

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:** VII J **DATE:** August 26, 2024

**TOPIC/TITLE:** Approve Declaration of Surplus Property

**PRESENTER:** Danny Adkins

**ORIGIN:**

- TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ACTION REQUESTED AT THIS MEETING
- ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ACTION REQUESTED AT FUTURE MEETING: (DATE)
- BOARD REVIEW REQUIRED BY
  - STATE OR FEDERAL LAW OR REGULATION
  - BOARD OF EDUCATION POLICY
  - OTHER: .

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

- NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- PREVIOUS REVIEW OR ACTION
  - DATE:
  - ACTION:

**BACKGROUND INFORMATION:**

As per Board Policy, the Board of Education must approve items/property to be declared as surplus property.

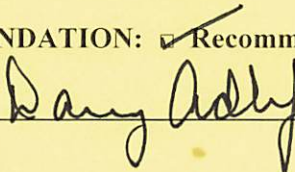
**SUMMARY OF MAJOR ELEMENTS:**

Board approval is requested to declare the following attached items as surplus property: WCHS Printer and Stress Analyzer (broken); Simmons Furniture and Tricycles (broken and/or no longer needed).

**IMPACT ON RESOURCES:**

**TIMETABLE FOR FURTHER REVIEW OR ACTION:**

**SUPERINTENDENT'S RECOMMENDATION:**  Recommended  Not Recommended

  
\_\_\_\_\_

# REQUEST FORM

EMPLOYEE OR PERSON MAKING REQUEST Dana McGowan

ORGANIZATION, IF ANY, THAT YOU REPRESENT Simmons Elementary School

NATURE OF REQUEST Surplus items. See attached list

IS THIS REQUEST IN COMPLIANCE WITH ALL DISTRICT POLICIES? **YES**


WILL THIS REQUEST REQUIRE ANY EXPENDITURE OF DISTRICT FUNDS? **NO**

ADMINISTRATOR RECEIVING REQUEST \_\_\_\_\_

IF THIS REQUEST IS ORIGINATING FROM A PARTICULAR SCHOOL OR IS REQUESTING THE USE OF A PARTICULAR SCHOOL, THE BUILDING PRINCIPAL MUST RECOMMEND HIS APPROVAL BY SIGNING BELOW.

8/6/24

DATE



BUILDING PRINCIPAL'S SIGNATURE

THE PERSON MAKING THIS REQUEST CAN BE CONTACTED AT THE ADDRESS OR TELEPHONE NUMBER LISTED BELOW.

Dana McGowan

859-879-4672

TELEPHONE

830 Tyrone Pike

ADDRESS

8/5/24

DATE



SIGNATURE OF PERSON MAKING REQUEST

Items for Removal List August 2024

Item to Surplus	# of items	Board approval	Requester	Reason
File Cabinets	3		custodial	not needed
Tricycles	4		custodial	bad wheels
Wire Book Shelf	1		custodial	not needed
Wooden Shelf	1		custodial	not needed

# REQUEST FORM

EMPLOYEE OR PERSON MAKING REQUEST Arlene Crabtree

ORGANIZATION, IF ANY, THAT YOU REPRESENT WHS

NATURE OF REQUEST Surplus of non-working equipment

IS THIS REQUEST IN COMPLIANCE WITH ALL DISTRICT POLICIES?  YES  NO

WILL THIS REQUEST REQUIRE ANY EXPENDITURE OF DISTRICT FUNDS?  YES  NO

ADMINISTRATOR RECEIVING REQUEST \_\_\_\_\_

IF THIS REQUEST IS ORIGINATING FROM A PARTICULAR SCHOOL OR IS REQUESTING THE USE OF A PARTICULAR SCHOOL, THE BUILDING PRINCIPAL MUST RECOMMEND HIS APPROVAL BY SIGNING BELOW.

8-2-24

DATE

[Signature]

BUILDING PRINCIPAL'S SIGNATURE

THE PERSON MAKING THIS REQUEST CAN BE CONTACTED AT THE ADDRESS OR TELEPHONE NUMBER LISTED BELOW.

Arlene Crabtree

859-621-1378

TELEPHONE

180 Frankfort St

ADDRESS

8/2/24

DATE

Arlene Crabtree

SIGNATURE OF PERSON MAKING REQUEST

WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM

2000079 - HP 5200 TN

ITEM #:            DATE: 8/2/24

TOPIC/TITLE: Surplus Request

PRESENTER: Crabtree

ORIGIN:

- TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
  - ACTION REQUESTED AT THIS MEETING
  - ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
  - ACTION REQUESTED AT FUTURE MEETING:            (DATE)
  - BOARD REVIEW REQUIRED BY
- 
- STATE OR FEDERAL LAW OR REGULATION
  - BOARD OF EDUCATION POLICY
  - OTHER:

PREVIOUS REVIEW, DISCUSSION OR ACTION:

- NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
  - PREVIOUS REVIEW OR ACTION
- 
- DATE:
  - ACTION:

BACKGROUND INFORMATION:

SUMMARY OF MAJOR ELEMENTS:

Printer does not work

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION:    Recommended                       Not Recommended

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**REQUEST FORM**

# 31306 Stress  
Analyst

EMPLOYEE OR PERSON MAKING REQUEST Crabtree

ORGANIZATION, IF ANY, THAT YOU REPRESENT WCHS

NATURE OF REQUEST Surplus of broken equipment

IS THIS REQUEST IN COMPLIANCE WITH ALL DISTRICT POLICIES?  YES  NO

WILL THIS REQUEST REQUIRE ANY EXPENDITURE OF DISTRICT FUNDS?  YES  NO

ADMINISTRATOR RECEIVING REQUEST \_\_\_\_\_

IF THIS REQUEST IS ORIGINATING FROM A PARTICULAR SCHOOL OR IS REQUESTING THE USE OF A PARTICULAR SCHOOL, THE BUILDING PRINCIPAL MUST RECOMMEND HIS APPROVAL BY SIGNING BELOW.

8-2-24

DATE

BUILDING PRINCIPAL'S SIGNATURE

THE PERSON MAKING THIS REQUEST CAN BE CONTACTED AT THE ADDRESS OR TELEPHONE NUMBER LISTED BELOW.

Arlene Crabtree

WCHS

ADDRESS

859-621-1378

TELEPHONE

8/2/24

DATE

SIGNATURE OF PERSON MAKING REQUEST

WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM

31306  
ITEM #: DATE: 8/2/24

TOPIC/TITLE: Surplus Request of Stress Analyzer

PRESENTER: Crabtree

ORIGIN:

- TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)  
 ACTION REQUESTED AT THIS MEETING  
 ITEM IS ON THE CONSENT AGENDA FOR APPROVAL  
 ACTION REQUESTED AT FUTURE MEETING: (DATE)  
 BOARD REVIEW REQUIRED BY
- STATE OR FEDERAL LAW OR REGULATION  
 BOARD OF EDUCATION POLICY  
 OTHER:

PREVIOUS REVIEW, DISCUSSION OR ACTION:

- NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION  
 PREVIOUS REVIEW OR ACTION
- DATE:  
 ACTION:

BACKGROUND INFORMATION:

SUMMARY OF MAJOR ELEMENTS:

Stress Analyzer is broken and no longer  
usable

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION:  Recommended  Not Recommended

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