

Minutes

Board of Education of the Rocky River City School District

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Board of Education of the Rocky River City School District

The Board of Education of the Rocky River City School District, Cuyahoga County, Ohio, met in Regular Session on September 19, 2013 at 7:00 p.m. in the Board Room at the Board of Education Offices. A digital recording was made of this meeting and is on file in the Office of the Treasurer.

President Jon Fancher presiding

Guests and visitors are requested to sign the Visitors' Register. In accordance with Bylaw 0169.1: Public Participation at Board Meetings, those wishing to address the Board are required to complete the Bylaw 0169.1 Form and submit it to the Superintendent or President of the Board prior to the start of the meeting. Thank you.

CALL TO ORDER

ROLL CALL

PRESENT - Dr. Fancher, Ms. Goepfert, Mrs. Rounds, Mr. Swartz

ABSENT - Mr. Milano

PLEDGE OF ALLEGIANCE

RESOLUTION TO ADOPT AGENDA

Resolution No. 165-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby adopts this agenda, including any addendum attached hereto, for the September 19, 2013 meeting.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent.

Minutes

Board of Education of the Rocky River City School District

RESOLUTION TO RECOGNIZE EAGLE SCOUT: ANDREW GLUNTZ

Resolution No. 165.1-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Recognize Eagle Scout, Andrew Gluntz.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO RECOGNIZE DANIEL OPRIS, THE 2013-2014 EMPLOYEE OF THE YEAR

Resolution No. 165.2-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Recognize Daniel Opris, the 2013-2014 Employee of the Year.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Move
Jay Milano	Absent
Jean Rounds	Second
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent.

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Board of Education of the Rocky River City School District

RESOLUTION TO RECOGNIZE MATT ENGLAND, THE 2013-2014 TEACHER OF THE YEAR

Resolution No. 165.3-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Recognize Matt England, the 2013-2014 Teacher of the Year.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO RECOGNIZE SUSAN WEBER, 2013 RECIPIENT OF THE MARTHA HOLDEN JENNINGS FOUNDATION MASTER TEACHER AWARD

Resolution No. 165.4-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Recognize Susan Weber, 2013 Recipient of the Martha Holden Jennings Foundation Master Teacher Award

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent.

- Superintendent's Update is attached
- Carrie Kapka provided Recreation Commission Report

ORAL AND WRITTEN COMMUNICATION

In accordance with Bylaw 0169.1 Public Participation at Board Meetings, residents, students, staff, and invited guests are welcomed by the President of the Board or the Superintendent to address the Board at this time.

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Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE MINUTES OF PRECEDING MEETINGS

Resolution No. 165.5-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that the Minutes of the Preceding Meetings held on August 7, 2013 (Committee of the Whole Meeting), August 7, 2013 (Special Board Meeting), August 15, 2013 (Board of Education Meeting) be approved.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent.

COMMITTEE AND REPRESENTATIVE REPORTS – “Highlights” of the Committee of the Whole Meeting available in the lobby and at www.rrcs.org

RESOLUTION TO APPROVE FINANCIAL STATEMENT AND INTRAFUND TRANSFERS FOR GENERAL ACCOUNTING IN THE AMOUNT OF \$128,192.64 – AUGUST, 2013 (EXHIBIT A)

Resolution No. 165.6-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

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Board of Education of the Rocky River City School District

RESOLUTION TO AMEND APPROPRIATION FOR ALL FUNDS AS OF AUGUST 31, 2013 IN THE AMOUNT OF \$45,444,499 (EXHIBIT B)

Resolution No. 165.7-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO APPROVE THEN AND NOW CERTIFICATE (EXHIBIT C)

Resolution No. 165.8-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO APPROVE DENTAL AND LIFE INSURANCE AGREEMENT(S) WITH METLIFE (EXHIBIT D)

Resolution No. 165.9-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

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Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE CUSTOMER AGREEMENT WITH FORECAST 5 ANALYTICS, INC. FOR 5SIGHT DATA SERVICES (EXHIBIT E)

Resolution No. 165.10-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO APPROVE GENERAL CONSULTING SERVICES AGREEMENT WITH PUBLIC FINANCE RESOURCES, INC. FOR FORECAST SOFTWARE, DATA POPULATION AND TRAINING (EXHIBIT F)

Resolution No. 165.11-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO APPROVE RETIREMENTS AND RESIGNATIONS

Resolution No. 166-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that the Retirements and Resignations be approved.

Resignations:

<u>Name</u>	<u>Position/Classification</u>	<u>Effective</u>
Ellen Bishop	Educational Aide I	8/20/13
Meghan Hennies	Tutor	8/10/13
Ben Purdy	Basketball, Boys, MS	8/27/13
Sandy See	Lunch Monitor	9/6/13

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<u>Name</u>	<u>Position/Classification</u>	<u>Effective</u>
Meredith Spears Starks	Educational Aide I	9/13/13
Solomon Ribis	Bus Driver	9/16/13
*Raymon Terry	Custodial Worker I	9/16/13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent.

RESOLUTION TO APPROVE APPOINTMENTS¹

Resolution No. 167-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that the following appointments be approved.

<u>Name</u>	<u>Position/Classification</u>	<u>Effective Date</u>	<u>Rate of Pay</u>
Patricia Wagner	Tutor, .93 FTE	8/26/13	PR F, Step 7
Jacquelyn Kinsley	Educational Aide,.27 FTE	9/9/13	PR B, Step 3

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Board of Education of the Rocky River City School District

<u>Name</u>	<u>Position/Classification</u>	<u>Effective Date</u>	<u>Rate of Pay</u>
Hilary Henz	Custodial Worker I, 1.0 FTE	9/9/13	Step 5
Bonnie Warner	Educational Aide, .90 FTE	9/16/13	PR B, Step 5
Kristi Grieve	Lunch Monitor, .23 FTE	9/13/13	PR G, Step 1
*Elizabeth Landers	Tutor-Home Instruction As needed	8/24/13	\$34.68/hr

<u>Board Member</u>	<u>Vote</u>
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent.

SUPPLEMENTAL DUTY APPOINTMENTS FOR 2013-14 SCHOOL YEAR:

<u>Name</u>	<u>Position/Classification</u>	<u>Rate of Pay</u>
Phil Argento, Jr. ²	Basketball, Boys, MS	\$ 2,760.00
	Basketball, Girls, MS	\$ 2,760.00
Connor Richardson ²	Football, MS, Volunteer	\$ 0
Marco Sullo	Football, HS, Volunteer	\$ 0
J. Howard Calvin ²	Marching Squad Advisor	\$ 2,360.00
Angela Bowman	PLUS Activity, Lego Club Co-Advisor, MS	\$ 522.00
Chandra Juhasz	PLUS Activity, Lego Club Co-Advisor, MS	\$ 522.00

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Board of Education of the Rocky River City School District

<u>Name</u>	<u>Position/Classification</u>	<u>Rate of Pay</u>
Kathleen Harkin-Newsome	PLUS Activity, National History Day Program	\$ 522.00
Frank O'Grady	PLUS Activity, National History Day Program	\$ 522.00
Nichole Fach	Mentor	\$ 1,249.00

OCCASIONALS:

Amy Newcomb

Kate Golden

Alex Anderer-DiMichele

Jacquelyn Kinsley

Lorrie Knapp

*Mary Ellen Reddy

*Thomas Eric Kaiser

1. *Employment conditional upon receipt of a negative drug test screening & satisfactory criminal reference check.*
2. *No certified employees expressed an interest in these positions which are being filled by qualified individuals.*

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

Minutes

Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE ADJUSTMENTS IN SALARY, ASSIGNMENT AND RATE OF PAY

Resolution No. 168-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that adjustments in the salary, assignments and rate of pay be approved:

<u>Name</u>	<u>Reason</u>	<u>Effective</u>	<u>Rate of Pay</u>
Darius Cincu	From: Custodial Worker I, .47 FTE To: Custodial Worker I, 1.0 FTE	8/21/13	Step 2
*Beth Bily	New degree	9/20/13	MA, Step 3
Lilia Clark	Additional semester hours	9/20/13	ME+9, Step 19
Kali Dye	New degree	9/20/13	MA, Step 6
Yook-Ying Liew	From: Custodial Worker I, .47 FTE To: Custodial Worker I, 1.0 FTE	9/16/13	Step 6

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent

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Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE LEAVE OF ABSENCE

Resolution No. 169-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Approve the following Leave of Absence.

Terri Bobak Unpaid leave from October 1, 2013 – Return to work TBD

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

RESOLUTION TO ENTER INTO AGREEMENT WITH RACHEL WIXEY & ASSOCIATES FOR EDUCATIONAL AIDE SERVICES (EXHIBIT G)

Resolution No. 170-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent

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Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE CHANGE MANAGEMENT ITEMS (EXHIBIT H)

Resolution No. 171-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent

RESOLUTION TO APPROVE CANDIDATE FOR GRADUATION (EXHIBIT I)

Resolution No. 172-13

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

RESOLUTION TO ENTER INTO AGREEMENT WITH KEYSTONE LITERACY, LLC FOR PROVIDING PROFESSIONAL DEVELOPMENT TO THE DISTRICT FOR THE 2013-2014 SCHOOL YEAR

Resolution No. 173-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby approve to Enter into Agreement with Keystone Literacy LLC for Providing Professional Development to the District for the 2013-2014 School Year.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

Minutes

Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE THE 6TH GRADE SCIENCE STUDENTS TO ATTEND STONE LAB AT GIBRALTER ISLAND OCTOBER 10 – 11, 2013

Resolution No. 174-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Approve the 6th Grade Science Students to Attend Stone Lab at Gibraltar Island October 10-11, 2013.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

RESOLUTION TO APPROVE ROCKY RIVER HIGH SCHOOL CHOIR TO ATTEND CONCERT TOUR IN NASHVILLE, TENNESSEE ON MARCH 27-30, 2014

Resolution No. 175-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Approve the Rocky River High School Choir to Attend Concert Tour in Nashville, Tennessee on March 27-30, 2014.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

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Board of Education of the Rocky River City School District

RESOLUTION TO APPROVE 8TH GRADE CLASS TRIP TO WASHINGTON DC, JUNE 9-11, 2014

Resolution No. 176-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that it hereby Approve the 8th Grade Class Trip to Washington DC, June 9-11, 2014.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Aye
Jay Milano	Absent
Jean Rounds	Move
Scott Swartz	Second

The resolution was adopted 4 – 0 with 1 absent

RESOLUTION TO ACCEPT GIFTS TO SCHOOLS

Resolution No. 177-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District that, in accordance with **Board Policy 7230 – Public Gift**, the following be and the same is hereby accepted as an absolute and unconditional gift to the Board without any restrictions or reservations as to the future use thereof.

