BOE
TRANSFERS

TRANSFER	FROM	TO	REASON
$7,830.00	A2250.150	A2815.450	PURCHASE OF AED'S
$9,797.00	A5530.400	A5510.450	PURCHASE OF DIESEL FUEL & GASOLINE
$4,260.00	A1620.400	A1621.450	PURCHASE OF FLUSH VALVES
$28,500.00	A1620.400	A1620.400	PURCHASE FUEL OIL
$4,500.00	A1620.200	A1621.400	STAGE REFINISHING
$5,000.00	A1620.200	A1621.400	PURCHASE CARPET AND BASE IN BOE ROOM
$4,100.00	A1620.200	A1621.400	PURCHASE TILE
$10,692.00	A2630.400	A2630.200	PURCHASE COMPUTERS
$12,700.00	A2110.130	A2110.480	PURCHASE TEXTBOOKS
$30,000.00	A2280.150	A1621.400.74	KEYS AND LOCKS -PROJECT
$8,000.00	A1620.400.23	A1621.400.77	GARBAGE DISPOSAL - PROJECT
$8,000.00	A1621.160	A1620.400.27	PHONE - PROJECT
$6,228.00	A2280.150	A1621.400.75	CARPET - PROJECT
$10,000.00	A2280.150	A1420.400	LEGAL
$19,000.00	A1620.400.23	A1620.200	PURCHASE OF SECURITY CAMERA'S/ TABLES
$1,143.00	A1620.400.10	A1620.200	PURCHASE OF SECURITY CAMERA'S/TABLES

BOE
TRANSFERS

TRANSFER $	FROM	TO	REASON
1700	A2110.400	A2855.400	Transfer funds to cover athletic contractual exspenses of officials
610	A2110.450	A2855.450	Transfer funds to cover althletic awards
10050	A2610.490	A1680.490	Transfer within boces budget to cover new copiers payment
2850	A2810400	A2810450	Transfer from guidance cont to materials for ap exams
2500	A2250450	A2250400	Transfer from material & supplies to contractual to cover evaluations
5750	A2020.150	A14240.400	Transfer to cover Superintendents milage and cell
24217	A2250.150	A2250.470	TO COVER NRT (FOSTER) COST JEFFERSON SCHOOL
1464.9	A162040023	A162140064	To cover cost of fixing flashing light
5050	A1010.400	A1240.400	To cover contract with Asset Works - 2012 physical inventory
10000	A2250.150	A2250.400	To cover special education costs for services provided
700	A2110.400	A2330.400	CONTINUING ED INSTRUCTOR FEE
1080	A1620.400.10	A1621.450.01	CEILING TILES
5000	A2020.150	A1310.160	END YR PAYROLL TRANSFERS
2925	A2110.130	A2110.120	END YR PAYROLL TRANSFERS
1250	A2110.130	A2110.130.01	END YR PAYROLL TRANSFERS
8000	A2110.130	A2110.140	END YR PAYROLL TRANSFERS
8500	A2110.130	A2110.160	END YR PAYROLL TRANSFERS
700	A2110.130	A2610.150	END YR PAYROLL TRANSFERS
9200	A2280.150	A2850.150	END YR PAYROLL TRANSFERS
500	A2280.150	A2850.160	END YR PAYROLL TRANSFERS
800	A2280.150	A2855.160	END YR PAYROLL TRANSFERS
22000	A5510.210	A5510.160	END YR PAYROLL TRANSFERS
2000	A2855.150	A2630.400	Expense for IT from Sharon Springs
550	C2860.410	C2860.400	To cover contractual cost
3000	C2860.410	C2860.450	To cover Material and Supply costs
1696.92	C2860.200	C2860410	To cover food expense
2000	C2860450	C2860410	To cover food expense

Four Winds
SARATOGA
a psychiatric health system

2012 - 2013

TUTORIAL CONTRACT

Cherry Valley-Springfield CSD
597 County Hwy 54
Cherry Valley NY 13320

agrees to pay for tutorial services provided by Four Winds to students who are:

1. Eligible for public education.
2. Residents of the district.
3. Currently in our inpatient treatment programs at Four Winds.

