

**SCHOOL DISTRICT OF MANAWA
FINANCE COMMITTEE MEETING
AGENDA**

Join with Google Meet

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Date: July 21, 2020

Time: 5:30 p.m.

Virtual Meeting

Board Committee Members: Scheller(C), J. Johnson, Pethke

In Attendance:

Timer: _____ **Recorder:** _____

1. District and Class Fees (Action)
2. Student Insurance (Action)
3. 2019-20 Budget Update (Informational)
 - a. Monthly Finance Reports
 - i. May 2020
 - ii. June 2020
4. Transfer to Fund 46 (Action)
5. Referendum Budget Review (Informational)
6. Finance Committee Planning Guide (Information / Action)
7. Next Finance Committee Meeting Date: _____
8. Next Finance Committee Items:
 - 1.
 - 2.
7. Adjourn



Students choosing to excel; realizing their strengths.

To: Board of Education
From: Carmen O'Brien
cc: Dr. Melanie Oppor
Date: 7/20/2020
Re: Class and District Fees

Recommendation

I recommend no change to the 2020-21 school year class and district fees.

Manawa Elementary School Fees	
District Fee	\$15.00
Class Fee for Field Trips	\$10.00

Manawa Middle School Fees	
District Fee	\$20.00
Class of 2025, 2026, 2027 Fee	\$5.00

Little Wolf High School Fees	
District Fee	\$20.00
Junior Class of 2022	\$10.00
Sophomore Class of 2023	\$5.00
Freshman Class of 2024	\$5.00

Attached is a copy of fees for both the Manawa Middle School and Little Wolf High School, both required and optional. If a family qualifies for Free or Reduced priced breakfast/lunch, the district fee is waived.



STUDENT NAME: _____

GRADE _____

- **August 4 - 9:00 am 7:00 pm** – Registration & Picture Day, 6-8 grade students at Manawa Elementary School Commons, pictures in the gym
(All students must register prior to the first day of school)
- **September 2 – 3:30 pm – 6:30 pm** - Open House (This is not registration, please register on August 4)
- **September 8** - First day of school
- **September 18** - Picture Retake Day
- **June 4, 2021** - Last Day of School

***IF PAYING BY CHECK, WE WILL REQUIRE SEPARATE CHECKS FOR LUNCH & STUDENT FEES

***ATHLETIC PASSES FOR ADULTS AND STUDENTS WHO ATTEND MES AND ST. PAUL WILL REQUIRE A SEPARATE CHECK

***PLEASE MAKE CHECKS PAYABLE TO MANAWA MIDDLE SCHOOL

MIDDLE SCHOOL FEES

Fees for Every Student:			
	District Fee	\$20.00	
	Class of 2025	\$ 5.00	
	Class of 2026	\$ 5.00	
	Class of 2027	\$ 5.00	
Snowmobile Parking Permits: New permit required each school year.	Required to park on school premises	\$ 5.00	

Optional Fees:			
	Student Athletic Pass	\$ 5.00	
	Yearbook	\$12.00	
Sports Fees:	Student Max \$30 / Family Max \$150	\$15 Per Sport	
PLEASE LIST THE SPORTS BEING PAID FOR:	FALL SPORT _____ WINTER SPORT _____ SPRING SPORT _____		

FOOD SERVICE PRICES

Lunch Fee	Day - \$3.00	Week - \$15.00	
Milk	Day - \$0.40	Week - \$ 2.00	
Reduced Lunch Fee	Day - \$0.40	Week - \$ 2.00	
Breakfast Fee	Day - \$1.50	Week - \$ 7.50	
Reduced Breakfast Fee	Day - \$0.30	Week - \$ 1.50	
		TOTAL:	\$

ADDITIONAL FEES STUDENTS MAY HAVE THROUGHOUT THE YEAR DEPENDING ON ACTIVITIES/PROJECTS.



**THESE FEES WILL BE CHARGED AS ACTIVITIES PRESENT,
PLEASE DO NOT INCLUDE WITH YOUR REGISTRATION FEES**

PBIS Reward Trips	Costs vary depending on the trip	\$5.00 - \$30.00
Washington D.C.	Price is approximate	\$1,100.00

All forms and the student handbook are available on the LW Jr./Sr. HS home page. Forms will also be available at registration. At **registration on August 4**, students will get their pictures taken, we will be collecting fees and lunch money, selling student athletic passes, and yearbooks.

At **Open House on September 2**, students will be able to put supplies in their lockers and walk around the building. Reminder, this is not registration.

We look forward to seeing you at the Manawa Middle School Registration and Open House!



STUDENT NAME: _____

GRADE _____

- **August 4 - 9:00 am 7:00 pm** – Registration & Picture Day, 9-12 grade students at Manawa Elementary School Commons, pictures in the gym
(All students must register prior to the first day of school)
- **September 2 – 3:30 pm – 6:30 pm** - Open House (This is not registration, please register on August 4)
- **September 8** - First day of school
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***IF PAYING BY CHECK, WE WILL REQUIRE SEPARATE CHECKS FOR LUNCH & STUDENT FEES

***ATHLETIC PASSES FOR ADULTS AND STUDENTS WHO ATTEND MES AND ST. PAUL WILL REQUIRE A SEPARATE CHECK

***PLEASE MAKE CHECKS PAYABLE TO LITTLE WOLF HIGH SCHOOL OR LWHS

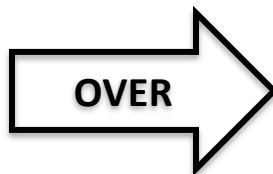
HIGH SCHOOL FEES

Fees for Every Student:			
	District Fee	\$20.00	
	Junior Class Of 2022	\$10.00	
	Sophomore Class Of 2023	\$ 5.00	
	Freshman Class Of 2024	\$ 5.00	
Student Parking Permits: New permit required each school year.	Required for all vehicles parked in the student parking lot	\$10.00	
Snowmobile Parking Permits: New permit required each school year.	Required to park on school premises	\$ 5.00	

Optional Fees:			
	Student Athletic Pass	\$ 5.00	
	Yearbook (personalization is extra) This price reflects yearbooks purchased prior to 10/31/20	\$50.00	
Sports Fees:	Student Max \$75 / Family Max \$150	\$30 Per Sport	
PLEASE LIST THE SPORTS BEING PAID FOR:	FALL SPORT _____ WINTER SPORT _____ SPRING SPORT _____		

