

## **Field Trip Request**

Please forward a hard copy of this document to your building principal.

Name of Lead Sponsoring Teacher: George Hoydich  Date request submitted: Oct. 5, 2015
Date(s) of Field Trip: Nov. 4 (evening) Nov. 5 all-day  Title of Field Trip: County Band Festival
Names of other Teachers in attendance: Mr. Zaccari
Group or class: Smembers 7/8 band School: HMS Duration of Trip: 1 school day
Location of Trip: Beaver Area High School Number of Students involved: 6
Substitute required: YES NO Number of days of substitute time: 0
Bus costs: 0 Private cars (whose): parents will transport students home
Financial support promised from other agencies (Student Council, PTO, etc.): NONE
Other expenses: Registration per student \$32.00 x 8 = \$192.00
Expenses are budgeted Expenses collected from students Expenses collected from other
Statement of educational value: Additional performance opportunity - opportunity to work with collegiate instructor
Signature of Lead Sponsoring Teacher: Date:
Signature of Building Principal/Superintendent: WWW Date: 10.5.15

\*Building office: Please forward this document to the Superintendent's Secretary at District Office.



## **Field Trip Request**

Please forward a hard copy of this document to your building principal.

Name of Lead Sponsoring Teacher: Joy Winters  Date request submitted: 10/5/2015
Date(s) of Field Trip: November 13, 2015 Title of Field Trip: Washington, D.C. Trip
Names of other Teachers in attendance: Jim Cox
Group or class: Journalism Class School: BHS Duration of Trip: 1 school day
Location of Trip: Washington, D.C. Number of Students involved: 40
Substitute required: YES NO Number of days of substitute time: 1 school day
Bus costs: 1,250.00 Private cars (whose): None
Financial support promised from other agencies (Student Council, PTO, etc.): Journalism Club
Other expenses:
Expenses are budgeted Expenses collected from students Expenses collected from other
Statement of educational value: <u>Students will have the opportunity to visit the capital of the United States along with visiting a museum dedicated to Journalists and other Smithsonian museums.</u>
Signature of Lead Sponsoring Teacher: 104 Minutes Date: 105/15
Signature of Building Principal/Superintendent:  Date: (8 / 7/15

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## **Field Trip Request**

Please forward a hard copy of this document to your building principal.

Name of Lead Sponsoring Teacher: Joy Winters  Date request submitted: 10/5/2015
Date(s) of Field Trip: November 6, 2015 Title of Field Trip: Point Park Media Day
Names of other Teachers in attendance:
Group or class: Journalism Class School: BHS Duration of Trip: 1 school day
Location of Trip: Pittsburgh, PA  Number of Students involved: 25
Substitute required: YES NO Number of days of substitute time: 1 school day
Bus costs: 250.00 Private cars (whose): None
Financial support promised from other agencies (Student Council, PTO, etc.): Journalism Club
Other expenses:
Expenses are budgeted Expenses collected from students Expenses collected from other
Statement of educational value:  Students will have the opportunity to not only visit Point Park University, but also to actively participate in the media theme of "Covering Conflict." Experienced writers will also have a chance to compete in a journalism "write-off" competition.
Signature of Lead Sponsoring Teacher: Wy Wurty Date: 10/5/15
Signature of Building Principal/Superintendent: Date: 10/1/15

\*Building office: Please forward this document to the Superintendent's Secretary at District Office.



# **Field Trip Request**

Please forward a hard copy of this document to your building principal.

Name of Lead Sponsoring Teacher: Mr. Jack Fullen	Date request submitted: 10/13/15
Date(s) of Field Trip: 11/12/15 Title of Field	Trip: WPIAL Summit on Sportsmanship
Names of other Teachers in attendance: N/A	
Group or class: Athletic Dept School: BHS	Duration of Trip: 5 Hours
Location of Trip: Heinz History Center and Sports Museum Number of S	Students involved: 6
Substitute required: YES NO Number of days	of substitute time: -0-
Bus costs: -0- Private cars (whose): N/A	
Financial support promised from other agencies (Student Council, PTO, etc	c.): <u>N/A</u>
Other expenses:	
Expenses are budgeted Expenses collected from stude	ents Expenses collected from other
Statement of educational value: Students will have the opportunity to visit the Heinz Sports M discuss topics related to the importance of sportsmanship in	Museum and to hear Sport Personalities athletics (See Attached)
Signature of Lead Sponsoring Teacher:	Date: 10-13-15
Signature of Building Principal/Superintendent:	Date:

<sup>\*</sup>Building office: Please forward this document to the Superintendent's Secretary at District Office.