The district will pay thirty dollars and zero cents ($30.00) an hour for instruction according to the following schedule:

1. Ten (10) hours per week for students in the middle and high school.
2. Five (5) hours per week for students in elementary school.

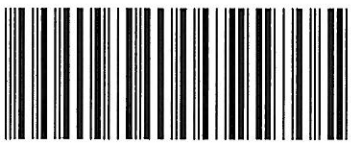
_____
Signature

_____
Title

_____
Phone Number

_____
Date

office use only...do not write in this space...do not fold, mutilate, or spindle...



form: avrlib/schfrm12/s_contract rev. 12/10/2007

30 Crescent Avenue • Saratoga Springs, New York 12866 • 518-584-3600 • 1-800-888-5448 • www.fourwindshospital.com • Facsimile 518-584-3127

CornerStone
Advanced Communications Solutions

CAT Service Order

CAT Data form also required.

Cornerstone Telephone
Suite 303
2 Third St
Troy, NY 12180
518.272.1018

#lines_____

Rep

BILLING INFORMATION

Name: Cherry Valley - Springfield
Street Address: 597 City Hwy 52
Apt/Suite/Building:
City, ST Zip: Cherry Valley NY 13320
Contact Name: Regina Fraser
Contact Number: 607 264 9012 x 502
Email Address:
Fed Tax ID/ SSN:

Tax Exempt
☒ Yes (attach forms)
☐ Corp ☐ LLC
☐ Partnership
☐ Sole Proprietor

SERVICE ADDRESS INFORMATION

☐ Check here if same as billing address
Indicate access hours if other than M-F, 9am-5pm

Street Address
Apt/Suite /Building
City, ST Zip
Contact Name
Number

CUSTOMER AND ORDER INFORMATION

Customer ID
Order Number(s)
Services Ordered
☐ Local/LD ☐ Data
☐ Toll Free ☐ Calling Cards
☐ CAT Club Services (see attached)

Current Carrier(s)

CUSTOMER ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize CornerStone Telephone Company to act as my/our agent for all matters related to the provisioning of the services requested on this Service Order as well as any additional attachments. I agree to all terms and conditions of the service as set forth in the Services Agreement.

Authorized Signature X
Printed Name & Title
Date

SERVICE TYPE(S) ORDERED

☐ **Business Voice over CAT –** Includes: Internet bandwidth of choice; unlimited domestic calls for each line, 1 voicemail boxper line, Caller ID, Find-Me-Follow-Me; PLUS business continuity services Auto Call Re-Route for Main#, Virtual fax line, and Web-based Desktop Command portal. Install Charges (per site): 1-Yr term=$195; 2-Yr Term=$100; 3-Yr Term=Waived. Additional fees for optional POTS line.

☐ **PRI over CAT –** Includes: Internet bandwidth of choice; PLUS business continuity services Auto Call Re-Route for each DID, Virtual fax line, and Web-based Desktop Command portal. Install Charges (per site): 1-Yr term=$295; 2-Yr Term=$150; 3-Yr Term=Waived. Additional fees for optional POTS line.

☐ **SIP Trunk over CAT –** Includes: Internet bandwidth of choice; 1,000 minutes of domestic calls per call appearance; PLUS business continuity services: Auto Call Re-Route for each DID, Virtual fax line, and Web-based Desktop Command portal. Install Charges (per site): 1-Yr term=$295; 2-Yr Term=$150; 3-Yr Term=Waived. Additional fees for optional POTS line.

SERVICE (include telephone number, service type, rates, features, etc).