FOOD SERVICE PRICES

Lunch Fee	Day - \$3.00	Week - \$15.00	
Milk	Day - \$0.40	Week - \$ 2.00	
Reduced Lunch Fee	Day - \$0.40	Week - \$ 2.00	
Breakfast Fee	Day - \$1.50	Week - \$ 7.50	
Reduced Breakfast Fee	Day - \$0.30	Week - \$ 1.50	
		TOTAL:	\$



ADDITIONAL FEES STUDENTS MAY HAVE THROUGHOUT THE YEAR DEPENDING ON ACTIVITIES/PROJECTS.
 (THESE FEES WILL BE CHARGED FOR AS ACTIVITIES/PROJECTS PRESENT, PLEASE DO NOT INCLUDE WITH YOUR REGISTRATION FEES)

Band	Instrument Rental	\$30.00
Wildlife	Taxidermy – Optional Project	\$10.00 - \$30.00
Plants, Animals & You	White T-shirt (student purchases)	Varies
Animal Science	Supply List Available in July	Varies
Senior Art	Price Based on Chosen Project	Varies
CAPP English	\$100/credit	\$300
If student qualifies for free/reduced lunch	\$50/credit	\$150

All forms and the student handbook are available on the LW Jr./Sr. HS home page. Forms will also be available at registration. At **registration on August 4**, students will get their pictures taken, we will be collecting fees and lunch money, selling student athletic passes, and yearbooks.

At **Open House on September 2**, students will be able to put supplies in their lockers and walk around the building. Reminder, this is not registration.

We look forward to seeing you at the Little Wolf High School Registration and Open House!



Students choosing to excel; realizing their strengths.

To: Board of Education
From: Carmen O'Brien
cc: Dr. Melanie Oppor
Date: 7/20/2020
Re: 2020-21 Student Accident Insurance

June memo

Recommendation:

I recommend purchasing student accident insurance from Berkley Accident and Health through the First Agency.

Rationale:

I was contacted by First Agency in February 2020 about receiving a quote for student accident insurance by John Griesbach, the area vice president. The quote was an annual fee of \$1,950. First Agency is a Gallagher Company and is in Kalamazoo, MI.

Our current provider is Student Assurance Services, Inc. in Stillwater, MN. The quote remains the same as it has been for multiple years, \$3.75 per student. Currently, we have 634 students putting the fee at \$2,377.50. Due to the shortened 2019-20 school year, Student Assurance is offering a \$243.75 rate credit putting the total for 2020-21 at \$2,133.75.

Families that have tried to make claims from Student Assurance have indicated that this is not an easy company to work with. Due to this and the lesser cost, I believe that changing to Berkley is in the best interest of the School District of Manawa.

Update July 7, 2020:

Recommendation:

I change my recommendation to Student Assurance. In the table below, I believe Student Assurance offers our families better coverage benefits and ultimately costs the District less.

Rationale:

Student Assurance Services lowered their cost by \$0.50 per student after discovering that the District was looking at another provider, a cost savings of \$317. They also include a rate credit and will remove the \$250 deductible for the all-pupil coverage. The First Agency covers higher costs for hospital room and board and physician visits. Student Assurance covers higher costs for ambulance services and durable medical equipment. Student Assurance has dropped the \$250 deductible and is \$133.25 less for the annual premium. See below for a comparison.

	First Agency	Student Assurance
Annual Premium	\$1,950	\$3.25 per student (634 students) \$2,060.50 Less \$243.75 credit \$1,816.75
Accident Medical Expense	\$25,000	\$25,000
Dental Sub-limit	\$5,000	\$5,000
Deductible	\$250	\$0
Loss Period	60 days after the date of the accident	60 days after the date of the accident
Ambulance	\$250	\$500
Physician Non-surgical Visits	\$50	\$40
Hospital Room & Board	\$500 per day	\$300 per day
Durable Medical Equipment	\$200	\$300

All non-listed services are equitable.

I contacted the Rosholt School District and Tri-County Area School District as reference checks for First Agency. Neither school had a complaint about First Agency nor did they have much contact with the company.



AN ACCIDENT INSURANCE PROPOSAL FOR:

Manawa School District

PRESENTED TO:

Arthur J. Gallagher Risk Management Services, Inc. (Kalamazoo Office)

UNDERWRITTEN BY:

Berkley Life and Health Insurance Company and/or StarNet Insurance
Company

THIS PROPOSAL IS VALID FOR 90 DAYS



New Business Proposal

Proposed Term: 08/01/2020 - 08/01/2021

Name of Proposed Policyholder: Manawa School District

Address: 800 Beech St.

City: Manawa

State: WI **Zip Code:** 54949

Eligibility:

Class 1:

- All registered students of the Policyholder.

Covered Activities:

Class 1:

- School Coverage

Premium:

Funding Option		
1. Fully Insured	Premium Amount: \$1,950.00 Premium Mode: Annual	

BENEFIT	LIMIT
Accidental Death and Dismemberment	Principal Sum: \$2,000
Aggregate Limit of Liability per Covered Accident	\$250,000
Accident Medical and Dental Expense	Accident Medical Expense: \$25,000 Dental Sub-limit: Sound natural teeth: \$5,000 per Covered Accident <ul style="list-style-type: none"> • Co-Insurance 100% • Deductible \$250 Corridor • Terms of Payment Full Excess • Loss Period (first Covered Accident Expenses must be incurred within) 60 days after the date of the Covered Accident • Benefit Period 52 weeks
Covered Medical Expense Sub-limits	<ul style="list-style-type: none"> • Hospital Room & Board \$500 per day per Covered Accident • Ancillary Hospital Expenses \$1,000 per Covered Accident • Outpatient Surgery/Ambulatory Surgical Center \$1,000 per Covered Accident • Outpatient Surgical Facility \$1,000 per Covered Accident • Physician Non-Surgical Visits \$50 per visit up to a maximum of 10 visits per Covered Accident • Physician Surgical Expenses \$2,500 per Covered Accident • Physiotherapy \$50 per visit up to a maximum of 10 visits per Covered Accident • X-Ray Expenses \$300 including costs for reading per Covered Accident • Diagnostic Imaging (MRI/CT/CAT) \$300 including costs for reading per Covered Accident • Ambulance \$250 per air and ground ambulance per Covered Accident • Durable Medical Equipment \$200 per Covered Accident • Prescription Drugs \$300 per Covered Accident • Eyeglasses, Contact Lenses, and Hearing Aids \$300 per Covered Accident
ADDITIONAL BENEFITS:	

Coma	1% of the Principal Sum for the first 11 months, subject to 100% of the Principal Sum amount
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CLAIMS ADMINISTRATION

Your Claims Service Provider is: First Agency

Claim forms are available at: <https://www.1stagency.com/index.php>

If you have any questions please call: 269-381-6630

First Agency

First Agency has been servicing programs of Student Accident and Health coverage since 1959, and is recognized by agents and educational institutions for their expertise in this market. All claims are processed in Kalamazoo, Michigan by their in-house claims staff. The average experience of their administrative and claims staff is over 14 years. A specific Claims Adjustor is assigned to each account so they can familiarize themselves and develop a more understanding and personal relationship with each client. For quick and accurate reporting and processing, online claim submission is available as well as real-time review of claim status.