Dr. J. Scott Williams

Two donations totaling the amount of \$500.00 to be used by the Middle School Music Program.

Class of 1958

A donation in the amount of \$275.00 to be used to purchase athletic supply items.

Target

A donation in the amount of \$2,107.24 to be used for general purchases for Rocky River High School.

Lakewood Rocky River Rotary Foundation

A donation in the amount of \$1,000.00 to be used to cover the cost of the Student Leadership Camp for Rocky River High School Students.

Board Member	Vote
Jon Fancher	Aye
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Move

The resolution was adopted 4 – 0 with 1 absent

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Board of Education of the Rocky River City School District

OTHER BUSINESS:

None

RESOLUTION TO ADJOURN

Resolution No. 178-13

BE IT RESOLVED by the Board of Education of the Rocky River City School District, that this meeting be adjourned at 7:41 p.m.

Board Member	Vote
Jon Fancher	Move
Kathy Goepfert	Second
Jay Milano	Absent
Jean Rounds	Aye
Scott Swartz	Aye

The resolution was adopted 4 – 0 with 1 absent.

President

Treasurer

ROCKY RIVER CITY SCHOOLS
 Financial Report by Fund
 FINANCIAL REPORT FOR AUGUST 2013

Begin Balance	MTD Receipts	FYTD Receipts	MTD Expenditures	FYTD Expenditures	Current Fund Balance	Current Encumbrances	Unencumbered Fund Balance
TOTAL FOR Fund 001 - GENERAL:							
3,495,854.59	6,942,218.52	12,430,147.11	2,503,019.51	4,974,612.59	10,951,389.11	2,262,948.48	8,688,440.63
TOTAL FOR Fund 002 - BOND RETIREMENT:							
2,064,144.70	959,480.65	1,751,427.77	0.00	123.22	3,815,449.25	0.00	3,815,449.25
TOTAL FOR Fund 003 - PERMANENT IMPROVEMENT:							
610,682.53	214,334.46	228,719.26	81,321.34	89,084.58	750,317.21	51,706.00	698,611.21
TOTAL FOR Fund 004 - BUILDING:							
8,079,898.08	389,188.03	614,839.27	2,274,197.24	3,286,463.41	5,408,273.94	4,518,960.80	889,313.14
TOTAL FOR Fund 006 - FOOD SERVICE:							
46,721.24	18,396.43	18,404.22	4,219.48	8,934.43	56,191.03	88,100.00	31,908.97-
TOTAL FOR Fund 007 - SPECIAL TRUST:							
23,070.14	4,000.00	4,000.00	150.00	150.00	26,920.14	0.00	26,920.14
TOTAL FOR Fund 009 - UNIFORM SCHOOL SUPPLIES:							
23,893.40	22,122.25	22,122.25	27,602.59	27,602.59	18,413.06	3,483.84	14,929.22
TOTAL FOR Fund 011 - ROTARY-SPECIAL SERVICES:							
148,807.43	130,550.01	131,422.01	27,051.18	32,022.98	248,206.46	40,832.67	207,373.79
TOTAL FOR Fund 018 - PUBLIC SCHOOL SUPPORT:							
109,046.61	4,296.72	4,296.72	658.45	708.45	112,634.88	10,129.55	102,505.33
TOTAL FOR Fund 019 - OTHER GRANT:							
20,420.44	7,500.00	7,500.00	0.00	0.00	27,920.44	9,139.92	18,780.52
TOTAL FOR Fund 022 - DISTRICT AGENCY:							
12,277.63	10,577.12	22,338.36	0.00	1,020.00	33,595.99	0.00	33,595.99
TOTAL FOR Fund 024 - EMPLOYEE BENEFITS SELF INS.:							
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL FOR Fund 200 - STUDENT MANAGED ACTIVITY:							
117,378.85	24.89	3,864.89	11,611.78	12,660.26	108,583.48	8,346.37	100,237.11
TOTAL FOR Fund 300 - DISTRICT MANAGED ACTIVITY:							
60,732.49	41,942.09	42,192.09	84,218.21	94,988.26	7,936.32	129,154.24	121,217.92-
TOTAL FOR Fund 401 - AUXILIARY SERVICES:							
31,470.16	343,242.86	343,267.95	62,240.85	179,522.27	195,215.84	278,636.04	83,420.20-
TOTAL FOR Fund 432 - MANAGEMENT INFORMATION SYSTEM							
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ROCKY RIVER CITY SCHOOLS
 Financial Report by Fund
 FINANCIAL REPORT FOR AUGUST 2013

Begin Balance	MTD Receipts	FYTD Receipts	MTD Expenditures	FYTD Expenditures	Current Fund Balance	Current Encumbrances	Unencumbered Fund Balance	
TOTAL FOR Fund 440 - ENTRY YEAR PROGRAMS:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 451 - DATA COMMUNICATION FUND:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 452 - SCHOOLNET PROFESS. DEVELOPMEN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 504 - EDUCATION JOBS FUND:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 506 - RACE TO THE TOP:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 516 - IDEA PART B GRANTS:	12,180.62-	16,942.29	39,619.56	11,306.24	29,502.86	2,063.92-	63,090.63	65,154.55-
TOTAL FOR Fund 532 - FISCAL STABILIZATION FUND:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 551 - LIMITED ENGLISH PROFICIENCY:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 572 - TITLE I DISADVANTAGED CHILDRE	5,706.89	0.00	0.00	0.00	198.16	5,508.73	0.00	5,508.73
TOTAL FOR Fund 584 - DRUG FREE SCHOOL GRANT FUND:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 587 - IDEA PRESCHOOL-HANDICAPPED:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL FOR Fund 590 - IMPROVING TEACHER QUALITY:	786.47	0.00	0.00	0.00	0.00	786.47	0.00	786.47
TOTAL FOR Fund 599 - MISCELLANEOUS FED. GRANT FUND	12,079.00	0.00	0.00	0.00	12,079.00	0.00	0.00	0.00
GRAND TOTALS:	14,850,790.03	9,104,816.32	15,664,161.46	5,087,596.87	8,749,673.06	21,765,278.43	7,464,528.54	14,300,749.89

**ROCKY RIVER CITY SCHOOL DISTRICT
SUMMARY OF INVESTMENTS AND CASH BALANCES
As of August 31, 2013**

INVESTMENTS:

	<u>Purchase Date</u>	<u>Maturity Date</u>	<u>Cost/ Balance</u>	<u>Par Amount</u>	<u>Rate/Yield</u>
<u>Operating Funds</u>					
STAR Ohio		Daily	\$ 385.44	\$ 385.41	0.020%
Tri State CDARS*** - Tri State Commercial Bank	4/11/2013	4/10/2014	\$ 500,000.00	\$ 500,000.00	0.350%
Tri State CDARS - Tri State Commercial Bank	6/27/2013	6/26/2014	\$ 500,000.00	\$ 500,000.00	0.350%
Tri State CDARS - Tri State Commercial Bank	8/15/2013	8/14/2014	\$ 500,000.00	\$ 500,000.00	0.350%
FHLB - Morgan Stanley-Smith Barney	8/9/2013	8/28/2015	\$ 500,024.00	\$ 500,000.00	0.372%
FHLB - Stifel Nicolaus	2/19/2013	2/19/2016	\$ 999,750.00	\$ 1,000,000.00	0.558%
FFCB - Huntington	2/25/2013	2/25/2016	\$ 998,900.00	\$ 1,000,000.00	0.537%
Subtotal			\$ 3,999,059.44	\$ 4,000,385.41	0.451%
Charter One MRA		Daily	\$ 4,818.21		0.000%
Huntington		Daily	\$ 460,107.82		0.009%
PNC MMA		Daily	\$ 717,617.66		0.100%
Tri-State ICS/Checking		Daily	\$ (0.00)		0.050%
PNC Escrow ^^		Daily	\$ 682,096.16		0.000%
First Federal of Lakewood		Daily	\$ -		0.350%
Bond Issue investments*		Daily	\$ 7,490,227.96		0.286%
Subtotal			\$ 9,354,867.81		0.237%
^^all interest will be allocated to specific contractors					
Note: The maximum balance available to be on deposit with First Federal of Lakewood is \$6,000,000 per their requireme in the current depository agreement with them.					
Total Investments			\$ 13,353,927.25		0.301%
<u>CASH:</u>					
Demand Deposit Accounts - Net			\$ 8,409,666.18		
Change Funds			\$ 1,685.00		
Sub-Total			\$ 8,411,351.18		
Total Investments and Cash			\$ 21,765,278.43		

**ROCKY RIVER CITY SCHOOL DISTRICT
SUMMARY OF BOND ISSUE INVESTMENTS AND CASH BALANCES
As of August 31, 2013**

INVESTMENTS:

<u>INVESTMENT TYPE/ISSUE</u>	<u>Purchase Date</u>	<u>Maturity Date</u>	<u>Cost/ Balance</u>	<u>Par Amount</u>	<u>Rate/Yield</u>
<u>BANKS/ISSUE</u>					
First Federal of Lakewood - TE's		Daily	\$ 2,450,157.27		0.350%
First Federal of Lakewood - BAB's		Daily	\$ 2,119,712.29		0.350%
PNC - BAB's		Daily	\$ 2,689,200.33		0.200%
PNC - QSCB's - CLOSED AUG. 2013		Daily	\$ 0.00		0.100%
Star Ohio - Bldg. Fund BAB's		Daily	\$ 231,158.07		0.020%
Tri-State - BAB's ICS***		Daily	\$ (0.00)		0.050%
Tri-State - TE's ICS***		Daily	\$ 0.00		0.050%
Subtotal			<u>\$ 7,490,227.96</u>		0.286%

Note: The maximum balance available to be on deposit with First Federal of Lakewood is \$6,000,000 per their requirements contained in the current depository agreement with them.

