



**DANNY CLEMENS, DIRECTOR**  
TRACY PARSLEY, MAINTENANCE SUPERVISOR  
THOMAS STOKES, CUSTODIAL SUPERVISOR  
GEORGE BROCK, ENERGY MANAGER

**DEPARTMENT OF FACILITIES**

**MEMO**

**TO:** Dr. Jesse Bacon, Superintendent

**FROM:** Danny Clemens, Director of Facilities

**Date:** September 18, 2025

**RE:** Bullitt East and Bullitt Central PSC - BG 25-145 - DPO Net Zero Swap - Lee Building Products to new Quikrete DPO **DC**

This is a net zero change order to augment Lee Building Product's original DPOs to deduct \$98,000 and add a new DPO to Quikrete for \$98,000. This is a net zero change to the overall project total.

**I recommend approval of this request.**

Attached paperwork is listed below with *action items* noted for each:

- G701-2017 - Change Order BCHS DPO Net Zero Swap - Lee to Quikrete - for Board Signature
- New DPO Form - Quikrete FACPAC BCHS - for Board Signature
- COR for Lee Building Products DPO BCHS Rev – For Board Reference, no action required.
- G701-2017 - Change Order BEHS DPO Net Zero Swap - Lee to Quikrete - for Board Signature
- New DPO Form - Quikrete FACPAC BEHS - for Board Signature
- COR for Lee Building Products DPO BEHS Rev – For Board Reference, no action required.
- FACPAC form will be completed once KDE approves the contract..

**OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE**

**BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION**



# AIA®

## Document G701® – 2017

### Change Order

**PROJECT:** *(Name and address)*  
BCPS Phase III Athletics - Bid Package  
No. 1 - Bullitt CENTRAL Physical Science  
Center  
1330 KY-44  
Shepherdsville, KY 40165

**CONTRACT INFORMATION:**  
Contract For: DPO 21 - BCPS PO  
26900996

Date: 07-10-2025

**CHANGE ORDER INFORMATION:**  
Change Order Number: PO 26900996-  
CO 1

Date: 09-22-2025

**OWNER:** *(Name and address)*  
Bullitt County Public Schools Board of  
Education  
1040 Hwy 44 East  
Shepherdsville, KY 40165

**ARCHITECT:** *(Name and address)*  
Studio Kremer Architects

1231 S Shelby St., Louisville KY

**CONTRACTOR:** *(Name and address)*  
LEE BUILDING PRODUCTS

12906 Old Henry Rd. Louisville, KY  
40253

#### THE CONTRACT IS CHANGED AS FOLLOWS:

*(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)*

Refer to Lee Building Products FACPAC BCHS Rev and Quickrete FACPAC Add

The original Contract Sum was  
The net change by previously authorized Change Orders  
The Contract Sum prior to this Change Order was  
The Contract Sum will be decreased by this Change Order in the amount of  
The new Contract Sum including this Change Order will be

\$	420,000.00
\$	0.00
\$	420,000.00
\$	(98,000.00)
\$	322,000.00

The Contract Time will be unchanged by ( ) days.  
The new date of Substantial Completion will be

**NOTE:** This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

**NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.**

*Catherine N. Ward*  
**ARCHITECT** *(Signature)*

BY: Catherine Noble Ward, AIA  
*(Printed name, title, and license number if required)*

**CONTRACTOR** *(Signature)*

*(Printed name and title)*

**OWNER** *(Signature)*

BY: Dr. Jesse Bacon, Superintendent  
*(Printed name and title)*

9-18-2025  
Date

Date

Date

**FACPAC Purchase Order Form (Ref# 55272)**

Form Status: Saved

Newly added DPO -  
funded by transfer funds  
from DPO 26900888

Tier 1 Project: Phase 3 Athletics - BCHS and [REDACTED] Field Houses

BG Number: 25-145

District: Bullitt County (HB678) (071)

Status: Active

Phase: Project Initiation (View Checklist)

**Contract:**

Type:

Proposed

District PO Number

Ky Sales Tax Exempt Number

B-584

Date of Order

Specification Section

Material Description / Category

Requested By

Vendor Name

Vendor Address

Vendor Phone

Vendor Email

Bill To

Bill To Address

1040 Hwy 44 East

Shepherdsville, KY 40165

Ship To

Ship To Address

Attention Of

**Contacts**

The following project contacts must be notified 48 hours in advance of delivery to jobsite.