Telephone Number	BTN / Fax	Service Type	Install Charges	Recurring charge/item	Features requested	Tele #'s for Auto Re-route	HTG SEQ
607 264 3265			Ø	Ø	Caller ID		1
264 3257			Ø	Ø	" "		2
264 3218			Ø	Ø	" "		3
264 9332			Ø	Ø	" "		4
	ALARM LINE	COPPER POTS		$24.95 (usage not included)	N/A	N/A	N/A

Attach additional pages if there are more telephone numbers being converted.

(Enter New - # lines requested if new lines are being requested)

(All rates quoted do not include monthly equipment fees, service and account fees, and additional taxes, surcharges and carrier charges that may or may not apply to the services being ordered. View a list of additional taxes, charges and surcharges at www.cstel.com/taxes

By initialing here, I acknowledge that I have reviewed the Services Agreement applicable to this Service Order, and I accept the terms and conditions of this Service Order and the Services Agreement.

Customer Initials /Date

NO Install fees
NO Activation fees
NO SET UP charge fees
NO Equipment charge

CornerStone
Advanced Communications Solutions

CAT Service Order

CAT Data form also required.

Cornerstone Telephone
Suite 303
2 Third St
Troy, NY 12180
518.272.1018

#lines_____

Rep_____

BILLING INFORMATION

Name: Cherry Valley Springfield CSD
Street Address: 597 City Hgy 54
Apt/Suite/Building:
City, ST Zip: Cherry Valley NY 13320
Contact Name: Regina Frasier
Contact Number: 607 264 9012 x502
Email Address:
Fed Tax ID/ SSN:

Tax Exempt
☑ Yes (attach forms)
☐ Corp ☐ LLC
☐ Partnership
☐ Sole Proprietor

SERVICE ADDRESS INFORMATION

☐ Check here if same as billing address
Indicate access hours if other than M-F, 9am-5pm

Street Address:
Apt/Suite /Building:
City, ST Zip:
Contact Name:
Number:

CUSTOMER AND ORDER INFORMATION

Customer ID:
Order Number(s):
Services Ordered
☐ Local/LD ☐ Data
☐ Toll Free ☐ Calling Cards
☐ CAT Club Services (see attached)

Current Carrier(s):

CUSTOMER ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize CornerStone Telephone Company to act as my/our agent for all matters related to the provisioning of the services requested on this Service Order as well as any additional attachments. I agree to all terms and conditions of the service as set forth in the Services Agreement.

Authorized Signature: X
Printed Name & Title:
Date:

SERVICE TYPE(S) ORDERED

☐ **Business Voice over CAT** – Includes: Internet bandwidth of choice; unlimited domestic calls for each line, 1 voicemail boxper line, Caller ID, Find-Me-Follow-Me; PLUS business continuity services Auto Call Re-Route for Main#, Virtual fax line, and Web-based Desktop Command portal. Install Charges (per site): 1-Yr term=$195; 2-Yr Term=$100; 3-Yr Term=Waived. Additional fees for optional POTS line.

☐ **PRI over CAT** – Includes: Internet bandwidth of choice; PLUS business continuity services Auto Call Re-Route for each DID, Virtual fax line, and Web-based Desktop Command portal. Install Charges (per site): 1-Yr term=$295; 2-Yr Term=$150; 3-Yr Term=Waived. Additional fees for optional POTS line.

☐ **SIP Trunk over CAT** – Includes: Internet bandwidth of choice; 1,000 minutes of domestic calls per call appearance; PLUS business continuity services: Auto Call Re-Route for each DID, Virtual fax line, and Web-based Desktop Command portal. Install Charges (per site): 1-Yr term=$295; 2-Yr Term=$150; 3-Yr Term=Waived. Additional fees for optional POTS line.

SERVICE (include telephone number, service type, rates, features, etc).

Telephone Number	BTN / Fax	Service Type	Install Charges	Recurring charge/item	Features requested	Tele #'s for Auto Re-route	HTG SEQ
607 264 9352			Ø	—	Caller ID		5
264 9350			Ø	—	" "		6
264 3912			Ø	—	" "		7
264 9012			Ø	—	" "		8
10X1 Internet Connection				$319.54			
	ALARM LINE	COPPER POTS		$24.95 (usage not included)	N/A	N/A	N/A

Attach additional pages if there are more telephone numbers being converted.