The main goal in the claims administration process is cost control and savings, which are utilized in a number of ways, such as: utilizing a national network of PPO's in the claims administration process on a passive basis, allowing access to provider discounts without dictating medical providers. In addition to utilizing passive or blind PPO's, First Agency claims adjustors also utilize a process of self-negotiation. For claims that are not eligible for network discounts, adjustors have had success negotiating directly with providers. The claims system is custom-developed and fully automated, resulting in quick and accurate claims service. Average claims processing time is less than five days when all necessary information has been submitted.

Capitalized terms in this New Business Proposal will have the meaning as defined within the policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within 365 days of the date of the accident that caused the Injury, the Company will pay the percentage of the Principal Sum shown below for that loss. If multiple losses occur, only one Benefit, the largest, will be paid for all Covered Losses due to the same Covered Accident.

<u>Loss of:</u>	<u>Benefit:</u> (Percentage of Principal Sum)
Life.....	100%
Brain Death.....	100%
Quadriplegia.....	500%
Two or More Members.....	500%
One Member.....	100%
Hemiplegia.....	200%
Paraplegia.....	200%
Uniplegia.....	100%
Thumb and Index Finger of the Same Hand.....	100%
Four fingers of the Same Hand.....	100%

“Member” means Hand or Foot, Arm or Leg, Sight, Speech and Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of Arm or Leg” means complete severance through or above the elbow or knee joint. “Loss of sight” means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body. “Brain Death” means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, although the heart is still beating. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Quadriplegia” means total Paralysis of both upper and lower limbs. “Uniplegia” means total Paralysis of one lower limb or one upper limb.

Aggregate Limit of Liability

The maximum amount the Company will pay on behalf of all Covered Persons for all covered Accidental Death and Dismemberment losses resulting from the same Accident will not exceed the Aggregate Limit of Liability as described in this New Business Proposal.

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

If a Covered Person suffers an Injury that requires him or her to be treated by a Physician within the Loss Period, the Company will pay up to the Accident Medical and Dental Expense Benefits maximum amount for Covered Medical Expenses incurred by the Covered Person that result directly, and from no other cause, from all Injuries caused by the covered accident. These benefits are subject to the Deductibles, Coinsurance Factors, and Benefit Periods outlined in the New Business Proposal above.

Accident Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met;
- 2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
- 3) for Covered Medical Expenses incurred within the designated Benefit Period after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses include:

- 1) Hospital room and board expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
- 2) Ancillary Hospital expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
- 3) Daily Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services.
- 4) Registered Nurse Services Expenses for private duty nursing while a Covered Person is Hospital Confined, when services are ordered by a Physician.
- 5) Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a Covered Accident and including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies.
- 6) Outpatient surgery expenses, including Ambulatory Surgical Center.
- 7) Outpatient surgical room and supply expenses for use of the surgical facility.
- 8) Outpatient diagnostic x-rays, laboratory procedures and test expenses.
- 9) Physician non-surgical treatment/examination expenses (excluding medicines) including the Physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Physician.
- 10) Second surgical opinion expenses.
- 11) Physician surgical expenses. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
- 12) Assistant Surgeon expenses when Medically Necessary.
- 13) Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- 14) Outpatient laboratory test expenses.
- 15) Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic, adjustments, manipulation, massage or any form of physical therapy.
- 16) Post-surgical physical medicine expenses and office visits connected with such treatment when prescribed by a Physician.
- 17) X-ray expenses (including reading charges) not including dental x-rays.

- 18) Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
- 19) Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident.
- 20) Dental expenses related to the installation of crowns, caps, bridges and dentures; oral surgery and endodontics and repair or replacement of caps and crowns that existed prior to the Covered Accident.
- 21) Outpatient registered nurse services if ordered by a Physician.
- 22) Ambulance expenses for transportation from the Accident site to the Hospital.
- 23) Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- 24) Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.
- 25) Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
- 26) Medical services and supplies for blood and blood transfusions; oxygen and its administration.
- 27) Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
- 28) Artificial limbs, eyes and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs, eyes or larynx.
- 29) Extended Care Facility expenses for confinement if it begins within 5 straight days after a Covered Person is Hospital Confined as a result of a Covered Accident. We will pay for treatment if a Physician visits the Covered Person at least once every 30 days and certifies the confinement is Medically Necessary.

TERMS OF PAYMENT FOR ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Full Excess: Covered Medical Expenses incurred by a Covered Person, subject to any cost containment limits set out in the Summary above, will be paid on an excess basis after any other valid and collectible insurance payments.

Failure by a Covered Person to follow the terms and conditions and/or failure to utilize the network providers and facilities of his or her primary coverage will result in a benefit reduction of Covered Medical Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an accident when the accident occurs outside the geographic area served by the Covered Person's primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

COMA BENEFIT

If Injury results in a covered Coma within 30 days of the accident that caused the Injury and the Coma continues for at least 30 days, the Company will pay monthly benefits equal to 1% of the Principal Sum for the first 11 months; with the remainder paid in a lump sum up to 100% of the Principal Sum paid in the 12th month if the Covered Person remains in a Coma. If death results from the same accident that caused the Coma, the maximum benefit payable for Coma and accidental death combined will not be more than 100% of the Covered Person's Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is paid monthly, beginning on the 31st day of the Coma and ends on the earliest of the date the Coma ends, whether by death, recovery, or any other change of condition or when 100% of the Principal Sum is paid out.

