

Wireman
Consulting LLC



126 Chalmer Wireman Rd.
Salyersville, KY 41465
Phone: 606-496-8563
matthewcwireman@icloud.com

QUOTE FOR SERVICES

DATE: 01/15/2014

Bourbon County Board of Education
3343 Lexington Road
Paris, KY 40361

Attn: Superintendent Dr. Larry Begley

Dear Dr. Begley;

Wireman Consulting LLC is pleased to submit this quote to provide professional consulting services to the school district pending proper approval by the local district, Kentucky Teachers Retirement and the Kentucky Public Pension Authority.

Scope of Services

This engagement is a limited consulting engagement to review the school district's current business practices and provide general recommendations to enhance internal controls and operations. The engagement is advisory in nature and is limited to observation, review, discussion, and evaluation of existing practices, procedures, workflows, and related internal processes. Advisory services are commonly defined by agreed scope and are intended to improve operations and control processes without assuming management responsibility. Services may include review of administrative processes, financial and operational workflows, internal control practices, segregation of duties, documentation procedures, compliance-related processes, and related business operations. Following such review, Wireman Consulting LLC may provide written or verbal recommendations intended to improve efficiency, accountability, internal controls, and overall operational effectiveness. Internal-control advisory work commonly focuses on operational effectiveness, compliance, and control design rather than audit assurance. This engagement is not an audit, attestation, fraud examination, or legal opinion, and it does not include authority to direct school district personnel or implement operational changes on behalf of the district. Only general recommendations will be provided, and no specific individual recommendations will be made regarding personnel decisions, individual salary changes, or specific budget line-item reductions. Advisory engagements are generally distinguished from assurance engagements because management retains responsibility for decisions and implementation.

Compensation

Hourly Rate: \$110.00 per hour.

Minimum Daily Rate: \$880.00 per day for on-site services, which include up to 8 hours of service time, including travel time.

Additional Time Over 8 Hours in One Day: Billed at \$110.00 per hour.

Off-Site Services: Billed hourly for work performed remotely or off-site, including calls, emails, text communications, virtual meetings, and document review.

Not-to-Exceed Amount: For Purchase Order processing the total compensation under this quote shall not exceed Seventeen Thousand Eight Hundred Dollars (\$17,800.00), unless amended in writing by the parties.

Invoices: Consultant will submit invoices for services rendered itemizing dates of service and charges. Educational consulting engagements commonly use itemized invoicing for dates and services performed.

Term

This quote shall become effective upon approval and shall remain in effect until June 30, 2026 unless earlier terminated or extended by mutual written agreement of the parties.

Payment

Payment shall be made at the first available vendor check date or regular payment cycle following receipt and approval of a proper invoice submitted by Wireman Consulting LLC.

Acceptance

If this quote is acceptable, please indicate approval below.

BOURBON COUNTY BOARD OF EDUCATION:

Authorized Signature

Printed Name and Title

Date:

CONSULTANT:



Wireman Consulting LLC

By: Matthew C. Wireman, Managing Member



Melissa Treilobs <melissa.treilobs@bourbon.kyschools.us>

Re: RETIREMENT ACCTS, W-9 AND FORMAL CONTRACT

1 message

Larry Begley <larry.begley@bourbon.kyschools.us>
To: Melissa Treilobs <melissa.treilobs@bourbon.kyschools.us>

Mon, May 11, 2026 at 11:47 AM

he was a finance officer and former county judge executive

On Mon, May 11, 2026 at 11:39 AM Melissa Treilobs <melissa.treilobs@bourbon.kyschools.us> wrote:
Do you know what he taught and what grade level?

On Mon, May 11, 2026 at 11:11 AM Larry Begley <larry.begley@bourbon.kyschools.us> wrote:
Missy meet Matt....here is the information he sent.

Larry Joe

On Mon, May 11, 2026 at 11:05 AM matthewcwireman@icloud.com <matthewcwireman@icloud.com> wrote:
My KTRS id is W97-784-462.
My KPPA id is 118827

My LLC is Wireman Consulting, LLC tax ID 41-2924991

I am attaching a W-9 and a formal contract that KPPA and TRS may ask for if they don't accept the quote for service, which may require board approval. I put on the forms 5-18-2026 as start date because it will take some time for all this to be processed, but I hear TRS is quick. KPPA not so much.