(Enter New - # lines requested if new lines are being requested)

(All rates quoted do not include monthly equipment fees, service and account fees, and additional taxes, surcharges and carrier charges that may or may not apply to the services being ordered. View a list of additional taxes, charges and surcharges at www.cstel.com/taxes

By initialing here, I acknowledge that I have reviewed the Services Agreement applicable to this Service Order, and I accept the terms and conditions of this Service Order and the Services Agreement.

Customer Initials /Date

No Installation Fee
no activation fees
NO SET UP Charge
no Equipment Charge

AGREEMENT
between
The Board of Education of the Cherry Valley-Springfield CSD
and
CHERRY VALLEY-SPRINGFIELD CENTRAL SCHOOL DISTRICT

Board of Education, (hereinafter called the *eligible agency*), and the Cherry Valley-Springfield Central School District, (hereinafter called CVSCSD) agree to cooperate in a universal Pre-K Program (hereinafter called the *program*) subject to the conditions listed below:

The program will operate from 7:58 AM through 2:48 PM and will be a ten-month term.

Eligible Agency will conduct a PreKindergarten program up to 24 children/families commencing on September 5, 2012, at the CVSCSD. Programming will be administered in full compliance with NYS Universal PreKindergarten Regulations, and NYS Office of Children and Family Services Regulations.

Eligible Agency will staff any classroom with one Teacher and one Assistant Teacher. Additional support will be provided by a Classroom Aide and Family Worker CVSCSD Administrative staff and Coordinators or staff of Education, Health, Family, and Special Services or both.

The eligible agency will also do the following:

1. Provide copies of the following information to the CVSCSD;

   - Attendance records of the Universal Pre-Kindergarten children will be kept and forwarded to the CV-S Central School District monthly, including average daily attendance.

- ☐ Class lists of the universal Pre-K children that are updated regularly to ensure residency.
- ☐ Copies of teaching staff education credentials.
- ☐ Proof of general liability insurance in the amounts outlined in the insurance section of this contract, naming the ____SD as an additional insured.
- ☐ Copy of the eligible agency's written discipline policy for staff and students.
- ☐ School calendar.
- ☐ Results of S.A.V.E. reference checks of staff.

2. Provide orientation and training together with CVSCSD for the PreKindergarten teaching teams, as well as copies of the calendar and policies/procedures.
3. Use the educational program component of the PreKindergarten program plan for curriculum.
4. Provide opportunities for parent involvement.
5. Ensure that at least two parent/teacher conferences will be conducted with each family for each school year.
6. Recruit the necessary numbers of eligible children. (The CVSCSD will assist in the recruitment and referral process.)
7. Ensure curriculum is approved in compliance with the NYSED regulations. In addition, reporting systems must be in place to ensure that parents are kept

informed of their child's progress, and to determine the effectiveness of the program. Developmental assessments will be completed two times per year by December and June, and the results of those assessments will be due to the CVSCSD the month following the assessment - January and July.

8. Be responsible for completing a final program report, including available financial records, yearly.

9. The eligible agency must keep on file a copy of each Universal Pre-K child's current medical examination and immunization record.

10. Verify that it operates the program according to the approved CVSCSD school calendar.

11. Verify that a full day universal Pre-K program will provide two meals.

12. Complete a cumulative folder for each universal child by the end of June. The Principal will forward a student progress report for each student by the end of July. The cumulative folder should contain all pertinent reports that would be helpful to the district, samples of the child's work and any evaluations conducted during the universal Pre-K school year. If requested, the Universal Pre-K teacher shall forward to the CVSCSD all pertinent reports that would be helpful to the district, samples of the child's work and any evaluations conducted during the universal Pre-K school year.