EXCLUSIONS

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an accidental bodily Injury, unless otherwise covered under the policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Disease or disorder of the body or mind.
6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
7. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
8. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
9. Conditions that are not caused by a Covered Accident.
10. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
11. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
12. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
13. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
14. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.
15. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
16. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person.
17. Treatment of Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
18. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
19. Mental or nervous disorders, except as specifically provided in this policy.
20. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
21. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in this Policy.
22. Loss resulting from participation in any activity not specifically covered by this Policy.
23. Any treatment, service or supply not specifically covered by this Policy.
24. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in the Policy.
25. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or

Except as a fare paying passenger on a regularly scheduled commercial airline.

IMPORTANT INFORMATION:

This Proposal presents only a summary of the benefits, terms, conditions, limitations and exclusions provided under insurance policy form series AH51051 and is based on the information submitted and rates in effect on the Proposal Date. Please refer to the actual policy for a complete description of all the coverages and benefits along with all the conditions, limitations and exclusions applicable under the policy. If there is a conflict between this Proposal and the issued policy, the issued policy will prevail.

The insurance described in this Proposal provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

This Proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such provisions apply, this Proposal is void. If any of the information submitted for this Proposal is altered or if material new information is received, we reserve the right to change this proposal accordingly. *Coverage under the policy may not be available in all states.*

ABOUT W. R. BERKLEY CORPORATION

W. R. Berkley, founded in 1967, is one of the nation's premier commercial lines property casualty insurance providers. Each of the operating units in the Berkley group participates in a niche market requiring specialized knowledge about a territory or product. Our competitive advantage lies in our long-term strategy of decentralized operations, allowing each of our units to identify and respond quickly and effectively to changing market conditions and local customer needs. This decentralized structure provides financial accountability and incentives to local management and enables us to attract and retain the highest caliber professionals. We have the expertise and resources to utilize our strengths in the present environment. We have the foresight to anticipate, innovate and respond to opportunities and challenges the future may hold.

We underwrite on behalf of the following W. R. Berkley Corporation member insurance companies: Berkley Life and Health Insurance Company and StarNet Insurance Company. Both of these insurance companies are rated A+ (Superior) by A.M. Best. StarNet Insurance Company has an A+ (Strong) financial strength rating from Standard & Poor's. The financial strength and stability of the Company's markets provide a sound platform to manage and insure catastrophic accidents and injuries.

HOW WE ARE DIFFERENT

Agile & Responsive: Our streamlined business structure delivers exceptional value to our clients and supports the growth goals of our select distribution partners.

Strong & Stable: Our agility is backed by the A+ rated member insurance companies of W. R. Berkley Corporation, one of the nation's premier property & casualty insurance providers.

Collaborative: Our team is comprised of experienced and respected A&H professionals who have both a strong technical understanding of the Special Risk market, as well as impressive track records in building long-term strategic partnerships with both producers and clients.

Innovative: Innovation is emphasized across the entire insurance value chain – especially product, service, distribution and customer experience. While our product portfolio includes traditional A&H products, we also customize innovative solutions for niche groups and individuals that have very specific needs.

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978), 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690, both member companies of W. R. Berkley Corporation and both rated A+ (Superior) by A.M. Best

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Thank you for giving Berkley Accident & Health the opportunity to provide you with a competitive quote, and please do not hesitate to contact your sales representative with any questions.

John Griesbach
Area Vice President
First Agency, a Gallagher Company
269-381-6630

ACCEPTANCE OF PROPOSAL (Valid only if Proposal contains no Conditions/Qualifications on page 3)

Policyholder Name: Manawa School District

Effective Date of Coverage: August 1, 2020

This Proposal provides a summary of the Policy features only and does not cover all the terms, conditions and limitations. The Policy will contain the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between the summary in this Proposal and the Policy, the Policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms of the Policy as issued.

To bind coverage for this risk, simply complete the below acceptance of this Proposal and remit via e-mail to John_Griesbach@ajg.com.

Signature

Name (Printed)

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978), 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690, both member companies of W. R. Berkley Corporation and both rated A+ (Superior) by A.M. Best.

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First Agency
5071 West H Avenue
Kalamazoo, MI 49009-8501
Phone: 269-381-6630
Fax: 269-492-0084

WISCONSIN SCHOOLS

Serviced By
First Agency
2019/2020

Algoma School District	Granton School District	Portage Community School District
Alma School District	Green Bay Area School District	Rhineland School District
Appleton Area School District	Greenwood School District	Rib Lake School District
Baraboo School District	Howard-Suamico School District	Rice Lake Area School District
Beaver Dam Unified School District	Howards Grove School District	Ripon Area School District
Big Foot Union High School District	Iowa-Grant School District	Riverdale School District
Black River Falls School District	Kickapoo Area School District	River Falls School District
Bloomer School District	Kiel Area School District	River Ridge School District
Boscobel School District	Lakeland Union High School District	Rosholt School District
Bruce School District	Laona School District	Salem School District
Burlington Area School District	Loyal School District	School District of Horicon
Chequamegon School District	Luck School District	School District of Wisconsin Dells
Chetek-Weyerhauser School District	Manitowoc Lutheran High School	Seymour Community School District
Chippewa Falls Area Unified School Dist.	Manitowoc Public School District	Shell Lake School District
Crivitz School District	Marshfield School District	South Milwaukee School District
Cumberland School District	McFarland School District	Sparta Area School District
D. C. Everest Area School District	Melrose-Mindoro School District	Spencer School District
De Forest Area School District	Menasha Joint School District	St. Croix Central School District
De Pere Unified School District	Menomonee Indian School District	Three Lakes School District
Deerfield Community School District	Middleton-Cross Plains Area Schools	Tri-County Area School District
Delavan-Darien School District	Mt. Horeb Area School District	Unity School District
Desoto School District	Mukwonago Area School District	Valders Area School District
Divine Savior Holy Angels High School	Neillsville School District	Viroqua Area School District
Eau Claire Area School District	New Auburn School District	Waterford School District Joint #1
Edgar School District	New Glarus School District	Waterford Union High School District
Elkhart Lake-Glenbeulah School District	New Richmond School District	Waunakee Community School District
Fennimore School District	Onalaska School District	Wauzeka-Steuben School District
Florence School District	Oregon School District	Westby Area School District
Fond Du Lac School District	Pecatonica Area School District	Whitewater Unified School District
Gibraltar School District	Pittsville School District	Wisconsin Rapids Public Schools

STUDENT ASSURANCE SERVICES, INC.