Contact Name

Contact Phone

**Materials**

Furnish the necessary materials to complete the following bid package(s) / specification section(s) in its entirety. All materials shall be in accordance with the requirements of the Contract.

Item  
Number

Quantity

Unit Price

Total

Purchase Order Total:

\$ 98,000<sup>00</sup>**Authorization**



6/17/25, 9:41 AM

Printer Friendly Screen

Owner Authorization Date  
Vendor Authorization Date

**Purchase Order Signature Page (Online Form Ref# 55272)***The Quikrete Companies, LLC**[Signature]**8/4/25*

Owner

Date

**Terms and Conditions**

1. Drawings, catalogs, cut sheets, or samples shall be submitted for approval.
2. All invoices shall be sent to the contractor/subcontractor designated on the purchase order for approval. No invoices shall be sent directly to the Board of Education (Owner) for payment.
3. All invoices shall reference the purchase order number.
4. No change in, modification of, or revision of this order shall be valid unless in writing and signed by the Owner.
5. Vendor agrees to observe and comply with all applicable federal, state and local laws, rules, ordinances and regulations in performance of this order.
6. Vendor shall not assign this order or any right hereunder without first having obtained the written consent of the Owner.
7. Deliveries are to be made in accordance with the Owner's schedule, as directed by the General Contractor (GC), Construction Manager (CM) or Qualified Provider (QP).
8. The Owner may cancel this purchase order in whole or in part in the event that the vendor fails or refuses to deliver any of the items purchased, within the time provided, or otherwise violates any of the conditions of this purchase order, or if it becomes evident that the vendor is not providing materials in accordance with the specifications or with such diligence as to permit delivery on or before the delivery date.
9. The vendor agrees to deliver the items to the supplier hereunder free and clear of all liens, encumbrances and claims.
10. If any of the goods covered under this purchase order are found to be defective in material or workmanship, or otherwise not in conformity with the requirements of this order, the Owner, in addition to the other rights which it may have under warranty or otherwise, shall have the right to reject the same or require that such articles or materials be corrected or replaced promptly with satisfactory materials or workmanship.
11. By acknowledging receipt of this order, by performing the designated work or any portion thereof, or by shipping the designated goods, the vendor agrees to the terms and conditions outlined.
12. This purchase order shall be governed in all respects by the laws of the Commonwealth



6/17/25, 8:41 AM

Printer Friendly Screen

13. In the event the quantities of materials supplied via this purchase order are insufficient to complete the work, the GC, CM or QP shall, at no expense to the Owner, provide such materials as necessary to complete the work.
14. In the event that at the completion of the work the vendor has not submitted invoices totaling the value of this purchase order, this purchase order shall be considered complete and closed.

# Request for Taxpayer Identification Number and Certification

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

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>The Quikrete Companies, LLC</b>
	<b>2</b> Business name/disregarded entity name, if different from above.
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <b>N/A</b> <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>5 Concourse Pkwy Ste 1900</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Atlanta, GA 30328-6111</b>	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-			-		
or								
Employer identification number								
3	1		-	1	6	8	3	5 6 3

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here** Signature of U.S. person *Roll fuel*

Date *1/6/2025*

## General Instructions

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

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

## What's New

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

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

## Purpose of Form

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

# DPO Change Summary - BCHS - Deduct/Transfer Funds to new Quikrete DPO

845 - BCHS Physical Science Center

8/6/2025



## Summary of Work

Deduct funds from DPO 26900996 to fund new DPO set up for Quikrete

Scope - Subcontractor	Description of Scope	Cost
1	BEHS Physical Science Center	
1.2	Lee Brick & Block	Transfer from DPO 26900996 (\$98,000.00)

Revised Total Amount (\$98,000.00)