Total Investments	<u>\$ 7,490,227.96</u>	0.286%
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Rocky River City School District
 Appropriation Summary as of August 31, 2013 - All Funds
 With Certified Resources For FY 2014 To Date

Fund Name	USAS Fund No.	Budget as of 7/31/13	Net Changes August 2013	Revised Budget as of 8/31/13	P/Y Encumbrances	Total Expendable as of 8/31/13	Certificate of Estimated Resources - Amendment #3	Resources Over/(Under) Revised Budget	Add/(Reduce) Amount of "Other Sources" on Amendment #3	Revised Est. Resources Amendment #4
General Fund	001	\$33,815,575	\$200	\$33,815,775	370,258	\$34,186,033	\$37,855,479 x	\$4,039,704		\$37,855,479
Bond Retirement	002	4,420,507	0	4,420,507	0	4,420,507	\$6,435,087 x	2,014,579		\$6,435,087
Permanent Improvement	003	644,999	42,706	687,705	12,916	700,621	969,322 x	281,617		969,322
Building	004	170,040	382,276	552,316	7,010,191	7,562,507	1,552,229 x	999,913		1,552,229
Food Service	006	430,491	180	430,671	800	431,471	432,221 x	1,550		432,221
Trust - Band Uniform Fund	007-9007		0		0	-	3,000 x	3,000		3,000
Trust - Scholarship	007-9008	20,000	0	20,000	0	20,000	30,087 x	10,087		30,087
Trust - Unclaimed Funds	007-9009	500	0	500	0	500	12,327 x	11,827		12,327
Trust - Rocky River Angel Fund	007-9907	0	0	-	0	-	-	0		-
Trust - Rocky River Angel Fund - Goldwood	007-9908	500	0	500	0	500	940 x	440		940
Trust - Technology Improvement Fund	007-9909	0	0	-	0	-	216 x	216		216
Trust - Herb Score Memorial Fund	007-9910	0	0	-	0	-	-	0		-
Uniform School Supply	009	37,200	0	37,200	3	37,203	61,390 x	24,190		61,390
Rotary Funds	011	179,810	24,500	204,310	15,459	219,769	342,449 x	138,139		342,449
School Support Funds	018	37,700	4,000	41,700	1,471	43,171	170,076 x	128,376		170,076
Private Source Grants	019	1,815	7,500	9,315	2,100	11,414	18,321 x	9,006	7,500	25,821
District Agency - Workers Comp/Retirement	022	2,929,860	0	2,929,860	0	2,929,860	2,942,138 x	12,278		2,942,138
Self-Insurance Fund	024	0	0	-	0	-	-	0		-
Student Activities	200	205,165	0	205,165	3,843	209,008	299,186 x	94,021		299,186
Athletic and Co-Curricular	300	429,745	12,401	442,146	17,107	459,252	487,826 x	45,680		487,826
<i>State Grants:</i>					31,183	31,183	-	0		-
Auxiliary Services (Private Schools)	401	668,493	0	668,493	0	668,493	668,780 x	287		668,780
Data Communications	451	0	0	-	0	-	-	0		-
School Net - Professional Dev.	452	0	0	-	0	-	-	0		-
Misc State Grants	499	0	0	-	0	-	-	0		-
<i>Federal Grants:</i>								0		0
Resident Educator Program	506	20,200	0	20,200	0	20,200	20,200 x	0		20,200
IDEA-B	516	630,663	26,325	656,988	13,312	670,299	661,321 x	4,333	26,325	687,646
Title III - Limited English Proficiency/Immigrant	551	0	13,992	13,992	0	13,992	- x	(13,992)	13,992	13,992
Title I	572	211,737	4	211,741	0	211,741	217,444 x	5,703	4	217,448
Title V	573	0	0	-	0	-	-	0		-
Drug-Free Schools	584	0	0	-	0	-	-	0		-
Preschool - Special Education	587	10,475	0	10,475	0	10,475	10,475 x	0		10,475
Title II-A	590	52,877	(15)	52,862	0	52,862	53,664	801	(15)	53,649
Misc. Federal Grants	599	12,079	0	12,079	0	12,079		0		12,079
Total All Funds		\$44,930,431	\$514,068	\$45,444,499	\$7,478,641	\$52,923,140	\$53,256,257	\$7,811,758	\$47,806	\$53,304,063

Amended appropriation passed at the 6/20/13 meeting of the Rocky River Board of Education

Amended Certificate has been or will be requested from the County Budget Commission

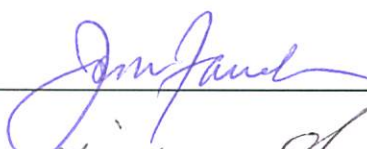
Treasurer's Certificate

Section 5705.412, RC


In the matter of: the Supplemental Appropriation Measure for the fiscal year ending **June 30, 2014**, Resolution No. 165.7-13

IT IS HEREBY CERTIFIED that the Rocky River City School DISTRICT BOARD OF EDUCATION, CUYAHOGA COUNTY, OHIO, has sufficient funds to meet the contract agreement, obligation, payment or expenditure for the above, and has in effect for the remainder of the fiscal year and the succeeding fiscal year the authorization to levy taxes which, when combined with the estimated revenue from all sources available to the district at the time of certification, are sufficient to provide operating revenues necessary to enable the district to operate an adequate educational program on all the days set forth in its adopted school calendar for the current fiscal year and for a number of days in the succeeding fiscal year equal to the number of days instruction was held or is scheduled for the current fiscal year.

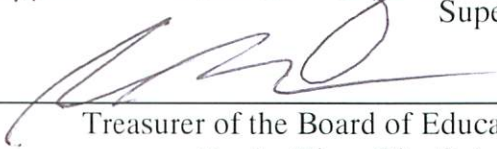
Dated: 9/19/13



Board President



Superintendent



Treasurer of the Board of Education of the
Rocky River City School District
Cuyahoga County, Ohio

Bill To:

Rocky River City Schools
 Rocky River City Schools
 1101 Morewood Parkway
 Rocky River, OH 44116

Markus, Greg
 Phone: 440-356-6015
 Fax: 440-356-6008

PURCHASE ORDER

5409

Page: 1

Release Method: Hard Copy

Release Date: 08/13/2013

Fiscal Date: 08/06/2013

Need By Date: n/a

Print Date: 08/13/2013

Vendor:

359675
 GREAT LAKE TELECOM
 465 TREESIDE DRIVE
 STOW, OH 44224

Attn: CUSTOMER SERVICE

Phone: (330)723-8885

Fax:

Ship To:

Rocky River High School
 20951 Detroit Road
 Rocky River, OH 44116

Rowe, Rose

Phone: (440)356-6039

Fax: (440)331-2189

Purchase Order Comments:

Encumber only do not mail

Requisition Numbers: 5114

Vendor Item	QTY	UOM	Description	Unit Price	Total Price
	1	0	Sound System including speakers, amplifier, trasnmitter, antennas,cableing & installation for stadium	\$13,608.00	\$13,608.00
Deliver To: Cindi Williams					
Sub Total: \$					13,608.00
Total: \$					13,608.00

Account Code Summary		
Account Code	Account Description	Amount
300 4590 690 996H 000000 033		\$13,608.00

INSTRUCTIONS TO VENDOR

1. All shipments must be prepaid
2. Exempt for Federal Excise Tax - Federal I.D. #34-60002315 - And Ohio Sales Tax
3. Rocky River Board of Education will not in any manner be responsible for goods delivered or work done on its account unless authorized
4. This purchase order number must appear on all invoices, packages and shipping papers.

TREASURER'S CERTIFICATE

It is hereby certified that the amount requested to meet the contract, agreement, obligation, payment or expenditure, for the above, has been lawfully appropriated or authorized or directed for such purposes and is in the Treasury or in process of collection to the credit of the Rocky River City School District free from any obligation or certification now outstanding.

