	<b>Huron School District #2-2</b>	Code: AH-E(1)
	Policies and Regulations	Conflict of Interest Disclosure

### Conflict of Interest Disclosure

Date: 2-8-24

Name of the School Official submitting the conflict of interest disclosure:

Ralyna Abelseth

The disclosure is for the purpose of notifying the School Board of

X an interest in a contract  
 \_\_\_\_\_ a direct benefit from a contract:

Identify the following:

- (1) all parties to the contract
- (2) the person's role in the contract
- (3) the purpose(s)/objective(s) of the contract
- (4) the consideration or benefit conferred or agreed to be conferred upon each party
- (5) the length of time of the contract
- (6) any other relevant information

If the disclosure relates to the School Official deriving a direct benefit from a contract, explain how the terms of the contract are fair, reasonable, and not contrary to the public interest such that authorization should be granted by the school board.

Signature of School Official: Ralyna Abelseth

**THIS IS A PUBLIC DOCUMENT**



**Ralyna Abelseth, M. Ed.**

Director of Special Services

705 Dakota Ave. N

Huron, SD 57350

P: (605) 353-6997

F: (605) 353-6705

ralyna.abelseth@k12.sd.us

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Memo: Conflict of Interest Disclose Response

1. Parties to contract: Center For Independence and Huron School District
2. Ralyna is on the Center for Independence Board and is the Director of Special Services for the Huron School District
3. The Center for Independence and the Huron School District will partner to provide transition services for Huron School District students who are post 12<sup>th</sup> grade at the Center For Independence's day program.
4. The Huron School District will pay an hourly fee based on program type to the Center For Independence.
5. 1/1/24 - 6/30/25
6. In addition to general contract agreement, each student served will have a contract outlining the services provided.



## Employment Contract

HURON PUBLIC SCHOOLS #2-2

### EMPLOYMENT CONTRACT

Huron School District No. 2-2, Huron, South Dakota

02/07/2024

James Stueckrath

**YOU ARE HEREBY OFFICIALLY NOTIFIED**, that you have been elected as a **Teacher** in the Huron School District No. 2-2, whose address is City of Huron on the annual salary basis of **\$71,067** for the school term, or the remaining part thereof, of the designated number of teaching days, inclusive of days arranged for pre-school planning, beginning **08/14/2023** and subject to the calendar, or modifications of the same, as adopted by the Board of Education. The salary is to be paid the twentieth day of each of the twelve calendar months.

Your election is subject to the school laws of the State of South Dakota and to the salary schedule and contractual elements rules and regulations of the Board of Education of the Huron School District No. 2-2, which are hereby by reference, incorporated in and made a part of this contract as though set forth herein at length, subject to the right of said Board to terminate the contract for cause, to be determined upon by the Board, and subject to your right to resign upon giving thirty (30) days notice thereof, in writing to said Board within 15 days of issuance of contract.

It is further contracted and agreed that your failure to complete the term of employment prescribed herein for any cause, including but not limited to dismissal or resignation, constitutes a financial damage to the Huron School District No. 2-2 and that from the nature of the case it might be impractical or difficult to fix the actual damage. **THEREFORE**, it is understood and agreed that your failure to complete the term provided herein shall result in the following liquidated damages: failures occurring May 15 through May 31 for the ensuing year, damages shall be assessed at \$250.00. For breaking a contract June 1 through June 10, damages shall be assessed at \$500.00, for breaking of a contract June 11 through June 20, \$750.00 and for breaking of a contract June 21 through June 30, \$1000.00. For breaking a contract July 1 through July 31, damages shall be assessed at \$2,000.00 and breaking of contract August 1 and for the duration of the first semester, damages shall be assessed at \$3,000.00. Damages will be assessed at \$1,500.00 for breaking of a contract anytime during the 2nd semester. The Board reserves the right to request the Department of Education to suspend the employee's certification for one year in lieu of monetary damages in accordance with SDCL 13-42-9. Employees who are not full-time employees of the district shall be assessed damages at a percentage which matches their percent of employment.

It is further understood and agreed that resignations shall not become effective until approved by the Board of Education at the next meeting following receipt of said resignation. Further, it is hereby agreed that you will pay to the Huron School District No. 2-2, or the Huron School District No. 2-2 will withhold

or appropriate from any monies owed by them to you, and you hereby authorize such withholding or appropriation, the appropriate sum herein above set forth as liquidated damages due to your failure to complete said term.

This agreement becomes a binding contract when signed by the employee and the Board of Education.

Contract included \$2500 for earning Master's Degree, Summer 2023

MA

Base Contract: \$57,968

HS Band Director \$8,328 Step 6

HS Summer Band \$2,271 Step 6

\*\*\*CONTRACT MUST BE SIGNED AND RETURNED TO THE SUPERINTENDENT'S OFFICE BY 02/09/2024

TO THE BOARD OF EDUCATION OF THE HURON SCHOOL DISTRICT NO. 2-2

CITY OF HURON, BEADLE COUNTY, SOUTH DAKOTA

I hereby accept the position mentioned in the foregoing contract of hiring in the Public Schools of Huron, South Dakota, at the salary and upon and under the terms and conditions of the above and foregoing contract and have carefully read said contract and am fully informed as to the contents. I agree to attend such pre-school planning days as are scheduled exclusive of the designated number of contract days. "I clearly understand that it is my responsibility to be fully certified with the State of South Dakota for the duration of this contract. I accept that my pay will cease on October 1, and my employment may be terminated or suspended without pay until such time that I meet the certification requirements of the job."