# FACPAC Purchase Order Form (Ref# 55272)

Form Status: Saved

Tier 1 Project: Phase 3 Athletics - (BCHS) and BEHS Field Houses

BG Number: 25-145

District: Bullitt County (HB678) (071)

Status: Active

Phase: Project Initiation (View Checklist)

Contract:

Type:

Proposed

Deduct -\$98,000 from original DPO; transfer to new DPO for Quikrete

District PO Number

Ky Sales Tax Exempt Number

B-584

Date of Order

Specification Section

Material Description / Category CMU, Brick, Mortar

Requested By Chuck Bohannon

Vendor Name Lee Building products

Vendor Address 12906 Old Henry Rd, Louisville, KY 40253

Vendor Phone 502-245-3135

Vendor Email aparrish@leebp.com

Bill To

Bullitt County Public Schools Board of Education

Bill To Address

1040 Hwy 44 East

Shepherdsville, KY 40165

Ship To

Ship To Address

Attention Of

## Contacts

The following project contacts must be notified 48 hours in advance of delivery to jobsite.

Contact Name

Contact Phone

## Materials

Furnish the necessary materials to complete the following bid package(s) / specification section(s) in its entirety. All materials shall be in accordance with the requirements of the Contract.

Item Description

Item  
Number

Quantity

Unit Price

Total

CMU, Brick  
Mortar

Purchase Order Total:

\$322,000.00

## Authorization

Owner Authorization Date  
Vendor Authorization Date

## Purchase Order Signature Page (Online Form Ref# 55272)



Vendor

8-4-25

Date

Owner

Date

### Terms and Conditions

1. Drawings, catalogs, cut sheets, or samples shall be submitted for approval.
2. All invoices shall be sent to the contractor/subcontractor designated on the purchase order for approval. No invoices shall be sent directly to the Board of Education (Owner) for payment.
3. All invoices shall reference the purchase order number.
4. No change in, modification of, or revision of this order shall be valid unless in writing and signed by the Owner.
5. Vendor agrees to observe and comply with all applicable federal, state and local laws, rules, ordinances and regulations in performance of this order.
6. Vendor shall not assign this order or any right hereunder without first having obtained the written consent of the Owner.
7. Deliveries are to be made in accordance with the Owner's schedule, as directed by the General Contractor (GC), Construction Manager (CM) or Qualified Provider (QP).
8. The Owner may cancel this purchase order in whole or in part in the event that the vendor fails or refuses to deliver any of the items purchased, within the time provided, or otherwise violates any of the conditions of this purchase order, or if it becomes evident that the vendor is not providing materials in accordance with the specifications or with such diligence as to permit delivery on or before the delivery date.
9. The vendor agrees to deliver the items to the supplier hereunder free and clear of all liens, encumbrances and claims.
10. If any of the goods covered under this purchase order are found to be defective in material or workmanship, or otherwise not in conformity with the requirements of this order, the Owner, in addition to the other rights which it may have under warranty or otherwise, shall have the right to reject the same or require that such articles or materials be corrected or replaced promptly with satisfactory materials or workmanship.
11. By acknowledging receipt of this order, by performing the designated work or any portion thereof, or by shipping the designated goods, the vendor agrees to the terms and conditions outlined.
12. This purchase order shall be governed in all respects by the laws of the Commonwealth of Kentucky.



13. In the event the quantities of materials supplied via this purchase order are insufficient to complete the work, the GC, CM or QP shall, at no expense to the Owner, provide such materials as necessary to complete the work.
14. In the event that at the completion of the work the vendor has not submitted invoices totaling the value of this purchase order, this purchase order shall be considered complete and closed.

**Bill To**

BULLITT COUNTY BOARD OF ED  
1040 HIGHWAY 44 EAST  
SHEPHERDSVILLE, KY 40165  
Phone: 502-869-8000

**PHONE**

(502) 869-8000

**FAX**

(502) 869-8019

**HOURS**

Monday - Friday

8:00 a.m. - 4:30 p.m.

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

**Purchase Order**

Fiscal Year 2026

Page: 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKAGES AND SHIPPING PAPERS.