 Treasurer

APPROVED FOR PAYMENT	
PARTIAL	FULL <input checked="" type="checkbox"/>
BY	<u>CW</u>
DATE	<u>8/30/13</u>
AMOUNT	<u>13,608.00</u>
INVOICE	<u>643-1</u>
RECEIVED	<u>8/27/13</u>

RECEIVED

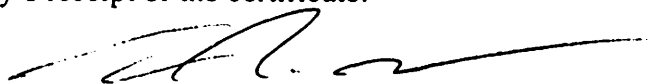
AUG 30 2013

**TREASURER'S OFFICE
 ROCKY RIVER CITY SCHOOL DISTRICT**

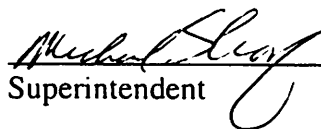
**THEN AND NOW
CERTIFICATE**

It is hereby certified that both at the time of the making of this contract or order and at the date of the execution of this certificate, the amount of \$13,608.⁰⁰ required to pay this contract or order has been appropriated for the purpose of this contract or order and is in the treasury or in the process of collection to the credit of the Rocky River Board of Education free from any previous encumbrance.

When the fiscal officer of the Rocky River City School District is using the "Then and Now Certificate" and the amount certified exceeds \$3,000, then the fiscal officer must obtain the legislative authority's approval by resolution. This approval must be obtained within 30 days of the legislative authority's receipt of the certificate.



Treasurer



Superintendent

For amounts over \$3,000:

Board Resolution Number Date

Date: Auditor of State Bulletin 6/20/97
Revised effective April 7, 2003

Group Benefits Confirmation Form



MetLife

Thank you for choosing MetLife for all of your benefits needs.

Sections to be completed by the Customer

Form	Effective Date	Completion Status
1. Customer Information		100%
2. Billing Information		100%
3. Dental Customer Information	09/30/2013	100%
4. Life Customer Information	09/30/2013	100%
5. Authorizations		100%
6. Master Application		100%

Sections to be completed by the Broker

Form	Completion Status
1. Producer (Broker) Information	100%
2. Master Application	100%

Implementation Requirements

List of Items to Complete

- MetLife Group Benefits Confirmation Form
- Sold Cost & Benefit Summary - The Sold Cost & Benefit Summary (C&B) is a copy of the quote showing the plan designs and the rates sold.
- Deposit Check equal to approximately one month's premium
- Complete eCensus list of participating employees (and dependents if applicable) that contains: full name, address, Social Security Number, date of birth, gender, date of hire, job title, salary/pay mode, worksite zip code, and class.
- Copy of Prior Carrier Bill
- Statement of Health forms - Needed only for employees/dependents applying for amounts greater than the Non-Medical maximum for the first time or employees/dependents that previously waived coverage that they were eligible for under the prior carrier's plan.

When Benefits End

- Date Eligible; If selected, coverage will end on actual date of termination for all lines of coverage.
- First of the Month; If selected, coverage will terminate at the end of the month following termination date.

Group Benefits Confirmation Form



MetLife

Customer Information

Full Legal Group Name * Rocky River City School

Employer Fed Tax ID # * 34-6002315

Effective Date * 09/30/2013

Headquarters Address

Street Address * 1101 Morewood Parkway

City * ROCKY RIVER

State * OH

Zip * 44116

Mailing Address is the same as Headquarters Address

Executive Contact (Person who has business authorization to act on behalf of customer)

First Name * Greg

Last Name * Markus

MetLink Access? * Yes No

Phone Number * (440) 356-6704 Ext:

Fax Number

Email Address * markus.greg@rrcs.org

Primary Contact/Benefit Administrator

Same as Executive Contact

First Name * Sam

Last Name * Gifford

MetLink Access? * Yes No

Phone Number * (440) 356-6003 Ext:

Fax Number

Email Address * gifford.samuel@rrcs.org

Group Benefits Confirmation Form



MetLife

Billing Information

Primary Location

Same as Headquarters Address Same as Mailing Address TPA Billed

Street Address * **1101 Morewood Parkway**

City * **ROCKY RIVER**

State * **OH**

Zip * **44116**

Employer Fed Tax ID # * **34-6002315**

of participants at this location ***350**

List Bill * Self-Administered Premium

*All Voluntary Products Must Be List Billed.

Departmental Billing? * Yes No Option to produce one bill with employees subtotaled by Location/Division

Additional Subsidiary / Division / Multiple Location (Legal Names only)

Click Add Location button if you have employees who are actively at work and are eligible for coverage at additional location(s) (Please do not re-enter HQ address.)

Additional MetLink User Authorization

For additional information please visit our web site at: <http://www.metlifeeasier.com/smallmarketnews/tutorial/start.htm>
Please note: MetLife dental customers must comply with all HIPAA requirements as well as become certified with MetLife in order to obtain access to the Dental Claim Inquiry feature of MetLink/MyBenefits.

Do you wish to provide MetLink access to additional users? * Yes No

Do you wish for your broker to have MetLink access for your group? * Yes No

Paper Bill Suppression / Support the MetLife "Go Green" Initiative

As a MetLink user would you like to stop paper bill generations? * Yes No

Go Green Go Paperless!

MetLink allows online access to your billing statement and provides you capabilities to make updates as needed.

Customer File/Electronic Eligibility File Authorization

Will you be sending an ongoing electronic enrollment/eligibility file? * Yes No

Note: This is a separate ongoing file that does not refer to your initial electronic census.

Group Benefits Confirmation Form



MetLife

Dental Group Benefits Confirmation

Group Name * Rocky River City School

Are Dependents Being Covered? Yes No

Dependent Age * 26 Full-Time Student Age * 26

*specific state restrictions may apply to dependent age limits

Are you **currently** covering any Mentally Handicapped or Physically Handicapped Dependents? * Yes No

Do you want Domestic Partnerships to be covered? * Yes No Do you have a Section 125 Plan? * Yes No

Note: Some states and / or coverages may not permit domestic partnerships.

Benefit Class Descriptions

Does this product have multiple classes? * Yes No Do you want the classes to be the same for all lines of coverage? * Yes No

Class Description All Active Full-Time Employees Electing High Option working * 37 hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
Dental	350	60	60

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * None Days

Enter Future Employee Waiting Period * None Days

Date Eligible; If selected, coverage will start on date employee satisfied his/her applicable waiting period *

First of the Month; If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

Group Benefits Confirmation Form



MetLife

Class Description All Active Full-Time Employees Electing Low Option working * 37 hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
Dental	350	80	80

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * None Days

Enter Future Employee Waiting Period * None Days

Date Eligible; If selected, coverage will start on date employee satisfied his/her applicable waiting period *

First of the Month; If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

ERISA

ERISA - a federal law that governs most employer established welfare benefits plans. It is the employer's responsibility to provide certain information to plan participants and the Department of Labor and comply with the other requirements. You may also obtain additional information about ERISA at www.dol.gov

Include ERISA Plan Information in your certificate booklets? * Yes No

Group Benefits Confirmation Form



MetLife

Life Group Benefits Confirmation

Group Name * Rocky River City School

Do you want Domestic Partnerships to be covered? * Yes No

Note: Some states and / or coverages may not permit domestic partnerships.

Do you have any employees who are not actively at work? * Yes No

Benefit Class Descriptions

Does this product have multiple classes? * Yes No Do you want the classes to be the same for all lines of coverage? * Yes No

Class Description **All Active Full Time Superintendent** working * **37** hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
Basic Life with AD&D (or Core)	1	100	

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * **None** **Days**

Enter Future Employee Waiting Period * **None** **Days**

Date Eligible: If selected, coverage will start on date employee satisfied his/her applicable waiting period *

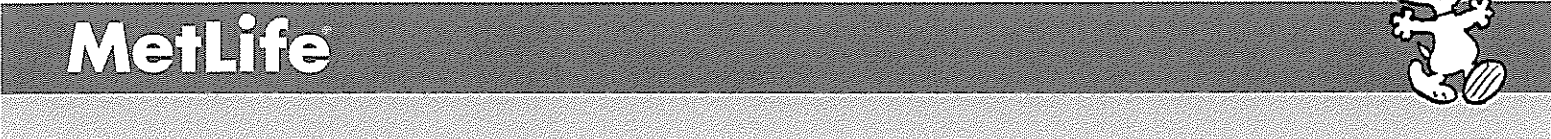
First of the Month: If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

Basic Earnings Definition

Salary Only * Salary plus Commission Salary plus Bonus Salary plus Bonuses & Commissions K1 Earnings

Commissions and/or Bonuses Averaged Over: 12 Months 24 Months 36 Months

Group Benefits Confirmation Form



Class Description All Active Full-Time Treasurer working * 37 hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
Basic Life with AD&D (or Core)	1	100	

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * **None** **Days**
 Enter Future Employee Waiting Period * **None** **Days**

- Date Eligible:** If selected, coverage will start on date employee satisfied his/her applicable waiting period *
- First of the Month:** If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

Basic Earnings Definition

Salary Only * Salary plus Commission Salary plus Bonus Salary plus Bonuses & Commissions K1 Earnings
 Commissions and/or Bonuses Averaged Over: 12 Months 24 Months 36 Months

Class Description All Active Full-Time Certified and Administrative Employees working * 37 hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
Basic Life with AD&D (or Core)	222	100	

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * **None** **Days**
 Enter Future Employee Waiting Period * **None** **Days**

- Date Eligible:** If selected, coverage will start on date employee satisfied his/her applicable waiting period *
- First of the Month:** If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

Basic Earnings Definition

Salary Only * Salary plus Commission Salary plus Bonus Salary plus Bonuses & Commissions K1 Earnings
 Commissions and/or Bonuses Averaged Over: 12 Months 24 Months 36 Months

Group Benefits Confirmation Form



MetLife

Class Description All Active Full-Time OAPSE working * 37 hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
---------------	------------------------------	---	--

Basic Life with AD&D (or Core)	29	100	
--------------------------------	----	-----	--

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * None Days

Enter Future Employee Waiting Period * None Days

Date Eligible: If selected, coverage will start on date employee satisfied his/her applicable waiting period *

First of the Month: If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

Basic Earnings Definition

Salary Only * Salary plus Commission Salary plus Bonus Salary plus Bonuses & Commissions K1 Earnings

Commissions and/or Bonuses Averaged Over: 12 Months 24 Months 36 Months

Class Description All Active Full-Time Non-Bargaining Employees working * 37 hours per week. *

If the employer pays 100% of the premium, all eligible employees must participate.

