21/25  
President/Chair of Organization Date

Recommended By Robyn Emerson 7-21-25  
Principal Date

Approved John Mullins 7-21-25  
Director of Schools or Designee Date

Not Approved \_\_\_\_\_  
Director of Schools or Designee Date

~~\*\* A signed copy will be mailed to the organization and forwarded to the school\*\*~~



DOUG LANE  
2059 Lake Drive, Centerville, TN 37033

RONALD GAMMONS  
6419 Rice Ln., Lyles, TN 37096

TIM HOBBS  
9220 Old Bon Aqua Rd., Bon Aqua, TN 37025

TABITHA CUDE  
4141 Lewis Rd., Centerville, TN 37033

CHRISTY MAYS  
450 Hwy 50, Centerville, TN 37033

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JANE HERRON  
PO Box 13, Nunnely, TN 37137

**John Mullins**  
Superintendent of Schools  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033

~~—School Support Organization~~  
**Request For Fundraising Activities**

Organization JROTC HCHS

Proposed Fundraising Activity Nissan Stadium Gates worker

Date(s) 20 Sept. 2025

Location(s) Nissan Stadium

Requested By MAT SENECA Moore  
President/Chair of Organization

7/21/25  
Date

Recommended By Robyn Emerson  
Principal

7-21-25  
Date

Approved John Mullins  
Director of Schools or Designee

7-21-25  
Date

Not Approved \_\_\_\_\_  
Director of Schools or Designee

\_\_\_\_\_  
Date

**\*\* A signed copy will be mailed to the organization and forwarded to the school\*\***



**SCHOOL SUPPORT ORGANIZATIONS  
PROPOSED FUNDRAISING ACTIVITIES**

*(Pursuant to Section 49-2-604, TCA,  
To be submitted prior to scheduling any fundraising activity.)*

**IN COMPLIANCE WITH SCHOOL BOARD POLICY 2.404 AND TCA SECTION 49-2-601 ET SEQ.,  
OUR SCHOOL SUPPORT ORGANIZATION SUBMITS THIS PROPOSED FUNDRAISING ACTIVITY  
FOR THE DIRECTOR'S APPROVAL. WE REALIZE THAT THE DIRECTOR SHALL CONSIDER, AT A  
MINIMUM, THE FOLLOWING WHEN APPROVING OR DENYING A REQUEST BY A SCHOOL  
SUPPORT ORGANIZATION TO ENGAGE IN A FUNDRAISING ACTIVITY:**

- 1) Whether the fundraising activity, as scheduled, conflicts with the fundraising activity of the school district or an individual school within the district, and
- 2) Whether the fundraising activity is consistent with the goals and mission of the school and/or the school district.

**The undersigned submits that this fundraising activity is consistent with the goals and mission of the school and/or the school district, as well as the organization's mission, goals, and objectives.**

ORGANIZATION: Back of the Net  
 DATE OF PROPOSED FUNDRAISING: Aug-Sept 2025  
 PROPOSED FUNDRAISING ACTIVITY: mums

PROPOSED USES OF FUNDS RAISED: \$ Soccer banquets, Soccer balls, Senior gifts,

OTHER COMMENTS/CONSIDERATIONS RELATED TO THE FUNDRAISER:

REQUESTED BY [Signature] VP DATE 7-22-25  
Signature/Title  
 REVIEWED BY [Signature] DATE 7-22-25  
School Principal/Designee  
 APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Director of Schools/Designee

John Mullins  
7-23-25

Julie.Braslears@agrana.com

**PROPOSED FUNDRAISING ACTIVITIES**

Fund/account name Volleyball

Proposed fundraising activities: 10 for \$20

(Each player ask 10 people for \$20)

Purposed Uses of funds raised Camp and play clay fees

Expected student involvement (school-wide or specific school organization) HCHS

Volleyball team

Method by which school will receive profit Cash / Check

Requested by Rachel Hunt (Head Coach) Date 7/8/25  
Name/Title

Approved by Roby Emondson Date 7-9-25  
Principal

Approved by John N. Mullins Date 7-9-25  
Director of Schools\*

\* The Director of Schools must approve all fundraising activities that involve the participation of the general student population in the marketing process of the fundraising effort.