Purchase Order #

**26900996**

Delivery must be made within doors of specified destination.

**Vendor**

LEE BRICK & BLOCK  
P O BOX 437109  
LOUISVILLE, KY 40253

**Ship To**

BULLITT CENTRAL HIGH SCHOOL  
1330 HIGHWAY 44 EAST  
SHEPHERDSVILLE, KY 40165

VENDOR PHONE NUMBER		VENDOR FAX NUMBER		REQUISITION NUMBER	DELIVERY REFERENCE
				1113	DANNY CLEMENS
DATE ORDERED	VENDOR NUMBER	DATE REQUIRED	FREIGHT METHOD/TERMS		DEPARTMENT/LOCATION
07/22/2025	998				361 CONSTRUCTION
NOTES					

The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading

1. Backorders will not be processed for payment.
2. Conflicts in billing shall be directed to the location contact person and not the Office of Finance.

ITEM #	DESCRIPTION / PART #	QTY	UOM	UNIT PRICE	EXTENDED PRICE
1	BG 25-145 BCHS CMU, BRICK, MORTAR DPO 21	1.0	EACH	\$420,000.00	\$420,000.00
GL SUMMARY					
0003610 - 0450 - 8133		\$420,000.00			

Receivership: x \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

Partial Payment (PO remains open) \_\_\_\_\_

Final Payment (Liquidate PO) \_\_\_\_\_

Total Ext. Price	\$420,000.00
Total Sales Tax	\$0.00
Total Freight	\$0.00
Total Discount	\$0.00
Total Credit	\$0.00
<b>Purchase Order Total</b>	<b>\$420,000.00</b>

Receiving Copy



# AIA®

## Document G701® – 2017

### Change Order

**PROJECT:** (Name and address)  
BCPS Phase III - Bid Package No. 1 -  
Bullitt EAST Physical Science Center  
11450 Ky-44  
Mt. Washington, KY 40047

**CONTRACT INFORMATION:**  
Contract For: DPO 18 - BCPS PO  
26900888  
Date: 07-22-2025

**CHANGE ORDER INFORMATION:**  
Change Order Number: PO 26900888 -  
CO 1  
Date: 09-22-2025

**OWNER:** (Name and address)  
Bullitt County Public Schools Board of  
Education  
1040 Hwy 44 East  
Shepherdsville, KY 40165

**ARCHITECT:** (Name and address)  
Studio Kremer Architects  
1231 S Shelby St., Louisville KY

**CONTRACTOR:** (Name and address)  
LEE BUILDING PRODUCTS  
12906 OLD HENRY ROAD  
LOUISVILLE, KY 40253

#### THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Refer to Lee Building Products FACPAC BEHS Rev and Quickrete FACPAC Add

The original Contract Sum was  
The net change by previously authorized Change Orders  
The Contract Sum prior to this Change Order was  
The Contract Sum will be decreased by this Change Order in the amount of  
The new Contract Sum including this Change Order will be:

\$	420,000.00
\$	0.00
\$	420,000.00
\$	(98,000.00)
\$	322,000.00

The Contract Time will be unchanged by ( ) days.  
The new date of Substantial Completion will be

**NOTE:** This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

**NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.**

*Catherine N. Ward*  
ARCHITECT (Signature)

BY: Catherine Noble Ward, AIA  
(Printed name, title, and license  
number if required)

CONTRACTOR (Signature)

(Printed name and title)

OWNER (Signature)

BY: Dr. Jesse Bacon, Superintendent  
(Printed name and title)

9-18-2025

Date

Date

Date



Newly added DPO -  
funded by transfer funds  
from DPO 26900888

# FACPAC Purchase Order Form (Ref# 55272)

Form Status: Saved

Tier 1 Project: Phase 3 Athletics - [REDACTED] and BEHS Field Houses

BG Number: 25-145

District: Bullitt County (HB678) (071)

Status: Active

Phase: Project Initiation (View Checklist)

**Contract:**

Type:

Proposed

District PO Number

Ky Sales Tax Exempt Number

B-584

Date of Order

Specification Section

Material Description / Category *Mortar/Grout*Requested By *Masonry Additions*Vendor Name *The Quikrete Companies*Vendor Address *3130 Millers Ln, Louisville, KY 40216*Vendor Phone *502-774-2431*Vendor Email *erik.davis@quikrete.com*Bill To *Bullitt County Public Schools Board of Education*

Bill To Address

1040 Hwy 44 East  
Shepherdsville, KY 40165

Ship To

Ship To Address

Attention Of

**Contacts**

The following project contacts must be notified 48 hours in advance of delivery to jobsite.