Coverage Sold	Number of Employees Eligible	Employer Contribution (%) on behalf of Employee	Employer Contribution (%) on behalf of Dependent
---------------	------------------------------	---	--

Basic Life with AD&D (or Core)	30	100	
--------------------------------	----	-----	--

Do you want to cover retirees? * Yes No

Employee Waiting Period Enter Present Employee Waiting Period * None Days

Enter Future Employee Waiting Period * None Days

Date Eligible: If selected, coverage will start on date employee satisfied his/her applicable waiting period *

First of the Month: If selected coverage will start on the 1st of month following date employee satisfies his/her waiting period

Basic Earnings Definition

Salary Only * Salary plus Commission Salary plus Bonus Salary plus Bonuses & Commissions K1 Earnings

Commissions and/or Bonuses Averaged Over: 12 Months 24 Months 36 Months

ERISA

ERISA - a federal law that governs most employer established welfare benefits plans. It is the employer's responsibility to provide certain information to plan participants and the Department of Labor and comply with the other requirements. You may also obtain additional information about ERISA at www.dol.gov

Include ERISA Plan Information in your certificate booklets? * Yes No

Group Benefits Confirmation Form



MetLife

Authorizations

Instructions: The individual authorized by the company to sign the Application For Group Insurance must complete the following Certification section of this form to confirm actions that the company has requested or undertaken with respect to the implementation of MetLife insurance and/or service program(s). Please read carefully and complete by checking all boxes that apply.

Certification: I certify that I am the individual authorized by the company named on the attached Application For Group Insurance to sign the application on behalf of the company. By checking any box below, and by signing and submitting the Application For Group Insurance, I certify on behalf of the company the accuracy of the statement immediately following each checked box.

By checking this box and signing the Application for Group Insurance, I certify that the Gramm-Leach-Bliley (Consumer) Privacy Notice has been distributed to all affected employees. You can view and/or print a copy of the Gramm-Leach-Bliley Privacy Notice through the link provided: *

<https://eforms.metlife.com/wcm8/OIDAction.do?OID=4685>

By checking this box and signing the Application for Group Insurance, I certify that I have received a copy of the Intermediary Compensation Notice. *

<https://eforms.metlife.com/wcm8/OIDAction.do?OID=26685>

I am an authorized representative of the MetLife customer named on this document. I have read and understand the HIPAA Information for New MetLife Group Dental and/or Vision Insurance Customers. By my signature at the end of this form, I confirm that the customer: (Select ONE of the three options below)

Does not wish to have access to employee's Protected Health Information (PHI)

Has submitted a copy of a signed HIPAA Plan Sponsor Certification Form indicating that the customer has already amended their plan document to include HIPAA language required to permit disclosure of PHI to the plan sponsor. (To be created by customer legal advisor)

Has reviewed and adopted the Sample Summary Plan Description HIPAA Privacy Language for use in its summary plan description. The customer has submitted a completed and signed copy of the HIPAA Request Form. *

Click on the following link to access the Sample Summary Plan Description HIPAA Privacy Language:

<https://eforms.metlife.com/wcm8/OIDAction.do?OID=30442>

By checking this box and signing the Application for Group Insurance, I certify that I have received a copy of the HIPAA Information for New MetLife Group Dental and/or Vision Insurance Customers. *

Go Green Go Paperless!

The company is requesting that MetLife deliver the group insurance policy and certificates to the company via e-mail as Adobe pdf documents and confirms that it is able to save them as electronic records and print them for distribution to individuals who become covered under the group insurance policy. (Please note: If the company is unable or unwilling to accept each of these documents electronically check "Do Not Send Electronic Policy and Certificates" and a paper copy of each will be sent to the company.)

I authorize Metlife to send electronic Policy & Certificates to me the Employer *

I would like a Paper Policy & Certificate sent to me the Employer

Group Benefits Confirmation Form



MetLife

HIPAA Request

If you wish to include in your booklet certificate the HIPAA privacy language shown on the specimen "Sample Dental and/or Vision Booklet Certificate/SPD Language" provided to you by MetLife, please answer the following questions, sign, and return this form to your MetLife Sales Office.

- A. Are there employees of the Plan Sponsor that may access PHI (Protected Health Information) provided by the Plan? If there are, please provide their title(s) or other identifiers below.

PLEASE DO NOT PROVIDE THEIR NAMES; ONLY TITLE OR OTHER IDENTIFIER.

Title **Treasuere**

Title **HR Director**

Title **HR Assistant**

Title **Payroll**

Title

Title

- B. Should the term "Privacy Officer" be included in Section III. (c) "Sharing of PHI with the Plan Sponsor" of the Dental and/or Vision Plan Document? *
- Yes No
- C. Should Section IV. "Participant's Rights" be included in the Dental and/or Vision Plan Document? (This is an optional section.) *
- Yes No
- D. Should Section V. "Privacy Complaints/Issues" be included in the Dental and/or Vision Plan Document? (This is an optional section.) *
- Yes No

As a duly authorized representative of the Customer named below and its group dental and/or vision plan, and consistent with such Customer's decision to amend its plan document to incorporate HIPAA privacy provisions, I hereby request that MetLife include in Customer's booklet certificate HIPAA privacy language reflecting Customer's choices on this form.

Customer Name * **Rocky River City School**

Authorized Representative * **Greg Markus**

Date ***09/09/2013**

Group Benefits Confirmation Form



MetLife

Producer (Broker) Information

Group Name * **Rocky River City School**

Commission Paid to: Producer Corporation *

Are commissions being split between more than one producer?

If yes, please complete a form for each. *

Yes No

Is there a Third Party Administrator (TPA) or General Agent (GA) associated with the sale? * Yes No

Additional Producer (Broker) Information

Please complete Non-Standard Commission Agreement Form below.

Primary Writing Producer Information

First Name * **JAMES**

Middle Initial

Last Name * **DUSTIN**

SSN * **292-52-9880**

Producer's Email Address * **JRichter@employeebenefitsint.com**

Street Address * **4700 ROCKSIDE RD STE 505**

City * **INDEPENDENCE**

State * **OH**

Zip * **44131-2149**

Contact at Producer's Office * **Jason Richter**

Contact's Email Address * **JRichter@employeebenefitsint.c**

Phone Number * **(216) 264-2713**

Ext.

Fax Number

Corporate Address is different from Writing Producer Address

NEF Agent

Metlife Career Agent

Metlife Resource

Corporation Information

Corporation Name * **Employee Benefits International Inc**

Corporate Fed Tax ID # * **56-2676854**

Corporation Address * **4700 Rockside Road, Ste. 505**

City * **CLEVELAND**

State * **OH**

Zip * **44131**

MetLink User Information

Do you have a Current Metlink ID? Yes No

Group Benefits Confirmation Form



MetLife

MetLife
U.S. Business - Sales & Broker Compensation Services

Non-Standard Commission Agreement

This Agreement between Metropolitan Life Insurance Company ("MetLife") and the undersigned producer ("Producer") is effective for first and subsequent year commissions, if applicable, for the customer.

1. Commissions. Producer will receive commissions from MetLife for each coverage sold in the month after premium is received by MetLife. Monthly payments will be determined by applying the attached schedule to the actual premium received per line of sold coverage within the policy year, and subtracting the commissions already paid during the policy year. Commissions are calculated based on premium received by line of coverage and will be paid so long as (a) Producer is licensed by the applicable State Insurance Department and appointed by MetLife to sell the insurance provided by the policy; (b) Producer services the business; (c) MetLife recognizes Producer as the agent/broker of record; (d) any commission advances or overpayments have been properly recovered by MetLife; (e) the policy remains in force; and (f) this Agreement is in effect.

2. Risk Acceptance. It is understood and agreed that MetLife retains the exclusive right to (a) bind or commit MetLife on any risk in any matters; (b) decline any application for insurance submitted by the Producer; (c) discontinue any form of policy in any or all jurisdictions in which MetLife does business; and (d) resume the use of any policy at any time.

3. Overpayments. It is agreed that any overpayment of commissions which may occur due to clerical error; cancellation of coverage; refund of premium; payment of any advance if applicable; change of agent/broker of record by the policyholder or MetLife; or any other reason, will be returned to MetLife by the Producer. It is further agreed that MetLife is authorized to recover any overpayments from the current or future commission owed the Producer by MetLife or its affiliates. Producer agrees to reimburse MetLife for expenses, including costs and attorneys' fees, associated with the collection of outstanding debts due MetLife from Producer.

4. Independent Contractor. Producer acknowledges and agrees that it is an independent contractor and not an employee of MetLife. (Note: Not applicable to MetLife Financial Services Representatives.)

5. Notices. If Producer receives notice of the commencement of any legal, regulatory or administrative proceedings involving MetLife or Producer, or if it receives any communication from any Insurance Department or other administrative agency or any other person identifying a complaint registered against MetLife or Producer, Producer shall, following receipt of such notice, immediately notify MetLife of the proceeding or complaint, and promptly forward any correspondence or necessary files.