PO BOX 196 STILLWATER, MN 55082-0196

2020/2021 INVOICE

**Manawa School District
800 Beech Street
Manawa, WI 54949**

ALL PUPIL COVERAGE:

	(*650 Students) x \$3.75 =	\$ 2,437.50
	Rate Credit for 2019-2020 Shortened School Year.	<u>- \$ 243.75</u>

TOTAL: \$ 2,193.75

*If the enrollment is incorrect, please make any corrections.

THANK YOU

Carmen O'Brien, Business Manager
Manawa School District
800 Beech Street
Manawa, WI 54949



2020-2021 Student Accident Insurance Renewal

Dear Carmen O'Brien:

The enclosed information explains your school district's renewal for the 2020-2021 school year. Last year you selected our Standard Group Plan (\$250 Deductible) to cover all school non-sports activities along with our Voluntary Sports Plan.

2020-2021 Rates & Medical Benefits:

Your 2020-2021 renewal would have had no increase to the rate. However, we value your school district as a continued client and understand that students did not attend school this spring.

Therefore, a rate credit for 2019-2020 will be given on your student accident insurance renewal as a result of COVID-19 and the shortened school year. The medical benefits to your policy have also been enhanced/added in the following areas:

- Orthopedic Appliances (Increased to \$300)
- Laboratory Services (U&C, up to \$300)
- Ambulance Services (Increased to \$500)
- Shots and Injections (U&C, up to \$300)

The Voluntary Sports Plan will have the same medical benefits and rate for families to select.

Student Accident Insurance is designed to protect your school(s) in situations where families view the school responsible for their student's injury regardless of fault.

These difficult situations consistently arise as family health plans are containing higher deductibles/co-pays. There are also children who continue to have no health coverage. This is resulting in more families searching for alternative ways to pay for their child's medical expenses.

Remember, a school's liability insurance only provides coverage when there is negligence and proven fault. Many students sustain an injury that is purely accidental and cannot be covered by liability insurance. This, however, does not prevent families from seeking compensation from the school district.

Complete the Renewal Application & Payment:

An estimated billing invoice is enclosed. Your enrollment is based on the number provided to us last year. You may either pay from this billing, if it is correct, or enter the updated enrollment and adjust the billing accordingly. Please complete and return the enclosed **Application Form by July 20th, 2020**. **Your school district's payment should also be received by the beginning of August.** This enables us to prepare and begin claim service in a timely manner.

I appreciate your business and look forward to working with you this upcoming school year. If you have any questions/concerns about the renewal, please call me at (800) 328-2739.

Sincerely,

Sonny Heinrich, Regional Representative
Student Assurance Services, Inc.

STUDENT ACCIDENT INSURANCE

Standard Group Plan Policy GA-2200Ed.11-16

This group plan provides insurance benefits for medical expense arising from a school related accidental bodily injury. This insurance plan is designed to protect school boards, administrators, faculty and staff from claims which may be made by parents should their child be injured while under school supervision.

Administrators look upon this insurance plan as a public relations tool. Parents may benefit when their other health insurance plan includes a deductible or copay, the out-of-pocket portion of the medical bill may be paid by this insurance plan. If there is no other health insurance at home, this insurance plan becomes primary. The Medical Benefits and Exclusions apply to the Coverage Options below.

COVERAGE OPTIONS

1. GROUP SCHOOL-TIME COVERAGE (ALL PUPIL) - Maximum Benefit \$25,000 per Injury

Protects the student while:

- a) Attending regular school sessions.
- b) Participating in or attending school-sponsored and supervised extra-curricular activities.
- c) Traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extra-curricular activities in school-provided transportation.
- d) Coverage does not include participation in interscholastic sports

DEDUCTIBLE AND NO DEDUCTIBLE PLANS ARE AVAILABLE

NO-DEDUCTIBLE PLAN

This insurance plan has no deductible for each injury, and will consider benefits for covered expenses not paid by any other valid coverage.

DEDUCTIBLE PLAN

This insurance plan has a deductible for each injury, and will consider benefits for covered expenses in excess of the deductible. In determining the deductible, benefits provided by any other valid coverage will be considered first.

OTHER PROVISIONS

1. Group coverage becomes effective the first day of authorized interscholastic sports practice (Athletic), or the first day of the regular school session (All Pupil), and expires 07-31-2021.
2. Group insurance rates specific to the School District are submitted as part of the cover letter.
3. This brochure is an illustration of coverage available.

Underwritten by:



Ameritas Life Insurance Corp.
Lincoln, Nebraska

MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 60 days from the date of injury, the company will pay the usual and customary (U&C) expenses incurred for covered services listed below, for expenses actually incurred within one year from the date of injury up to a **maximum of \$25,000 per injury**.

Our insurance plan would be secondary to all other valid coverage. A claim must be filed with other valid coverage first! This insurance plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage.

Unless otherwise stated all amounts listed below are per injury.

PHYSICIAN'S SERVICES

- a) **Surgical Care** (surgeon, assistant surgeon, anesthesia) - U&C, up to \$2,500
- b) **Nonsurgical Care** (includes physiotherapy, 1 visit per day) - U&C, up to \$40 per visit, maximum 10 visits

HOSPITAL CARE

- a) **Inpatient Care**
 - Hospital Semi-private Room - the usual daily charges, up to \$300 per day
 - Hospital Miscellaneous Services (includes charges for registered nurse) - U&C, up to \$1,000
 - b) **Outpatient Care** (includes facility charges for day surgery and emergency room) - U&C, up to \$1,000
- Note: Benefits for hospital miscellaneous and outpatient care charges are limited to services not scheduled under medical benefits**

RADIOLOGY SERVICES (includes x-ray, MRI, CT scan, bone scan, and charges for reading) - U&C, up to \$300

DENTAL TREATMENT (in lieu of all other medical benefits, for sound and natural teeth) - U&C, up to \$5,000

AMBULANCE SERVICES - U&C, up to \$500

ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing; includes charges for durable medical equipment) - U&C, up to \$300

PRESCRIPTION DRUGS (take home) - U&C, up to \$300

REPLACEMENT EYEGLASSES, CONTACT LENSES, HEARING AIDS (when medical treatment is required for a covered injury) - U&C, up to \$300

LABORATORY SERVICES (Outpatient) - U&C, up to \$300

SHOTS AND INJECTIONS (Outpatient, in lieu of physician non-surgical care) - U&C, up to \$300

MOTOR VEHICLE INJURY - Same as any Injury, up to \$2,000

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

EXCLUSIONS

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$ 2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice may be obtained on the website www.sas-mn.com.