### 2015 WPIAL Summit on Sportsmanship

At The Heinz History Center and Sports Museum



Thursday, November 12, 2015 Registration: 9 am-9:30am

Welcome and Statement of Purpose (9:45-10am)
Tim O'Malley/Executive Director/WPIAL
First Commonwealth Bank/Dan Hooper

Kickoff Speaker (10:00-10:15am)
Larry Richert/KDKA Radio Personality/Steeler Announcer
"Social Media and Interscholastic Athletics"

Heinz Sports Museum Discovery Zone (10:15-10:35 am)
"Respect the Game" Hunt

Speaker (10:35-10:50)
Meg Bulger/Former Oakland Catholic and WVU Athlete
"Respect Begins with You"

Speaker (11:00-11:10)
Rachid Ibraham/Pitt Football
"Dealing with Personal Adversity"

2015 WPIAL Sportsmanship Award Winners Presentation
Dan Cardone (11:15-11:35)

"Good Deeds on Gameday"

Speaker (11:40-12:00)
Bruce Gradkowski/Pittsburgh Steeler QB and former local HS athlete
"To Be Your Best; You Must Give Your Best"

# PROPOSAL TO BLACKHAWK SCHOOL DISTRICT FOR CONSULTING SERVICES FOR SCHOOL BUSINESS MANAGEMENT

#### I. OVERVIEW

This proposal for consulting services is submitted by Frombach Consulting, LLC, hereinafter Consultant, to the Blackhawk School District, hereinafter District, to provide consulting services as set forth in Section II of this proposal. The consultant shall be paid for all such services as set forth in Sections V and VI of this proposal.

#### II. SCOPE OF WORK BY CONSULTANT

The Consultant shall serve as Business Office Consultant and Negotiator for the District and shall perform the following services:

- A. Serve as the District's Chief Negotiator for collective bargaining with the Blackhawk Educational Support Professional Association, PSEA/NEA.
- B. Prepare proposals for collective bargaining with the Blackhawk Educational Support Professional Association, PSEA/NEA.
- C. Prepare analysis of all proposals and impact on school district.
- D. Work with the Board, Superintendent and Business Manager in reviewing collective bargaining proposals and determining negotiating positions.
- E. Perform such other duties as may be directed by the Superintendent of Schools.

#### III. RESPONSIBILITIES OF THE BLACKHAWK SCHOOL DISTRICT

The District shall provide an office with security access in the District Administration Office as may be needed. District shall further provide such computer hardware with access to the District network and business office software systems.

#### IV. PROPOSED SCHEDULE

The Consultant shall begin work on a date to be decided between Blackhawk Board of School Directors and Superintendent, and shall work such hours as directed by the

Superintendent of Schools in order to perform the services set forth in Section II. Such services shall be terminated upon mutual agreement between the Consultant and District.

#### V. PAYMENT FOR SERVICES

- A. Consultant services shall be billed at a rate of Sixty Dollars (\$60.00) per hour for all hours worked. The days and hours for such services shall be scheduled and approved by the Superintendent of Schools.
- B. The Consultant shall be responsible for travel to the District's Administration Office located at 500 Blackhawk Road, Beaver Falls, PA 15010. All travel to locations and facilities within the District or to nonpublic, special education, vocational, and approved private schools shall be billed to the District at the IRS rate as of the date of this Agreement. Such expenses shall be documented and submitted to the District.

#### VI. PAYMENT FOR SERVICES AND EXPENSES

The Consultant will invoice the District the first week of the month following the month during which the services and expenses were incurred. Payment will be made by the District within thirty (30) days of submission of invoice.

#### VII. CONSULTANT STAFF

John W. Frombach, as owner of Frombach Consulting, LLC, shall be solely responsible for the supervision, conduct, and completion of the delivered services.

#### VIII. GENERAL PROVISIONS

- A. Consultant shall provide all services in a professional manner.
- B. Consultant shall provide all such clearances as may be required in accordance with State and Federal laws and regulations.
- C. Consultant shall not be liable for any delay in work due to circumstances beyond his control.
- D. Consultant is an independent contractor and not an employee of the District and shall not be eligible for any benefits offered by the District to its employees.
- E. The District shall agree to defend and indemnify the Consultant against wrongful acts, unless he acts with impropriety, negligence or illegality on behalf of the District, from all third parties arising from the conduct in providing these services.

F. If this proposal is accepted, the District shall execute one copy of the proposal and return said copy to the Consultant. Any changes to this proposal document shall be attached as an addendum and shall be signed by both parties.

Submitted by:		
John H. Frankasle		
John W. Frombach, Consultant	Date:	10-12-2015
Frombach Consulting, LLC		
4373 East Lawnview Avenue		
Pittsburgh, PA 15227-2636		
412-882-3926		
412-956-3940 (cell)		
412-882-4847 (Fax)		
jwfrombach@comcast.net		
Accepted and Agreed to by:		
Signature	– Date	
Printed Name and Title of Person		
Blackhawk School District		
500 Blackhawk Road		
Beaver Falls, PA 15010-1498		
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#### **HEALTH CARE OPT OUT PROGRAM**

Blackhawk Employee Name:	
Name of Spouse:	
Spouse's Employer:	
Address:	
	's Employer:
Spouse's Health Care Provider:	
Group ID#:	Member ID#:
When will you be enrolled on your spot	use's insurance? (Specific date)
List names of other family members wh	no will be on this plan:
1	2
3	4
5	6
Spouse's Employer verifying that Blackl	hawk employee has enrolled in Spouse's Health Care Plan
Employer's Signature:	Position:
Blackhawk Employee Signature:	
Blackhawk Staff Only:	
Names of Individuals Removed from He	althcare:
Date Insurance will cease:	Opt out period:

Please attach a copy of your spouse's insurance card.