6. Customer Information. Producer agrees to treat all information about individuals who enroll, apply for or purchase MetLife's products or services that Producer may have or may obtain in connection with its obligations under this Agreement ("Customer Information") as confidential. Customer Information may include, but is not limited to, an individual's name, address, social security number, as well as any financial or health information relating to the individual. Producer may use Customer Information, in accordance with MetLife's privacy policy, only for the purpose of fulfilling its obligations under this Agreement and Producer may not disclose Customer Information to anyone other than the individual to whom the information relates, except as required for Producer to fulfill its obligations under this Agreement or as otherwise directed by MetLife, or except as expressly required by law. Producer must also ensure that Customer Information is maintained, stored and transmitted in a secure manner in accordance with all applicable laws. To the extent that Producer becomes aware of a failure of security measures or any use or disclosure of Customer Information that is not permitted by this Agreement, Producer shall immediately report such incident to MetLife at securitybreach@metlife.com and cooperate with MetLife to fulfill any resulting legal obligations.

7. Protected Health Information. 7.1. In order to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") and to further protect the confidentiality of any Protected Health Information "PHI" (as defined below) disclosed to or used by Producer pursuant to this Agreement, MetLife and Producer agree to the following with respect to any PHI received or created by Producer in providing services pursuant to this Agreement, including PHI received or created prior to the effective date of this Agreement ("MetLife PHI"): (a) the obligations regarding MetLife PHI contained in this section shall be in addition to any other obligations contained in this Agreement that apply to MetLife PHI; (b) Producer may not use or disclose MetLife PHI except to provide services pursuant to this Agreement; (c) Producer shall use appropriate safeguards to prevent use or disclosure of MetLife PHI; (d) MetLife and Producer represent and warrant that their security procedures are adequate to protect and maintain the confidentiality of MetLife PHI; (e) Producer shall promptly report to MetLife any use or disclosure of MetLife PHI not permitted by this Agreement of which it becomes aware; (f) Producer shall ensure that any agents, including any sub-contractors or Producer affiliates, that Producer may use in accordance with this Agreement and to whom Producer provides MetLife PHI or who uses MetLife PHI has been approved by MetLife in writing and agrees to the same restrictions and conditions that apply to Producer with respect to MetLife PHI pursuant to this Agreement; (g) within fifteen (15) days of MetLife's request, Producer shall provide to MetLife any MetLife PHI or information relating to MetLife PHI as deemed necessary by MetLife to comply with its obligations under HIPAA to provide individuals with access to, amendment of, and an accounting of disclosures of their MetLife PHI, and Producer agrees to incorporate any amendments of the MetLife PHI as requested by MetLife; (h) Producer agrees to make its internal practices, books, and

Group Benefits Confirmation Form



MetLife

7. Protected Health Information (continued). records relating to its use or disclosure of MetLife PHI available to the Secretary of the United States Department of Health and Human Services at his/her request to determine MetLife's compliance; (i) Producer agrees that upon termination of the Agreement it will, if feasible, return or destroy all MetLife PHI it maintains in any form and retain no copies, and if such return or destruction is not feasible, Producer agrees to extend the protections of this Agreement to the MetLife PHI beyond the termination of this Agreement and further agrees that any further use or disclosure of the MetLife PHI will be solely for the purposes that make return or destruction infeasible; (j) Producer agrees that it will not disclose MetLife PHI, other than enrollment information, to an employer or plan sponsor, unless the employer or plan sponsor has taken the steps required by HIPAA to permit disclosure to the employer or plan sponsor; (k) Producer may use or disclose MetLife PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law, and only to the extent that such use or disclosure complies with any applicable HIPAA requirements relating to uses and disclosures required by law; and (l) Producer shall (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic MetLife PHI that Producer creates, receives, maintains, or transmits on behalf of MetLife; (2) ensure that any agent of Producer, including any subcontractor or Producer affiliate to whom Producer provides electronic MetLife PHI, agrees to implement reasonable and appropriate safeguards to protect electronic MetLife PHI; and (3) report to MetLife any security incident related to electronic MetLife PHI of which Producer becomes aware. 7.2. Producer agrees and acknowledges that it is directly subject to HIPAA, as amended by the HITECH Act, including its provisions relating to security and privacy of PHI as well as its enforcement and penalty provisions. Producer agrees that it shall: (a) comply with all applicable security and privacy provisions of HIPAA as amended by the HITECH Act and as it may be amended from time to time; (b) not act in any way to interfere with or hinder MetLife's ability to comply with HIPAA, as amended by the HITECH Act and as it may be amended from time to time; and (c) notify MetLife within five (5) business days after discovering a "breach" as that term is defined in Section 13400 of the HITECH Act at the following e-mail address: securitybreach@metlife.com. 7.3. In the event Producer learns of a pattern of activity or practice of MetLife that constitutes a material breach or violation of its obligations relating to PHI under this Agreement, Producer shall take reasonable steps to work with MetLife to cure the breach or end the violation. If such steps are unsuccessful, Producer shall terminate this Agreement, if feasible, or, if termination is not feasible, report the problem to the Secretary of Health and Human Services. 7.4. Protected Health Information ("PHI") is defined in HIPAA as individually identifiable information that is transmitted or maintained in any medium and relates to: the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or past, present, or future payment for the provision of health care to the individual. MetLife and Producer understand that this definition of PHI includes demographic information about the individual, including names; geographic subdivisions smaller than a state (including but not limited to street addresses and ZIP codes); all elements of dates (except year) for dates directly related to an individual, including but not limited to birth date; telephone numbers; fax numbers; electronic mail (E-mail) addresses; Social Security numbers; Medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URL's); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code. 7.5. Producer's breach of any of the provisions of Paragraph 7 shall constitute a material breach of this Agreement and provide grounds for immediate termination by MetLife, notwithstanding any other provision of the Agreement.

8. Amendments. MetLife reserves the right to amend this Agreement by providing Producer with thirty (30) days prior written notice of the change.

9. Advertising. For the sale or marketing of MetLife products, Producer shall use only sales material approved in writing by MetLife.

10. Termination. MetLife may terminate this Agreement at any time for any or no reason. Additionally, this Agreement shall terminate immediately if (a) Producer is no longer appointed by MetLife to sell its products; (b) Producer is not licensed by the applicable state insurance department; (c) Producer breaches any provision of this Agreement; (d) Producer commits or its agents commit fraud, embezzlement, gross negligence or other legal misconduct. The rights and obligations established under Sections 3, 5, 6, and 7, hereof, shall survive the termination of this Agreement.

METROPOLITAN LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Dean Witte".

Dean Witte, VP Sales Compensation Administration

09/12/2013

Date *

JAMES DUSTIN

Producer's Signature

JAMES DUSTIN

Producer's Printed Name *

562-67-6854

Social Security Number (Tax ID if Corporation) *

Non-Standard Commission Agreement (05/13)

Page 2 of 4

RFP ID:

1-5YT6YC

Group Benefits Confirmation Form



MetLife

MetLife
U.S. Business - Sales & Broker Compensation Services

Non-Standard Commission Agreement

MetLife Non-Standard Commission Schedule for *

Rocky River City School

Coverage sold

Non-Standard Commission

Basic Life/AD&D		% of annual premium
Core Life/AD&D		% of annual premium
Dependent Life		% of annual premium
Buy-Up Life/AD&D & Dependent Life AD&D		% of annual premium
Enhanced Optional Life/AD&D & Dependent Life AD&D		% of annual premium
Short Term Disability		% of annual premium
Core Short Term Disability		% of annual premium
Buy Up Short Term Disability		% of annual premium
State Mandated Disability		% of annual premium
Voluntary Short Term Disability		% of annual premium
Long Term Disability		% of annual premium
Core Long Term Disability		% of annual premium
Buy Up Long Term Disability		% of annual premium
✗ Dental	3	% of annual premium *
Vision		% of annual premium
DHMO - Florida		% of annual premium
DHMO - California		% of annual premium
DHMO - Texas		% of annual premium
DHMO - New Jersey		% of annual premium
Managed Dental Plan - New York		% of annual premium
DHMO - Illinois		% of annual premium

Group Benefits Confirmation Form



MetLife

If you are a MetLife Financial Services Representative, Senior Partner or Unified Brokerage Associate, or New England Financial Agent or Broker, the commission amounts shown above will be treated as Gross Dealer Concessions ("GDC") and compensation will

JAMES DUSTIN

Producer's Signature

09/12/2013

Date *

JAMES DUSTIN

Producer's Printed Name *

562-67-6854

Social Security Number (Tax ID if Corporation) *

5912163

Customer Number *

Rocky River City School

Customer Name *

Group Benefits Confirmation Form



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

APPLICATION FOR GROUP INSURANCE

The applicant named below is applying for a Group Policy to provide insurance for the persons specified below.

APPLICANT DATA

1. Full Legal name of Applicant : * Rocky River City School (the "Policyholder")
2. Address: * 1101 Morewood Parkway City * ROCKY RIVER State * OH Zip * 44116

POLICY EFFECTIVE DATE

The Group Policy's effective date will be * 09/30/2013, subject to MetLife's acceptance of this application and the Applicant's payment of the Premium due on or before such date.

POLICY SITUS

The Group Policy will be issued for delivery in and governed by the laws of Ohio.

COVERAGE DATA

	Employees / Members Only	Employees / Members and Dependents
Basic Life	<input type="checkbox"/>	<input type="checkbox"/>
Basic Life with AD&D (Note: Basic AD&D is not available for Dependents)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supplemental Life	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Life with AD&D	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Short Term Disability	<input type="checkbox"/>	
Long Term Disability	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>

PREMIUM DATA

Premiums will be paid: monthly * quarterly annually other: _____

Attached is an advance payment of: \$ * 21,166.00

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of the Group Policy, including its Exhibits, amendments and endorsements, if any.