Contact Name

Contact Phone

**Materials**

Furnish the necessary materials to complete the following bid package(s) / specification section(s) in its entirety. All materials shall be in accordance with the requirements of the Contract.

Item Description

Item  
Number

Quantity

Unit Price

Purchase Order Total:

\$ *98,000<sup>00</sup>***Authorization**

Owner Authorization Date  
Vendor Authorization Date



**Purchase Order Signature Page (Online Form Ref# 55272)***The Quikrete Companies**E. P. O. J.*

Vendor

*8/4/25*

Date

Owner

Date

**Terms and Conditions**

1. Drawings, catalogs, cut sheets, or samples shall be submitted for approval.
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# Request for Taxpayer Identification Number and Certification

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

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>The Quikrete Companies, LLC</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3). Exempt payee code (if any): <b>5</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any): <b>N/A</b> <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>5 Concourse Pkwy Ste 1900</b>	<b>6</b> City, state, and ZIP code <b>Atlanta, GA 30328-6111</b>
<b>7</b> List account number(s) here (optional).		

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
				-					
or									
Employer identification number									
3	1	-	1	6	8	3	5	6	3

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here** Signature of U.S. person *Roll just*

Date **1/6/2025**

## General Instructions

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

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

## What's New

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

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

## Purpose of Form

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

# DPO Change Summary - BEHS - Deduct/Transfer Funds to new Quikrete DPO

846 - BEHS Physical Science Center

8/6/2025



## Summary of Work

Deduct funds from DPO 26900888 to fund new DPO set up for Quikrete

Scope - Subcontractor	Description of Scope	Cost
1 BEHS Physical Science Center		
1.2 Lee Brick & Block	Transfer from DPO 26900888	(\$98,000.00)

Revised Total Amount (\$98,000.00)

# FACPAC Purchase Order Form (Ref# 55272)

Form Status: Saved

Tier 1 Project: Phase 3 Athletics - BCHS and BEHS Field Houses

BG Number: 25-145

District: Bullitt County (HB678) (071)

Status: Active

Phase: Project Initiation (View Checklist)

Contract:

Deduct -\$98,000 from original DPO; transfer to new DPO for Quikrete

Type:

Proposed

District PO Number

Ky Sales Tax Exempt Number

B-584

Date of Order

Specification Section

Material Description / Category: CMU, Brick, Mortar

Requested By: Chuck Bohannon

Vendor Name: Lee Building Products

Vendor Address: 12906 Old Henry Rd, Louisville, KY 40253

Vendor Phone: 502-245-3135

Vendor Email: aparrish@leebp.com

Bill To

Bullitt County Public Schools Board of Education

Bill To Address

1040 Hwy 44 East

Shepherdsville, KY 40165

Ship To

Ship To Address

Attention Of

## Contacts

The following project contacts must be notified 48 hours in advance of delivery to jobsite.

Contact Name

Contact Phone

## Materials

Furnish the necessary materials to complete the following bid package(s) / specification section(s) in its entirety. All materials shall be in accordance with the requirements of the Contract.