Carmen O'Brien <cobrien@manawaschools.org>

RE: Reminder: Student Accident Insurance Renewal for 2020-2021

1 message

Sonny Heinrich <sonnyh@sas-mn.com>
To: Carmen O'Brien <cobrien@manawaschools.org>

Tue, Jul 7, 2020 at 1:08 PM

Hi Carmen!!

Shoot, I wish I would have known you were looking elsewhere. Not sure if it's too late but I talked to my director who said we can take .50 per student and still include the rate credit. Your 2020-2021 total premium would be \$1,868.75. We would also be willing to remove the \$250 Deductible and change to No Deductible for your All-Pupil Coverage.

Please let me know if this could still be considered. I would like to continue doing business with your school district!!

Sincerely,

Sonny Heinrich, Regional Representative

Student Assurance Services, Inc.

P.O. Box 196

Stillwater, MN 55082

Phone: (800) 328-2739

Email: sonnyh@sas-mn.com

From: Carmen O'Brien <cobrien@manawaschools.org>
Sent: Tuesday, July 7, 2020 11:29 AM
To: Sonny Heinrich <sonnyh@sas-mn.com>
Subject: Re: Reminder: Student Accident Insurance Renewal for 2020-2021

Hi, Sonny!

I am recommending to the BOE that we purchase Student Accident Insurance from a different vendor simply for cost reasons. Please feel free to send me a bid for the 2021-22 school year.

Thank you, Carmen

On Thu, Jun 25, 2020 at 10:29 AM Sonny Heinrich <sonnyh@sas-mn.com> wrote:

Good Morning Carmen,

I just wanted to send you a friendly reminder about sending in Manawa's Student Accident Insurance renewal application for the 2020-2021 school year.

Again, If there are any cancellations or changes to the 2020-2021 school year due to COVID-19, Student Assurance Services does have a plan in place regarding your policy and will address those changes when they are determined.

Please feel free to email me your renewal application. This helps me with administering policy forms and binding your plan without any gaps in coverage.

If you have any questions/concerns or need another renewal packet, please contact me immediately.

Sincerely,

Sonny Heinrich, Regional Representative

Student Assurance Services, Inc.

P.O. Box 196

Stillwater, MN 55082

Phone: (800) 328-2739

Email: sonnyh@sas-mn.com

--

Carmen O'Brien
Business Manager
School District of Manawa
Manawa, WI
cobrien@manawaschools.org

(920) 596-5332

"All things are difficult before they are easy." - Thomas Fuller



Manawa (Revised).pdf

116K

STUDENT ASSURANCE SERVICES, INC.

PO BOX 196 STILLWATER, MN 55082-0196

2020/2021 BILLING INVOICE

**Manawa School District
800 Beech Street
Manawa, WI 54949**

ALL PUPIL COVERAGE:

(650 Students) x \$3.25 =	\$ 2,112.50
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GROUP ATHLETIC COVERAGE:

Junior High Premium=	Optional
Senior High Premium=	<u>for Families</u>
	SUBTOTAL: \$ 2,112.50
Rate Credit for 2019-2020 Shortened School Year:	- <u>\$ 243.75</u>
GRAND TOTAL:	\$ 1,868.75

THANK YOU

May 31, 2020

Monthly Financial Summary

	Revenues Month	Expenses Month	Revenues YTD	Expenses YTD	
Fund 10 - General	\$ 9,474.82	\$ 578,315.65	\$ 5,702,893.22	\$ 5,896,520.81	
Fund 27 - Special Education	\$ 552.86	\$ 73,735.43	\$ 177,663.96	\$ 796,692.30	
Fund 50 - Food Service	\$ 26,776.30	\$ 32,210.58	\$ 230,621.38	\$ 277,846.88	
Fund 80 - Community Fund	\$ (75.00)	\$ -	\$ 30,900.00	\$ 35,302.91	
			Interest Earnings to Date		Project Exp to Date
Fund 39/49 - Referendum (2018)	\$ 2,658.68	\$ 918,975.53	\$ 165,842.33	\$ 6,910,239.23	\$ 7,914,985.07
Demo Referendum Project	\$ -	\$ 2,082.49	\$ -	\$ 232,824.38	
Accounts	Balance	Interest Rate			
General Checking	\$ 1,245,794.04	0.994%			
General Money Market	\$ 5,171.80	0.051%			
ADM Investment Savings	\$ 150,653.59	0.250%			
Student Activity Account	\$ 119,964.78	0.110%			
OPEB	\$ 250,938.33		\$ (11,771.78)	Change in Value from January	
Fund 46 - Savings	\$ 200.42				

Grants Fund 10	Allocation	Carryover	Total	Claimed to Date	Outstanding Revenue
Carl Perkins (Tech. Ed)	\$ 7,185.00	\$ -	\$ 7,185.00	\$ -	\$ 7,185.00
Title I - Public (Reading/Math)	\$ 104,935.00	\$ 5,149.99	\$ 110,084.99	\$ -	\$ 110,084.99
Title II - Public (Professional Dev.)	\$ 24,305.00	\$ 14,979.32	\$ 39,284.32	\$ -	\$ 39,284.32
Title IV (Stud. Support & Enrich.)	\$ 10,000.00	\$ 7,180.76	\$ 17,180.76	\$ -	\$ 17,180.76
Fund 27					
Flow Through (SPED)	\$ 173,801.00	\$ 16,589.13	\$ 190,390.13	\$ -	\$ 190,390.13
Preschool (Early Childhood)	\$ 8,086.00	\$ 1.99	\$ 8,087.99	\$ -	\$ 8,087.99