--
Melissa Treilobs

Financial Analyst/Payroll

Bourbon County Schools

859-987-2180 ext. 1136

859-987-2182 fax



Employer Certification of Independent Contractor / Leased Employee

Member Information

Reemploying Employer: <u>Bourbon County Schools</u>	Employer Code: <u>J009</u>
Member Name: <u>Matthew Wireman</u>	Member ID: <u>118827</u>
Start date: <u>5-18-26</u>	

Printed full name of the **agency head, appointing authority or authorized designee** of the employer participating in the Kentucky Public Pensions Authority completing this form:

Participating Employer Inquiry (must provide a response to all questions)

As the agency head, appointing authority or authorized designee of the employer, I have conducted an inquiry and confirm the following:

The above referenced member will be providing services as: An Independent Contractor A Leased Employee

The participating employer will issue the member an: IRS Form W2 IRS Form 1099-MISC

The participating employer previously employed the member as: An Employee Independent Contractor
 A Leased Employee None

YES NO

<input type="checkbox"/>	<input checked="" type="checkbox"/>	A third party or staffing company is responsible for paying the member's salary or wages for services provided to the participating employer.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both the participating employer and the member will retain the right to voluntarily terminate the work relationship without liability or penalty.

YES NO The Participating Employer:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is responsible for FICA taxes or reimbursement of FICA taxes for the member.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Issued a Request for Proposal (RFP) to the general public soliciting the services now to be provided by the member.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will require the member to comply with their instructions related to when, where, and how services are to be provided.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will require the member to adhere to established work schedules and agency hours of operation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will provide the member with training, which may include attending meetings and working with experienced employees of the participating employer.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will require the member to provide services on-site with access and usage of the participating employer's tools and equipment.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will require the member to provide regular written or oral progress / completion reports related to the services provided.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will require the member to work full-time.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will pay the member a flat fee for all services provided.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will pay the member a salary or hourly wage for a specified duration of time for services provided.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will reimburse the member for any business or travel expenses incurred while performing services.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will permit the member to provide similar services to other participating employers, business entities, or the general public at the same time the member is providing services for the participating employer.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will allow the member to subcontract other persons on behalf of the member to provide services for the participating employer.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will permit the member to hire and supervise employees for the participating employer in the performance of those services.

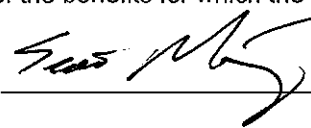
Participating Employer Supporting Documentation (Must select and provide at least one)

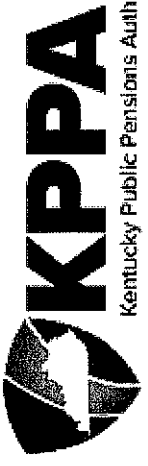
Indicate which of the following **REQUIRED** documents pertaining to the member's employment relationship with the participating employer are attached to this Form 6752: (check all applicable)






- A complete copy of the labor contract entered into between the participating employer and member.
- A complete copy of the labor contract entered into between the participating employer and a third party or staffing service related to the member's reemployment with the participating employer.
- A complete copy of the Request for Proposal (RFP) for the solicitation of services that are to be provided by the member and responses submitted.
- Other (please specify): _____

Participating Employer Certification

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, the employer I represent, and I (personally) may be liable for restitution of the benefits for which the member was not eligible to receive, civil payments, legal fees, and costs.

Signature:  Job Title: Assistant Superintendent Date: 5/11/26



Employer Self Service  Home  Report  Services  Account 

Upload Document

Submission Successful!

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Organization BOURBON COUNTY SCHOOLS

* TRS ID W97-784-462

* Fiscal Year 2026

Retiree Name MATTHEW C. WIREMAN

Date of Retirement 01/01/2026

* Position	Consulting	* Position Status	<input type="radio"/> Full Time <input checked="" type="radio"/> Part Time <input type="radio"/> Substitute
* First Date to be worked for this Position	05/18/2026	* Compensation Of Retiree	\$17,800.00
Person who held the position prior to retiree (If new position, leave this field blank)		TRS ID Or SSN Of Person	
* Title of last position held by retiree PRIOR TO RETIREMENT	Finance Officer	If Teacher, Provide Subjects Taught	
Will retiree be eligible for active insurance?	<input type="checkbox"/>	If Eligible, Insurance Effective Date	

Contact Name MELISSA TREILOBS

Phone Number (859)987-2180

Email Address melissa.treilobs@bourbon.kyschools.us

* Agency Head/Designee Signature

Melissa Treilobs

File Path	File Description
<input type="button" value="Select File"/>	quote for consulting
	<input type="button" value="Clear"/>