Item Description

Item  
Number

Quantity

Unit Price

Total

CMU, Brick

Mortar

Purchase Order Total:

\$ 322,000.00

## Authorization



Owner Authorization Date  
Vendor Authorization Date

**Purchase Order Signature Page (Online Form Ref# 55272)**

Vendor

8-4-25

Date

Owner

Date

**Terms and Conditions**

1. Drawings, catalogs, cut sheets, or samples shall be submitted for approval.
2. All invoices shall be sent to the contractor/subcontractor designated on the purchase order for approval. No invoices shall be sent directly to the Board of Education (Owner) for payment.
3. All invoices shall reference the purchase order number.
4. No change in, modification of, or revision of this order shall be valid unless in writing and signed by the Owner.
5. Vendor agrees to observe and comply with all applicable federal, state and locals laws, rules, ordinances and regulations in performance of this order.
6. Vendor shall not assign this order or any right hereunder without first having obtained the written consent of the Owner.
7. Deliveries are to be made in accordance with the Owner's schedule, as directed by the General Contractor (GC), Construction Manager (CM) or Qualified Provider (QP).
8. The Owner may cancel this purchase order in whole or in part in the event that the vendor fails or refuses to deliver any of the items purchased, within the time provided, or otherwise violates any of the conditions of this purchase order, or if it becomes evident that the vendor is not providing materials in accordance with the specifications or with such diligence as to permit delivery on or before the delivery date.
9. The vendor agrees to deliver the items to the supplied hereunder free and clear of all liens, encumbrances and claims.
10. If any of the goods covered under this purchase order are found to be defective in material or workmanship, or otherwise not in conformity with the requirements of this order, the Owner, in addition to the other rights which it may have under warranty or otherwise, shall have the right to reject the same or require that such articles or materials be corrected or replaced promptly with satisfactory materials or workmanship.
11. By acknowledging receipt of this order, by performing the designated work or any portion thereof, or by shipping the designated goods, the vendor agrees to the terms and conditions outlined.
12. This purchase order shall be governed in all respects by the laws of the Commonwealth of Kentucky.

13. In the event the quantities of materials supplied via this purchase order are insufficient to complete the work, the GC, CM or QP shall, at no expense to the Owner, provide such materials as necessary to complete the work.
14. In the event that at the completion of the work the vendor has not submitted invoices totaling the value of this purchase order, this purchase order shall be considered complete and closed.

**Bill To**

BULLITT COUNTY BOARD OF ED  
1040 HIGHWAY 44 EAST  
SHEPHERDSVILLE, KY 40165  
Phone: 502-869-8000

**PHONE**  
(502) 869-8000  
**FAX**  
(502) 869-8019

**HOURS**  
Monday - Friday  
8:00 a.m. - 4:30 p.m.  
[www.bullittschools.org](http://www.bullittschools.org)

**Purchase Order**

Fiscal Year 2026

Page: 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKAGES AND SHIPPING PAPERS.

Purchase Order #

**26900888**

Delivery must be made within doors of specified destination.

**Vendor**

LEE BRICK & BLOCK  
P O BOX 437109  
LOUISVILLE, KY 40253

**Ship To**

BULLITT EAST HIGH SCHOOL  
11450 HIGHWAY 44 EAST  
MT WASHINGTON, KY 40047

VENDOR PHONE NUMBER		VENDOR FAX NUMBER		REQUISITION NUMBER	DELIVERY REFERENCE
				1114	DANNY CLEMENS
DATE ORDERED	VENDOR NUMBER	DATE REQUIRED	FREIGHT METHOD/TERMS		DEPARTMENT/LOCATION
07/21/2025	998				361 CONSTRUCTION
NOTES					

The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading

1. Backorders will not be processed for payment.
2. Conflicts in billing shall be directed to the location contact person and not the Office of Finance.

ITEM #	DESCRIPTION / PART #	QTY	UOM	UNIT PRICE	EXTENDED PRICE
1	BG 25-145 BEHS CMU, BRICK, MORTAR DPO 18	1.0	EACH	\$420,000.00	\$420,000.00
GL SUMMARY					

0003610 - 0450 - 8133

\$420,000.00

Receivership: x \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

Partial Payment (PO remains open) \_\_\_\_\_

Final Payment (Liquidate PO) \_\_\_\_\_

Total Ext. Price	\$420,000.00
Total Sales Tax	\$0.00
Total Freight	\$0.00
Total Discount	\$0.00
Total Credit	\$0.00
<b>Purchase Order Total</b>	<b>\$420,000.00</b>

Receiving Copy