Revenues	Budgeted	Collected to Date	Outstanding	2018-19
Property Taxes	\$ 3,000,000.00	\$ 1,956,236.02	\$ 1,043,763.98	\$ 3,372,470.00
Mobile Home Tax	\$ 7,300.00	\$ 9,016.91	\$ (1,716.91)	\$ -
Athletic Event Admission	\$ 11,000.00	\$ 10,529.60	\$ 470.40	\$ 10,534.45
Open Enrollment In	\$ 185,670.00	\$ 188,855.00	\$ (3,185.00)	\$ 163,669.00
Transportation Aid	\$ 24,000.00	\$ 20,983.20	\$ 3,016.80	\$ 24,610.85
Equalization Aid	\$ 4,323,683.00	\$ 4,323,683.00	\$ -	\$ 4,584,608.00
Sparsity Aid	\$ 285,600.00	\$ 283,894.00	\$ 1,706.00	\$ 295,600.00
Per Pupil Aid	\$ 524,594.00	\$ 523,852.00	\$ 742.00	\$ 479,382.00
High-Cost Transportation Aid	\$ 30,000.00	\$ 47,830.89	\$ (17,830.89)	\$ 35,380.23

Fund 10 Expenses	2018-19 FY Activity	2019-20 Budget	2019-20 FYTD Activity	Percent Expended to Date	Unexpended Balance
Salaries	\$ 3,578,713.22	\$ 3,561,426.00	\$ 2,896,786.08	81.34%	\$ 664,639.92
Benefits	\$ 1,501,290.79	\$ 1,493,345.00	\$ 1,204,214.57	80.64%	\$ 289,130.43
Purchased Services	\$ 2,951,070.37	\$ 2,521,913.32	\$ 1,344,100.12	53.30%	\$ 1,177,813.20
Non-Capital Objects	\$ 310,371.17	\$ 241,083.38	\$ 168,758.61	70.00%	\$ 72,324.77
Capital Objects	\$ 158,750.11	\$ 134,116.44	\$ 157,702.74	117.59%	\$ (23,586.30)
Debt Retirement	\$ 3,299.99	\$ -	\$ -		\$ -
Insurance & Judgments	\$ 85,125.48	\$ 104,203.00	\$ 102,415.77	98.28%	\$ 1,787.23
Transfers (i.e. to Fund 27)	\$ 524,513.73	\$ 581,440.00	\$ -	0.00%	\$ 581,440.00
Other (Dues & Fees)	\$ 37,298.16	\$ 38,110.86	\$ 22,542.92	59.15%	\$ 15,567.94
TOTAL	\$ 9,150,433.02	\$ 8,675,638.00	\$ 5,896,520.81	67.97%	\$ 2,779,117.19

Fund 50 - Revenues	Monthly Total	2019-20 FYTD	2018-19 FYTD
MES Sales	\$ -	\$ 33,686.05	\$ 52,925.30
HS Sales	\$ 7.30	\$ 73,965.30	\$ 91,106.90
Catering	\$ 64.50	\$ 2,766.47	\$ 2,925.39
Aid	\$ 26,704.50	\$ 120,203.56	\$ 122,301.88
Total	\$ 26,776.30	\$ 230,621.38	\$ 269,259.47
Fund 50- Expenses			
Salaries	\$ 10,795.06	\$ 111,638.42	\$ 109,142.81
Benefits	\$ 3,716.90	\$ 40,325.69	\$ 37,857.97
Purchased Services	\$ -	\$ 105.00	\$ 99.00
Repair/Maintenance	\$ -	\$ 5,135.43	\$ 9,485.70
Operational Services	\$ -	\$ 1,127.68	\$ 278.44
Employee Travel	\$ -	\$ -	\$ -
Fuel - Vehicle	\$ -	\$ 88.00	\$ 63.00
Commodity Charges	\$ 1,983.19	\$ 8,308.44	\$ 12,488.80
Central Supply	\$ 1,492.17	\$ 7,331.35	\$ 9,936.78
Food	\$ 14,223.26	\$ 103,584.27	\$ 83,480.79
Non-Capital Equipment	\$ -	\$ 202.60	\$ 53.27
Other Non-Capital Objects	\$ -	\$ -	\$ -
Total	\$ 32,210.58	\$ 277,846.88	\$ 262,886.56
Fund Balance	\$ 56,921.00	\$ (47,225.50)	

June 30, 2020

Monthly Financial Summary

	Revenues Month	Expenses Month	Revenues YTD	Expenses YTD	
Fund 10 - General	\$ 1,800,498.67	\$ 1,824,595.28	\$ 7,503,391.89	\$ 7,721,116.09	
Fund 27 - Special Education	\$ 95,795.96	\$ 141,872.90	\$ 273,459.92	\$ 938,565.20	
Fund 50 - Food Service	\$ 134,413.04	\$ 25,036.54	\$ 365,034.42	\$ 302,883.42	
Fund 80 - Community Fund	\$ -	\$ 834.16	\$ 30,900.00	\$ 36,137.07	
			Interest Earnings to Date		Project Exp to Date
Fund 39/49 - Referendum (2018)	\$ 2,979.08	\$ 580,964.69	\$ 168,821.41	\$ 7,491,203.92	\$ 8,495,949.76
Demo Referendum Project	\$ -	\$ -	\$ -	\$ 232,824.38	
Accounts	Balance	Interest Rate			
General Checking	\$ 1,824,815.81	0.280%			
General Money Market	\$ 5,172.02	0.049%			
ADM Investment Savings	\$ 150,677.12	0.190%			
Student Activity Account	\$ 115,054.03	0.100%			
OPEB	\$ 255,312.04		\$ (7,398.07)	Change in Value from January	
Fund 46 - Savings	\$ 50,200.42				

	Grants	Allocation	Carryover	Total	Claimed to Date	Outstanding Revenue
Fund 10						
Carl Perkins (Tech. Ed)	\$ 7,185.00	\$ -	\$ -	\$ 7,185.00	\$ 5,388.75	\$ 1,796.25
Title I - Public (Reading/Math)	\$ 104,935.00	\$ 5,149.99	\$ -	\$ 110,084.99	\$ -	\$ 110,084.99
Title II - Public (Professional Dev.)	\$ 24,305.00	\$ 14,979.32	\$ -	\$ 39,284.32	\$ -	\$ 39,284.32
Title IV (Stud. Support & Enrich.)	\$ 10,000.00	\$ 7,180.76	\$ -	\$ 17,180.76	\$ -	\$ 17,180.76
Fund 27						
Flow Through (SPED)	\$ 173,801.00	\$ 16,589.13	\$ -	\$ 190,390.13	\$ -	\$ 190,390.13
Preschool (Early Childhood)	\$ 8,086.00	\$ 1.99	\$ -	\$ 8,087.99	\$ -	\$ 8,087.99