FUNDRAISER

Hickman County Schools Board Agenda Item Request.

Date: 8 July 2025

Name of School: HCHS

Item Request: FUNDRAISER Aug 30 + Sep 20

Explanation:  
HCHS JROTC Request for permission  
to conduct NISSAN stadium fundraisers to  
help with competition expenses and other  
events throughout the yr.

Attachments (if necessary and appropriate):  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person requesting to be placed on the agenda:  
Sevaca Moore

Signature of Building Principal:  
Roby Emmer  
John Mullins 7-8-25

DOUG LAINE  
2059 Lake Drive, Centerville, TN 37033

RONALD GAMMONS  
6418 Roca Ln, Lyles TN 37096

TIM HOBBS  
9220 Old Bon Aqua Rd, Bon Aqua TN 37025

TABITHA CUDE  
4141 Lewis Rd, Centerville, TN 37033



John McMilliets  
Superintendent of Schools  
115 MURPHREE AVENUE  
CENTERVILLE, TN 37033

CHRISTY MAYS  
450 Hwy 50, Centerville, TN 37033

SHERRI BAKER  
9037 E 40 Rd Bon Aqua, TN 37025

JANE HERRON  
PO Box 13 Nunnely TN 37137

### School Support Organization Request For Fundraising Activities

Organization HCHS QB Club

Proposed Fundraising Activity Fish Fry, Auction, music

Date(s) 7-25-25

Location(s) Cafeteria, Auditorium, football field/fieldhouse

Requested By Brandie Craft  
President/Chair of Organization

6-27-25  
Date

Recommended By Rob Emerson  
Principal

7-1-25  
Date

Approved John Mullins  
Director of Schools or Designee

7-1-25  
Date

Not Approved \_\_\_\_\_  
Director of Schools or Designee

\_\_\_\_\_  
Date

\*\* A signed copy will be mailed to the organization and forwarded to the school\*\*

# PROPOSED FUNDRAISING ACTIVITIES



East Hickman High School  
7700 Hwy 7, Lyles, TN 37098  
Phone 931-670-1366 Fax 931-670-1039

Fund/Account Name Class of 2029

Account Number 701

Proposed fundraising activities: Sell freshman shirts

Purposed Uses of funds raised: prom, PBIS awards/prizes,  
homecoming supplies, graduation and  
pre-graduation activity supplies

Expected Student involvement (school-wide or specific school organization): 100 freshmen

Method by which school will receive profit: cash, card

Requested by: *Wm. Laird*  
Name/Title

7/8/25  
Date

Acknowledge by: *[Signature]*  
Bookkeeper

7/14/25  
Date

Approved by: *Carol [Signature]*  
Principal

7/14/25  
Date

Approved by: *John Mullens*  
Director of Schools\*

7-16-25  
Date

\* The Director of Schools must approve all fundraising activities that involve the participation of the general student population in the marketing process of the fundraising effort.



## Fall District Meeting Agenda

- 4:30 p.m.      **Registration and Reception**
- 5:00 p.m.      **Welcome**      TSBA District Director
- *Roll Call of Boards*
  - *100% Boards*
  - *Introduction of Guests*
- 5:10 p.m.      **Awards Ceremony**      Dr. Tammy Grissom, TSBA  
Executive Director
- *Student Recognition Award*
  - *School Volunteer Recognition Award*
  - *Levels I, II, III and IV Boardsmanship Awards*
  - *Recognition of Boards of Distinction and Master School Board Members*
  - *District Director Elections in East, South Central, Upper Cumberland, and Northwest*
- 5:20 p.m.      **Preparing For Your 2026 Legislative Session**      Nolan Combs, TSBA  
Director of Government Relations
- 5:50 p.m.      **Ignite Session**      Ben Torres, TSBA  
Assistant Executive Director &  
General Counsel
- *Major Changes to School Funding*
  - *Teacher Salaries*
  - *School Sports: A New Playing Field*
- 6:30 p.m.      **Share the Success**      Dr. Tammy Grissom
- (Each district will share one new program  
or service implemented in the last year)
- 6:59 p.m.      **Wrap Up**
- 7:00 p.m.      **Adjourn**



## Fall District Meetings – South Central

### Description

In the fall our kids will be headed back to the classroom. That means it's time for board members to start the school year off by participating in TSBA's Fall District Meetings.