Fraud Warning. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Applicant's Authorized Representative

Signed at: City Rocky River, State OH Date: 09/12/2013

Name of Authorized Representative Greg Markus

Title of Authorized Representative Treasurer

Applicant Signature *****

Signature of Licensed MetLife Agent or Resident Agent as required by law

Agent's State License No. * 65528 Date: * 09/12/2013

Name of Agent: * JAMES DUSTIN

Agent Signature * *****

Group Benefits Confirmation Form



MetLife

Special Instructions

Special Instructions	Left by	Section
	MetLife	General Comments

**Rocky River Schools
Dental Comparison
Effective October 1, 2013**



Up to 7% Maximum Rate Cap for 2014, 15 Month Contract

	United HealthCare				United HealthCare				MetLife			
	Current Buy-Up		Current Core		Renewal Buy-Up		Renewal Core		Buy-Up		Core	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible												
Single	\$25		\$25		\$25		\$25		\$25		\$25	
Family	\$50		\$50		\$50		\$50		\$50		\$50	
Annual Maximum	\$1,500		\$1,500		\$1,500		\$1,500		\$1,750		\$1,750	
Preventative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Child Ortho (Age 19)	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Ortho Maximum	\$1,500		\$1,500		\$1,500		\$1,500		\$1,500		\$1,500	
Endodontics	Basic		Basic		Basic		Basic		Basic		Basic	
Periodontics	Basic		Basic		Basic		Basic		Basic		Basic	
Waiting Period	N/A		N/A		N/A		N/A		Late Entrant		Late Entrant	
Claim Basis	Discounted Fees	UCR 90th	Discounted Fees	MAC	Discounted Fees	UCR 90th	Discounted Fees	MAC	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	Negotiated Fee Schedule - MAC
Participation Req.	None		None		None		None		100% & Min 10 Covered Lives		100% & Min 10 Covered Lives	

	A	B	RENEWAL RATES				TENTATIVE RATES					
Employee	21	44	\$37.08	\$25.37	\$41.86	\$28.64	\$35.97	\$24.61				
EE + Spouse	0	0										
EE + Child(ren)	0	0										
Family	70	119	\$123.45	\$84.47	\$139.36	\$95.36	\$119.75	\$81.94				
Monthly Plan	91	163	\$9,420	\$11,168	\$10,634	\$12,608	\$9,138	\$10,834				
Monthly Total				\$20,588		\$23,242		\$19,972				
Annual Total				\$247,061		\$278,907		\$239,659				
DollarAdjustment						\$31,846		-\$39,248				
Adjustment						12.9%		-14.1%				

(Based on current enrollment)

Rocky River Schools
Life/AD&D Comparison
 Effective October 1, 2013



Class	Guardian*		MetLife
	Current	Renewal	Option 1
I-V Description Life AD&D	Flat Amount Same as Life	Flat Amount Same as Life	Flat Amount Same as Life
Guarantee Issue	Simplified Underwriting	Simplified Underwriting	Yes
Participation Requirement	100%	100%	100%
Rate Guarantee	36 Month	36 Month	27 Month

	CURRENT RATES	RENEWAL RATES	TENTATIVE RATES
ESTIMATED VOLUME	\$14,910,000	\$14,910,000	\$14,910,000
Life Rate/\$1,000	\$0.085		\$0.080
AD&D Rate/\$1,000	\$0.020		\$0.020
Monthly **	\$1,566		\$1,491
Annual**	\$18,787		\$17,892
Dollar Adjustment			-\$895
Adjustment			-4.8%

* Guardian Renewal Rates Not Available Yet

** Estimates Only

GENERAL CONSULTING SERVICES AGREEMENT

THIS AGREEMENT FOR FORECAST SOFTWARE, DATA POPULATION AND TRAINING (this "Agreement") is entered as of this 10th day of September, 2013 by and between Rocky River City School District ("District") and Public Finance Resources. Incorporated ("PFR").

RECITALS:

WHEREAS, District seeks to retain PFR to provide forecasting software pertaining to the district's preparation of its five-year financial forecast, and PFR desires to provide such services, on the terms set forth in this Agreement;

WHEREAS, District understands and acknowledges that the services to be provided under this Agreement are not financial advisory, and

WHEREAS, District's decision to retain PFR for forecasting software and training, and the District's execution and delivery of this Agreement have been approved by all necessary action on the part of District.

NOW THEREFORE, the parties hereto agree as follows:

I. Scope of Work

PFR shall provide the following services to District, as requested by District:

- A. Forecasting Software (\$1,449)
 - 1) Latest model of PFR's financial forecasting software model.
 - 2) District-specific data from the Ohio Department of Education and Taxation will be pre-populated in to the model – tax rates, census data, FTE, enrollment, valuations, and abstract data.
- B. Historical Data Population (\$960)
 - 1) Population of historical monthly revenue and expenditure data.
 - 2) Population of district-specific enrollment, staffing, funding components, and real estate settlements.
- C. Web-Based Software Training (\$960)
 - 1) Web-based training sessions on use of forecast model.
 - 2) Additional on-site sessions available at daily rate of \$960, plus travel expenses, per request of district CFO.

Upon execution of this agreement, the District will send data files and reports which will include historical financial information for the district. PFR will perform preliminary input of data and work off-site, and will request additional information by communicating with the District's treasurer and/or superintendent, and other staff so deemed necessary. An onsite meeting will then be scheduled once data is populated to train district personnel on use of the model.

PFR is only agreeing to provide software model, population of historical district data, and training on use of software model to District. PFR will not be providing general consulting services and/or recommendations to the district for long-term financial planning. All assumptions modeled in the forecast are the intellectual property of the District.

II. District Agreement

The District agrees to provide the following:

- A. Monthly historical revenue and expenditure data;
- B. Real estate collection data for current and prior calendar years;
- C. Tax levy data and valuation information;

- D. EMIS reports as requested, Enrollment-K and Staff Ag report; and,
- E. All other information as requested by PFR in order to complete the financial forecast in a timely manner for filing with the State Department of Taxation.
- F. The District also agrees that any publication of information supplied by PFR in connection with this Agreement will not be circulated to the general public without prior written consent permission of PFR.

III. Compensation and Terms of Payment

For the general consulting services provided hereunder, PFR shall receive the following compensation:

A fixed fee equal to \$3,369 as specified in section I above, payable upon receipt of invoice. Additionally, and only if requested by the district and agreed upon by PFR, up to \$1,920, plus travel expenses if applicable will be charged for additional on-site training and consulting services as requested by the District, outlined in item C of section I above. The source of the payment of any and all fees may be General Fund cash, bond proceeds if approved by Bond Counsel or other source deemed appropriate by the District. However, in signing this agreement, the District commits to pay the fee regardless of the payment source.

V. Information to Be Furnished to PFR

All information, data, reports and records necessary for performing under this Agreement shall be furnished to PFR without charge by District, and District shall provide such cooperation as PFR may reasonably request to assist PFR in providing the services hereunder.

VI. Indemnification; Limitation of Liability

District agrees that neither PFR nor its employees, officers, agents or affiliates shall have any liability to District for the Services provided hereunder except to the extent it is judicially determined that PFR engaged in gross negligence or willful misconduct. In addition, to the extent permitted by applicable law, District shall indemnify, defend and hold PFR and its employees, officers, agents and affiliates harmless from and against any losses claims, damages and liabilities that arise from or otherwise relate to this Agreement, actions taken or omitted in connection herewith, or the transactions and other matters contemplated hereby, except to the extent such losses, claims, damages or liabilities are judicially determined to be the result of PFR's gross negligence or willful misconduct.

VII. Term of the Agreement

This Agreement shall become effective on September 10, 2013, and shall continue through completion of on-site training. This Agreement may be extended for an agreed upon time period with the execution of an addendum to this Agreement in writing between both parties. Notwithstanding the foregoing, this Agreement may be terminated by either party upon at least 30 days written notice to the other party.

Upon termination of this Agreement, PFR shall be entitled to just and equitable compensation for any services provided prior to such termination for which PFR has not previously received compensation.

Viii. Non-Discrimination

PFR, as the supplier of forecasting software to the District, is covered by this Agreement and will not discriminate in any way in connection with the Agreement in the employment of persons, or refuse to continue the employment of any person, on account of the race, creed, color, sex, national origin, or other protected class of such person or persons.

IX. Miscellaneous

This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio. This Agreement may not be amended or modified except by means of a written instrument executed by both parties hereto. This Agreement may not be assigned by either party without the prior written consent of the other party. This Agreement represents the entire agreement and understanding of the parties with respect to the subject matter hereof and supersedes any prior or contemporaneous agreements,

arrangements, understandings, negotiations and discussions between the parties involving such subject matter.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

District - _____

Public Finance Resources, Inc.

By: _____

By: Ernie Strawser, Consultant

Its: _____

PO #: _____

Master Service Agreement

THIS MASTER SERVICE AGREEMENT (the "**Master Service Agreement**") is made as of September 19, 2013 to be effective (September 19, 2013) by and between People 2.0, Inc. and Rachel Wixey & Associates, Inc. an Ohio corporation (jointly as vendor, hereafter referred to as the "**Company**"), and Rocky River City Schools (the "**Client**" and, together with the Company, the "**Parties**").

R E C I T A L S

WHEREAS, People 2.0, Inc., and Rachel Wixey & Associates, Inc., have signed a binding legal agreement authorizing Rachel Wixey & Associates, Inc., to act as People 2.0's licensed Affiliate in the Ohio area, in all staffing related services.

