

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII C **DATE:** November 17, 2025

TOPIC/TITLE: Approve Declaration of Surplus Property

PRESENTER: Dr. Lori Jones

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Board approval is requested to delcare the following attached items as surplus property: District Operations: Outdated and/or no longer in use cabinets, furniture, carts, ect.; Huntertown- Outdated and/or no longer in use cabinets and rugs.

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: Recommended Not Recommended

Lori Jones 11/11/25

REQUEST FORM

EMPLOYEE OR PERSON MAKING REQUEST Lisa Slama

ORGANIZATION, IF ANY, THAT YOU REPRESENT District Operations

NATURE OF REQUEST Surplus Items - please see attached list

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.

10-23-2025

DATE


BUILDING PRINCIPAL'S SIGNATURE

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

LISA SLAMA

859-879-4160 ext. 2154

TELEPHONE

180 Frankfort St.

ADDRESS

10-23-2025

DATE



SIGNATURE OF PERSON MAKING REQUEST

ITEM TO SURPLUS	NUMBER OF ITEMS	REASON
Metal Filing Cabinets	75	not needed
Metal Desks	100	not needed
Metal Cabinets	40	not needed
Wood Cabinets	5	not needed
Metal Shelves	40	not needed
Cork Boards	10	not needed
Assorted Chairs	300	not needed
Tables	50	not needed
Microscopes	8	not needed
Scales	8	not needed
Display Cases	3	not needed
Small Cabinets	5	not needed
Carts	3	not needed
Hospital Beds	4	not needed
Piano w/bench	1	not needed
Keyboard	1	not needed
Mannequin	2	not needed
Tripod	1	not needed
Med Safe Cabinets	5	not needed
Various Calculators	200	not needed
Music Stands	20	not needed
Music Stand Cart	1	not needed
Chair Cart	1	not needed

Lisa Slama
10-23-2025

REQUEST FORM

EMPLOYEE OR PERSON MAKING REQUEST : *R. J. [Signature]*

ORGANIZATION, IF ANY, THAT YOU REPRESENT *HUNTERTOWN*

NATURE OF REQUEST *SURPLUS*

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

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

ADMINISTRATOR RECEIVING REQUEST *R. J. [Signature]*

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.

11/4/25
DATE

[Signature]
BUILDING PRINCIPAL'S SIGNATURE

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

120 WOODBORN HALL

TELEPHONE

ADDRESS

11/4/25
DATE

[Signature]
SIGNATURE OF PERSON MAKING REQUEST

- 2-DOOR GREY CABINET*
- GREY CABINET } SHED*
- BLACK CABINET }*
- BLACK FILING CABINET*
- 20 Kindergarten Rugs*