Revenues	Budgeted	Collected to Date	Outstanding	2018-19
Property Taxes	\$ 3,000,000.00	\$ 1,956,236.02	\$ 1,043,763.98	\$ 3,372,470.00
Mobile Home Tax	\$ 7,300.00	\$ 9,016.91	\$ (1,716.91)	\$ -
Athletic Event Admission	\$ 11,000.00	\$ 10,529.60	\$ 470.40	\$ 10,534.45
Open Enrollment In	\$ 185,670.00	\$ 188,855.00	\$ (3,185.00)	\$ 163,669.00
Transportation Aid	\$ 24,000.00	\$ 20,983.20	\$ 3,016.80	\$ 24,610.85
Equalization Aid	\$ 4,323,683.00	\$ 4,323,683.00	\$ -	\$ 4,584,608.00
Sparsity Aid	\$ 285,600.00	\$ 283,894.00	\$ 1,706.00	\$ 295,600.00
Per Pupil Aid	\$ 524,594.00	\$ 523,852.00	\$ 742.00	\$ 479,382.00
High-Cost Transportation Aid	\$ 30,000.00	\$ 47,830.89	\$ (17,830.89)	\$ 35,380.23

Fund 10 Expenses	2018-19 FY Activity	2019-20 Budget	2019-20 FYTD Activity	Percent Expended to Date	Unexpended Balance
Salaries	\$ 3,578,713.22	\$ 3,561,426.00	\$ 3,468,039.37	97.38%	\$ 93,386.63
Benefits	\$ 1,501,290.79	\$ 1,493,345.00	\$ 1,456,267.10	97.52%	\$ 37,077.90
Purchased Services	\$ 2,951,070.37	\$ 2,521,913.32	\$ 2,268,746.44	89.96%	\$ 253,166.88
Non-Capital Objects	\$ 310,371.17	\$ 241,083.38	\$ 180,143.59	74.72%	\$ 60,939.79
Capital Objects	\$ 158,750.11	\$ 134,116.44	\$ 165,070.36	123.08%	\$ (30,953.92)
Debt Retirement	\$ 3,299.99	\$ -	\$ -		\$ -
Insurance & Judgments	\$ 85,125.48	\$ 104,203.00	\$ 103,094.51	98.94%	\$ 1,108.49
Transfers (i.e. to Fund 27)	\$ 524,513.73	\$ 581,440.00	\$ 50,000.00	8.60%	\$ 531,440.00
Other (Dues & Fees)	\$ 37,298.16	\$ 38,110.86	\$ 29,754.72	78.07%	\$ 8,356.14
TOTAL	\$ 9,150,433.02	\$ 8,675,638.00	\$ 7,721,116.09	89.00%	\$ 954,521.91

Fund 50 - Revenues	Monthly Total	2019-20 FYTD	2018-19 FYTD
MES Sales	\$ -	\$ 33,686.05	\$ 53,791.35
HS Sales	\$ -	\$ 73,965.30	\$ 98,872.28
Catering	\$ 297.16	\$ 3,063.63	\$ 3,689.51
Aid	\$ 134,115.88	\$ 254,319.44	\$ 139,990.36
Total	\$ 134,413.04	\$ 365,034.42	\$ 296,343.50
Fund 50- Expenses			
Salaries	\$ 6,841.01	\$ 118,479.43	\$ 118,236.81
Benefits	\$ 3,151.21	\$ 43,476.90	\$ 34,538.89
Purchased Services	\$ -	\$ 105.00	\$ 99.00
Repair/Maintenance	\$ 703.00	\$ 5,838.43	\$ 10,583.70
Operational Services	\$ -	\$ 1,127.68	\$ 618.25
Employee Travel	\$ -	\$ -	\$ -
Fuel - Vehicle	\$ -	\$ 88.00	\$ 63.00
Commodity Charges	\$ -	\$ 8,308.44	\$ 12,488.80
Central Supply	\$ 1,255.59	\$ 8,586.94	\$ 9,949.76
Food	\$ 13,085.73	\$ 116,670.00	\$ 100,102.54
Non-Capital Equipment	\$ -	\$ 202.60	\$ 53.27
Other Non-Capital Objects	\$ -	\$ -	\$ -
Total	\$ 25,036.54	\$ 302,883.42	\$ 286,734.02
Fund Balance	\$ 56,921.00	\$ 62,151.00	\$ 5,230.00



Students choosing to excel; realizing their strengths.

To: Board of Education
From: Carmen O'Brien
cc: Dr. Melanie Oppor
Date: 7/20/2020
Re: Transfer to Fund 46

Recommendation:

I recommend that the Board of Education approve transferring \$150,000 to Fund 46 from Fund 10.

Rationale:

I have calculated that the School District of Manawa underspent the 2019-20 budget by \$307,957.12.

State aid is calculated based on the amount spent in the previous year. In short, to maximize state aid for an upcoming year, a district should spend most of its budget. A school district can move money to Fund 46, Long-term Capital Improvements Trust Fund, to be counted as an expense at the end of the fiscal year if done before July 30, 2020. This money, then, may be used to fund future capital improvement projects five-years after opening the account. The School District of Manawa started their Fund 46 account in October 2017 and may draw on the funds in October 2022.

In 2019-20, the District had an adequate fund balance so that it did not have to short-term borrow. In other words, the District had an adequate fund balance to continue to pay bills and payroll when there was no revenue coming in. This saves interest costs. I estimate that to continue to not have to short-term borrow, the District should keep a fund balance of approximately 22% of the previous year's expenditures.

After transferring \$150,000 to Fund 46, there will still be a small increase of a little over \$150,000 in fund balance for the 2019-20 school year. As construction continues, smaller projects have come up that should be attended to. In 2020-21, I recommend that the District spend down this balance on needed projects to keep it at approximately 22% of the General Fund expenditures. Per Board policy, the fund equity cannot fall below 18% of the preceding year's expenditures. The 2018-19 expenditures were \$9,150,433.02; therefore, the June 2020 fund balance must not fall below \$1,647,078.

	2018-19	2019-20 (estimate)
Fund Balance Amount in June	\$2,019,343	\$2,169,343 (after Fund 46 transfer)
Fund Balance % of previous year expenditures	22%	23.7%
Fund Balance Amount to stay at 22%	\$2,019,343	\$2,013,095
Amount to Spend in 2020-21	-	\$156,248