WHEREAS, the Client wishes to purchase certain Services, and the Company wishes to provide such Services to the Client, pursuant to and in accordance with the provisions of this Master Service Agreement and each service may be executed by the Parties pursuant to the Master Service Agreement.

NOW, THEREFORE, IN CONSIDERATION of the premises hereof, and the mutual promises and obligations herein, the Parties hereto, intending to be legally bound, hereby agree as follows:

A. Scope of Service

The Company will provide the Client with recruitment of school based employees for substitute classified positions as needed. Recruiting initiatives will include promoting the district and the opportunity for employment by using media outlets, online postings, leveraging relationships with state wide Colleges and Universities, candidate pools from other Company districts, and other traditional and non-traditional methods. The Company will ensure all state requirements are met and manage all records compliance for employees working for the Client and / or at the Client site(s). The Company will provide professional employment services for substitute school employees working for the Client, and maintain responsibility for accurately tracking substitute work time, processing payroll, managing risk and paperwork associated with unemployment and worker's compensation. The Company will carry the liability insurance required for all substitute employees working for the Client and / or at the Client site(s).

At the end of each school year, the Company will be responsible for providing all substitute teachers a letter of reasonable assurance for work after seasonal employment. The Company will solicit a letter of intent from each substitute teacher to identify their interest and intent in returning for substitute assignments the following school year.

ATTENTION: This correspondence, including any attachments, is sent by Rachel Wixey & Associates and may contain CONFIDENTIAL INFORMATION. Therefore, this correspondence **may not be a public record** subject to disclosure under Ohio law. Prior to disclosing any information contained in this correspondence to any third-party, you must indicate the intended disclosure directly to Rachel Wixey at Rachel Wixey Associates.

The Company will audit each substitute teacher personnel file and require all licensure requirements be updated before returning for assignment the following school year. The Company will provide the scheduling of substitute employees as needed, in the absence of a Client employee or other regular staff member of the Client. The Company will serve as Aesop Administrator for the Client, and the Client will experience and have full use of the Aesop system and all features. The Client will maintain the contract with Aesop for use of their software.

B. Training and Development and Support

The Company believes that better preparation, training and development produces higher quality educators in the classroom. The Company holds Teacher preparation as a high priority and takes responsibility to ensure each substitute teacher recruited by the Company will be provided:

- Training in Blood Borne Pathogens, Child Abuse Prevention and Awareness, Bullying Prevention and Safe School Lock Down will be required
- A more comprehensive training plan built and administered by the Company at the request of the Client (through Public School Works), specific to the position types addressed in this Agreement

The Company will ensure training deadlines for substitutes have been met within three months of employment in the Client worksite(s).

The Company will conduct new hire orientations for all new substitutes hired to work at the Client worksite(s). Orientations will be designed to include the Client information and policies, as well as Company specific information.

C. Payroll Administration and Retirement

The Company will provide payroll services for all employees assigned to the Client worksite(s). The Company is responsible for ensuring all taxes, unemployment burden, worker's compensation burden and liability insurances are fully covered for each person employed by the Company. The Company will manage the deduction for State Employees Retirement System (SERS), and provide the employee retirement deductions for SERS, along with the state required reporting. SERS payments will be submitted immediately following each payroll. The Company will provide the Client with the necessary payroll reports for Client records. The Client will be responsible for the 14% Board retirement contribution for payment to the appropriate retirement system SERS.

ATTENTION: This correspondence, including any attachments, is sent by Rachel Wixey & Associates and may contain CONFIDENTIAL INFORMATION. Therefore, this correspondence **may not be a public record** subject to disclosure under Ohio law. Prior to disclosing any information contained in this correspondence to any third-party, you must indicate the intended disclosure directly to Rachel Wixey at Rachel Wixey Associates.

D. Supervision and Safety

The Client will provide the primary Workplace Security and Supervision, including on-site work performance and productivity of all employees provided by the Company. The Company will reinforce any Client policy as requested, and will enforce all policies set forth by the Company. The Company does not accept responsibility for any property loss or damage that may be caused by the deliberate acts or omissions of the employees provided.

The Client agrees to use the Company's employees only to perform the duties for the specific position for which they were assigned and agrees that duties will not be altered or expanded in any way without the prior written consent of the Company.

The Client is solely responsible for compliance to all applicable health and safety laws, including any pertinent OSHA and/or FDA regulations and requirements. The Client will communicate to the Company employees all hazards in the workplace, provide any training or equipment which may be required or normal and customary in its business, and will take due care to protect employees from exposure to any hazardous conditions or materials.

E. Equal Opportunity Employer

The Parties agree that they are Equal Opportunity Employers and do not discriminate based on an employee's race, color, sex, age, religion, national origin, mental or physical disability, ancestry, military discharge status, sexual orientation, marital status, source of income, parental status, housing status, or other protected status, in accordance with applicable federal and state law.

F. Service Fees

The applicable fees for each Service delivered pursuant to the Agreement (together with the Additional Fees, if any, the "**Service Fees**") shall be set forth in the following cost structure:

The Company agrees to provide professional Human Resource services specific to recruiting, qualifying, scheduling, training and development, hiring and payroll as outlined in (A), (B) and (C) by the following rates:

Substitute Classified position:

Special Educational Aide Pay Rate: \$10.00/hour pay; Special Educational Aide Bill Rate: \$12.30/hour

Regular Educational Aide Pay Rate: \$7.85/hour pay; Regular Educational Aide Bill Rate: \$9.65/hour

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G. Payment Terms

All invoices issued by the Company shall be due and payable within 15 calendar days of the invoice date. The Client agrees to pay the Company by the Price Structure outlined herein (F.)

H. Confidential Information

Each Party agrees to use the other Party's Confidential Information solely for the purposes of carrying out its obligations under this Agreement, and to refrain from disclosing that Confidential Information to any third-party, unless and to the extent: (a) any disclosure is necessary or appropriate in connection with the performance of its obligations or exercise of its rights under this Agreement; (b) any disclosure is required by applicable law including public records law (O.R.C. §149.43, *et seq.*) or open meetings law (O.R.C. §121.22, *et seq.*); provided that, if practicable, the party required to make such disclosure uses reasonable efforts to give the party to whom the relevant Confidential Information relates reasonable advance notice thereof (i.e., so as to afford that party an opportunity to intervene and seek an order or other appropriate relief for the protection of its Confidential Information from any unauthorized use or disclosure) and the Confidential Information is only disclosed to the extent required by law; (c) any disclosure is made with the consent of the disclosing party; or (d) to employees, consultants or agents to whom disclosure is necessary to realize the benefit of this Agreement and who agree to be bound by the terms hereof.

I. Term Agreement

The initial term of this Agreement shall be September 19, 2013 – June 30, 2014 (the "**Initial Term**"). The Initial Term of the Agreement shall automatically be extended for additional successive periods of one year each (each, a "**Renewal Term**," and, together with the Initial Term, the "**Term**") at the conclusion of the Initial Term and each Renewal Term, unless either Party shall give written notice of termination to the other Party at least sixty (60) calendar days prior to the commencement of the applicable forthcoming Renewal Term. Either Party may terminate this agreement with written notice 60 (sixty) calendar days.

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IN WITNESS WHEREOF, the Parties have caused this Master Service Agreement (five total pages) to be executed by a duly authorized representative thereof, respectively, as of the Effective Date.

Prepared and Agreed by:

Rachel Wixey & Associates, Inc.

By: _____

Print name: _____

Title: _____

Acknowledged and Agreed by:

Rocky River City Schools

By: _____

Print name: _____

Title: _____

Rocky River City Schools

By: _____

Print name: _____

Title: _____

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RESOLUTION TO APPROVE CHANGE MANAGEMENT ITEMS (CMI'S)

BE IT RESOLVED by the Board of Education of the Rocky River City School District that the following Change Management Items for the Rocky River High School Additions and Renovation Project be ratified as previously recommended by the Architect and the Executive Director of Construction Services.

ROCKY RIVER HIGH SCHOOL SCHOOL ADDITIONS AND RENOVATION PROJECT:

<u>CHANGE EVENT</u>	<u>DESCRIPTION</u>	<u>CONTRACTOR</u>	<u>AMOUNT</u>
339	Remove and re-route existing gas, water and sanitary lines in the new Facilities Area that were concealed in the existing walls. These lines must be removed and relocated to accommodate the new wall layout. This work was performed on T & M basis.	Harner Plumbing, Inc.	\$14,320.00
370	Reconcile the costs for Allowances #1 and #2 pertaining to removal of unsuitable soils in the Stadium Lot, South Lot and Wagar Lot and replacement with geotechnical grid and aggregate base material. Actual costs are based on quantity of soils determined to be unsuitable by the Testing Agency. Work also includes the relocation of a concrete shot put pad that was in conflict with the new Stadium Lot.	Ohio Paving & Construction	\$20,526.85
371	Install a concrete ramp from the Stadium Parking Lot to the area under the home-side bleachers at the football stadium, as requested by the School District, to allow vehicular access to the storage	Ohio Paving & Construction	\$552.67

area under the bleachers.

384

Provide an extension of time of twelve (12) working days to the Contract Completion date for the Parking Lot Improvements work due to additional undercut areas, additional underdrain depth and inclement weather in June, 2013. The new Contract Completion Date would be August 27, 2013. There is no cost associated with this change.

Ohio Paving &
Construction

No Change

EXHIBIT I
BOARD OF EDUCATION MEETING
SEPTEMBER 19, 2013

RESOLUTION TO APPROVE CANDIDATE FOR GRADUATION

BE IT RESOLVED by the Board of Education of the Rocky River City School District that Franko Mucaj, who has completed the course requirements as specified by Policy, be approved for graduation from Rocky River High School.