During August and September, meetings will be held in the nine developmental districts to focus on legislative and legal issues and current education "hot" topics. This year's program will provide school board members and superintendents an opportunity to discuss issues for the 2026 legislative session and other state happenings.

The event will begin by recognizing school board members, a local school volunteer award finalist, and a local student who is competing for a college scholarship. TSBA District Director elections for the East, Northwest, South Central, and Upper Cumberland will be held after the award ceremony.

### Locations/Dates

**Northeast – Hamblen County; Morristown-Hamblen High School East – August 25, 2025**

**East – Campbell County; Valley View Elementary School – August 26, 2025**

**Upper Cumberland – Pickett County; Pickett County Agricultural Learning Center – August 28, 2025**

**South Central – Hickman County; Hickman County High School – September 2, 2025**

**Mid Cumberland – Humphreys County; McEwen High School –  
September 4, 2025**

**Southeast – Hamilton County; Tyner Academy – September 11, 2025**

**Southwest – Haywood County; Haywood High School – September 18,  
2025**

**Delta – Arlington; Arlington High School – September 22, 2025**

**Northwest – Humboldt; Sports Plus Rehab Center – September 23, 2025**

**Registration Fee:**

\$75.00 per person

**Cancellation Deadline:**

Two weeks prior to the event.

Email cancellations to [bmassey@tsba.net](mailto:bmassey@tsba.net) by the deadline to receive a refund.

To register for this event, please contact your board secretary to register you online or call the TSBA Registrar at [615-815-3900](tel:615-815-3900).

**AGENDA**

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**Tennessee School Boards Association**  
**2025 Annual Convention Schedule**  
**Gaylord Opryland Resort and Convention Center**

**Thursday, November 13**

- 8:30 a.m.-6:30 p.m. Registration  
10:00-11:45 a.m. Board Chairman Roundtable Discussion  
**Facilitator: Keys Fillauer**  
2:00-6:00 p.m. Leadership Conference

**Friday, November 14**

- 7:00 a.m.-6:15 p.m. Registration  
7:30-8:15 a.m. Leadership Conference Breakfast  
8:30-11:30 a.m. Leadership Conference  
11:30 a.m.-12:45 p.m. Lunch (*on your own*)  
12:00-4:00 p.m. Exhibit Hall/Reception  
1:00-3:00 p.m. Pre-Convention Legal Workshop  
1:00-3:00 p.m. Pre-Convention Advocacy Workshop  
4:15-5:45 p.m. Opening General Session  
**Speaker: Jeff Henderson**

**Saturday, November 15**

- 7:00 a.m.-5:00 p.m. Registration  
7:00-10:30 a.m. Exhibit Hall Open  
7:00-8:15 a.m. Exhibit Hall Breakfast  
8:30-9:30 a.m. Clinic Session A  
9:45-10:15 a.m. Exhibit Hall Door Prizes  
10:30-11:30 a.m. Clinic Session B  
11:45 a.m.-1:15 p.m. Convention Luncheon and Award Ceremony  
1:30-2:30 p.m. Clinic Session C  
3:00-4:30 p.m. Delegate Assembly  
3:00-4:30 p.m. Board Secretaries' Meeting

**Sunday, November 16**

- 7:00-10:00 a.m. Registration  
7:15-8:15 a.m. Convention Breakfast  
8:30-9:45 a.m. Closing General Session  
**Speaker: Dr. John Hodge**  
9:45 a.m. Adjourn