**Employee Signature**

*James Stueckrath*

**Date**

02/08/2024 11:10 am

**Chairman of School District Board Signature**

*Garret Bischoff*

**Date**

02/08/2024 11:20 am

**Business Manager of School District Signature**

*Kelly Christopherson*

**Date**

02/08/2024 11:22 am

## HURON ARENA ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 24 day of February, 2024, by and among AMERICAN FAMILY INSURANCE-VOLQUARDSSEN & ASSOCIATES, INC. ("Advertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").

WHEREAS, Advertiser and Owner have entered into the Advertising Agreement dated March 11, 2021 (as amended, the "Advertising Agreement") (a copy of the "Advertising Agreement" is attached); and

WHEREAS, the parties desire to extend and modify the Advertising Agreement as set forth herein.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Renewal/Extension of Term. Effective as of the date hereof, the Term set forth in the Advertising Agreement shall be extended to run for 1 (one) year from and after January 1, 2024, and ending on December 31, 2024.
2. Advertising Fees. Effective as of the date hereof, the Advertising Fees for such extended term shall be \$2,500 (two thousand five hundred dollars), payable in advance in accordance with the attached Payment Schedule.
3. Ratification. Except as expressly modified hereby, the remaining terms and conditions of the Advertising Agreement are hereby ratified and confirmed, and shall remain in full force and effect.

Advertiser Initial RV

Owner Initial \_\_\_\_\_



## PAYMENT SCHEDULE

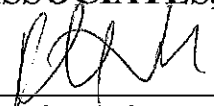
**Agreement year 2024:** For services rendered January 1, 2024 to December 31, 2024.

Payment #1: \_\_\_\_\_ Payment due on or before \_\_\_\_\_.

### ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives on the date first above written.

#### **ADVERTISER: AMERICAN FAMILY INSURANCE-VOLQUARDSSEN & ASSOCIATES, INC.**

By   
[authorized signature only]

Kristal Volquardsen  
[print or type name clearly]

Title President  
Dated 2-4-2024

Address: 312 Kansas Ave SE  
City, State, Zip: Huron, SD 57350  
Phone: 605-352-4943  
Fax: \_\_\_\_\_  
Email Address: Kvolquar@amfam.com

#### **OWNER: Huron School District 2-2**

By \_\_\_\_\_  
Huron Board of Education

Board Approved \_\_\_\_\_



## SCHOOL DISTRICT

Linda J Pietz  
Director of Curriculum,  
Instruction & Assessment  
Linda.Pietz@k12.sd.us

### INTENT TO APPLY FOR GRANT FUNDING

Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.

Date: 1/15/2024 Contact Person: Angel Hovde

Group Applying: Angel Hovde 3<sup>rd</sup> grade Class

Name of Grant/Award: American Bank and Trust Spirit Card

Name of Funder: American Bank and Trust Contact Person:

Amount to be Requested: \$100 Funder's Submission Due Date:

Project Focus: Snacks for Classroom and Headphones with microphones

How awarded amount received? Full amount up front  
Reimbursement x

Are any follow up reports required? Yes x No If yes, when are they due?

Any District funding, resource, or in-kind commitment required now or in the future? Yes  No x

If yes, please list by dollar amount and/or in-kind service/support. Please be specific.

#### Please note:

- Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- A copy of the completed grant application must be available upon request.
- The person or group applying will need to submit the following documentation to the business offices:
  - If and when the grant is awarded, a copy of the award letter.
  - If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: [Signature]  
Building/Department Administrator

2-9-24  
Date

Signature: [Signature]  
Linda J Pietz, Director of Curriculum, Instruction & Assessment

2-9-24  
Date

Signature: [Signature]  
Kelly Christopherson, Business Manager

2-9-2024  
Date

Presented to School Board:



## SCHOOL DISTRICT

Linda J Pietz  
Director of Curriculum,  
Instruction & Assessment  
Linda.Pietz@k12.sd.us

### INTENT TO APPLY FOR GRANT FUNDING

Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.

Date: 02/07/24 Contact Person: Lyndi Hudson

Group Applying: Huron Middle School

Name of Grant/Award: United Way Grant

Name of Funder: United Way Contact Person: Jen Bragg

Amount to be Requested: \$3000 Funder's Submission Due Date: 5/12/2024

Project Focus: Cory Greenwood Assembly (Top rated Youth Motivational Speaker)

How awarded amount received? ☒ Full amount up front ☐ Reimbursement

Are any follow up reports required? ☐ Yes ☒ No If yes, when are they due? \_\_\_\_\_

Is any District funding, resource, or in-kind commitment required now or in the future? Yes ☐ No ☒

If yes, please list by dollar amount and/or in-kind service/support. Please be specific.

#### Please note:

- ☐ Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.
- ☐ A copy of the completed grant application must be available upon request.
- ☐ The person or group applying will need to submit the following documentation to the business offices:
  - ☐ If and when the grant is awarded, a copy of the award letter.
  - ☐ If any follow-up reports are required, a copy of the report.

A copy of this request with signatures will be returned to the contact person above when the application is reviewed, allowing the application to proceed.

Signature: Laura Wilkerson  
Building/Department Administrator

Feb. 9, 2024  
Date

Signature: Linda J Pietz  
Linda J Pietz, Director of Curriculum, Instruction & Assessment

2-9-24  
Date

Signature: Kelly Christopherson  
Kelly Christopherson, Business Manager

2-9-2024  
Date

Presented to School Board: \_\_\_\_\_