13. Be responsible to provide supplies and equipment for the Universal Pre-K Program.

14. Meet staff qualification requirements in accordance with the statute and regulations applicable to Universal PreKindergarten programs.

15. Meet class size requirements.

16. Provide Pre-K classrooms which meet requirements of the New York State Office of Children and Family Services.

The District Will:

1. Make available copies of all District curriculum instructional materials to assure programs for the Universal Pre-K program are aligned with the CVSCSD Kindergarten curriculum.

2. Provide daily on-site, school nursing services, (including basic screenings which are normally provided to elementary students by CVSCSD), as defined in the regulations of the Commissioner of Education for site.

3. Parents may transport children to and from the program. CVSCSD may transport children in the CVSCSD school area provided parents receive prior approval. CVSCSD will transport eligible children to and from the program at the discretion of the Administration.

Termination.

- ☐ Termination can be made with 30 days' written notice if any of the following conditions exist:

Insufficient enrollment as determined by CVSCSD

Failure to meet Universal Pre-K program standards

Failure to meet Universal Pre-K contract obligations

- ☐ Upon termination of the program, all CVSCSD supplies and equipment must be returned within 30 days to CVSCSD .

Insurance: CVSCSD agrees to maintain in force at its own expense and throughout the term of this agreement, a policy of general liability insurance at $1,000,000 liability for each single occurrence and $3,000,000 aggregate. In addition to the general liability policy, CVSCSD agrees to carry Professional Liability coverage.

Confidentiality: The Board of Education and CVSCSD agree that the confidentiality of any data related to the children participating in the program will be guaranteed and that no data will be used for research purposes without the parents' express knowledge and written consent.

Amendments: This agreement may be supplemented, amended, or revised only in writing by Agreement of the parties.

Attachments to this contract:

- ☐ copy of the school's calendar
- ☐ copy of the current facility licensing certificate
- ☐ copies of teacher's certification and the teaching assistant's certification.
- ☐ copy of the eligible agency's written discipline policy
- ☐ copy of the eligible agency's approved Universal Pre-K budget
- ☐ copy of certificate of insurance with the CVSCSD named as an additional insured.

Salary Information:
RESOLUTION 1-6-2012
Robert Miller = $121,451
RESOLUTION 2-6-2012
Lauren Crisman = $72,000
RESOLUTION 4-6-2012
Kevin Keane = $72,000
RESOLUTION 18-6-2012
Victoria Gaughan = up to 720 hours at $25.00/Hour
RESOLUTION 19-6-2012
Tracy Archer = 200 Hours at $20.00/Hour
RESOLUTION 20-6-2012
Lori Miller = 816 Hours at $63.86/Hour
RESOLUTION 21-6-2012
Colleen Sheldon = $8.25/Hour
RESOLUTION 22-6-2012
Kristie Fassett = $12,600
RESOLUTION 23-6-2012
Heather Benson = $11,655
RESOLUTION 24-6-2012
Lori Fink = $12,915
RESOLUTION 24-6-2012
Patricia Beckwith = $11,025
RESOLUTION 26-6-2012
Denis DeRider = $38,190
RESOLUTION 27-6-2012
Betsy Holland = $57,123

RESOLUTION 28-6-2012
Amy Garretson – Nurse = $1950 one section for 45 hours
Theresa Wilmot – Nurse's Aide =$15/hour
Louise Jones – Elementary Teacher = $2469
Mercedes Kassinger – Library Media Specialist = $3900
April Erkson – Math Teacher = $1950/section
Kim Gray – LTA = $20/hour
Amanda Sikkema – LTA = $20/hour (if necessary)
Ozzie Avinuat – Elementary Teacher = $3800
Andrea Stabak – Elementary Teacher = $3800
Thomas Fralick – Science Teacher = $1950/section
Tom Brigham – Driver Education = $8320
Tracey Willoughby – Kitchen Staff = $10/hour
Melissa Jaquay – Social Studies Teacher = $1950/section
Jordan Rhodes – English Teacher = $1950/section