

Glen Ullin Public School #48
Glen Ullin, North Dakota
School Board Meeting Agenda
School Multi-Purpose Room
Wednesday, May 13, 2026
7:00 P.M.

The **Mission** of the **Glen Ullin Public School District** is to prepare its students to become lifelong learners and to graduate excellent, well-rounded students who will become active contributors to society.

The Vision of the Glen Ullin Public School District:
Every Student, Every Opportunity, Every Day

Agenda:

1. Call to Order and Roll Call:
2. Pledge of Allegiance:
3. Student Outcome Goals:
 - a. End of Year Data Review through May 2026
 - i. At a Glance Cumulative Data Worksheet
4. Public Comment: (Agenda Related)
5. Approval of Agenda:
6. Consent Agenda:
 - a. Approve Minutes:
 - i. March 30, 2026 Negotiations Committee Meeting Minutes
 - ii. April 8, 2026, Regular School Board Meeting Minutes
 - iii. April 22, 2026, Special Board Meeting Minutes
 - iv. April 22, 2026, Retreat Minutes
 - v. April 28, 2026 Policy Committee Meeting Minutes
 - vi. May 1, 2026, Personnel Committee Meeting Minutes
 - b. Approve April Bills
 - c. Approve Financial Report
 - d. Approve Budget Revisions and Manual Journal Entries
 - e. Approve 2026-2027 NDPhit
 - f. Approve Best in Class Grant Application
 - g. Approve Policies
 - i. FCAF-Concussion Management Policy
 - ii. FCAF-AR-Concussion Management Program
 - iii. FCAF-E1-Removal From Play Form
 - iv. FCAF-E2-Return to Play Form
 - v. FGDD-Student Publications Policy
 - vi. GAAE-Critical Race Theory Policy
 - vii. GAAE-E1-Request to View Instructional Materials
 - viii. GABE-Human Trafficking Policy
7. Reports: Information Only

- a. Superintendent Report
 - b. Business Manager's Report
 - c. Transportation/Building Director Report
 - d. Counselor Report
 - e. Principal Report
 - f. Activities Director Report
 - g. 26-27 Glen Ullin Perkins CTE Grant Allocation
 - h. Past Month Time Tracker Report
 - i. Mini Van Call for Bids
8. Discuss/Action:
- a. Present Color Fund Balance Worksheet Report
 - b. Consider Approval of May Additional Bills
 - c. Present Audit Update
 - d. Present Election Update
 - e. Consider Approval of CREA Business Manager Support MOU
 - f. Discussion of Transition from Be Legendary to the ND StudentsFirst Board Governance Model.
9. Notes:
- a. Next Regular Board Meeting: June, 23, 2026 at 7:00 pm
10. Adjournment:

2025-2028 End of Year School Improvement Progress Measures At A Glance

Be Legendary Goal Data	Spring 2021	Spring 2022	Spring 2023	Spring 2024	Spring 2025	Spring 2026	Spring 2027	Spring 2028
NDSA/ND A+ Reading-72% by Spring 2028	25%	42%	40%	47%	29%			
NDSA/ND A+ Math 70% by Spring 2028	37%	44%	36%	58%	32%			
Choice Ready 100% by 2028	63%	67%	67%	62%	100%	86%		

Be Legendary Goal Data Indicators	Spring 2021	Spring 2022	Spring 2023	Spring 2024	Spring 2025	Spring 2026	Spring 2027	Spring 2028
Graduation/Completers Rate 100%	100%	89%	100%	100%	100%	100%		
Elementary Attendance Rate 95%	95%	93%	93%	94%	90.70%	94.25%		
JH/HS Attendance Rate 95%	94%	93%	93%	94%	86.60%	93.87%		
K-12 Attendance Rate 95%	95%	93%	93%	94%	89.20%	93.13%		
Student Engagement Survey Overall % Goal=80%	79%	80%	81%	83%	71%	81%		
Committed or complaint 80% Grades 3-12								
DPI Student Engagement Survey Grades 3-12	N/A	N/A	N/A	N/A	N/A	88.47%		
Behavioral Committed or complaint 80% Grades 3-12								
DPI Student Engagement Survey	N/A	N/A	N/A	N/A	N/A	86.34%		
Cognitive Committed or complaint 80% Grades 3-12								
DPI Student Engagement Survey	N/A	N/A	N/A	N/A	N/A	66.32%		
Emotional Committed or complaint 80% Grades 3-12								

ND DPI Report Card Data Indicators	Spring 2021	Spring 2022	Spring 2023	Spring 2024	Spring 2025	Spring 2026	Spring 2027	Spring 2028
NDSA/ND A+ Participation Rate 95%	100%	87%	97%	94%	95%	90%		
NDSA/ND A+ Student Growth Value-ELA	39	55	45	54	48			
NDSA/ND A+ Student Growth Value-Math	48	63	58	65	40			
NDSA/ND A+ Student Growth Value-Science	N/A	N/A	N/A	N/A	N/A	N/A		

Other Data Indicators	Spring 2021	Spring 2022	Spring 2023	Spring 2024	Spring 2025	Spring 2026	Spring 2027	Spring 2028
NDSA/ND A+ ELA Students with Disabilities 25% By 2028	0%	17%	0%	0%	0%			
NDSA/ND A+ Science 70% By 2028	39%	58%	55%	56%	39%			
NWEA Elem. Reading Green 80%	47%	57%	53%	49%	38%	69		
NWEA Elem. Reading Yellow/Blue 15%	47%	29%	40%	47%	43%	20		
NWEA Elem. Reading Red 5%	6%	14%	7%	6%	12%	11		
NWEA Elem. Math Green 80%	47%	57%	53%	49%	38%	77		
NWEA Elem. Math Yellow/Blue 15%	47%	39%	40%	43%	41%	13		
NWEA Elem. Math Red 5%	6%	11%	7%	6%	9%	10		
NWEA JH/HS Reading Green 80%	42%	49%	47%	51%	53%	31		
NWEA JH/HS Reading Yellow/Blue 15%	48%	48%	47%	46%	44%	13		
NWEA JH/HS Reading Red 5%	3%	3%	1%	3%	3%	0		
NWEA JH/HS Math Green 80%	33%	48%	41%	48%	51%	63%		
NWEA JH/HS Math Yellow/Blue 15%	50%	63%	59%	47%	46%	13		
NWEA JH/HS Math Red 5%	27%	0%	0%	5%	5%	4		
ACT Composite-Goal 22 50% Goal		23%	30%	57%	43%	21%		
ACT Math-Goal 21 50% Goal		23%	30%	51%	36%	7%		
ACT Science-Goal 23 50% Goal		23%	29%	57%	36%	0%		
ACT English-Goal 18 50% Goal		62%	70%	57%	64%	29%		
ACT Reading-Goal 22 50% Goal		46%	30%	57%	50%	21%		
ASVAB Composite- Goal 31 80% Goal	63%	75%	69%	100%	79%	79%		

	Data Not Available at This Time
	At or Decreased Below Goal
	Improved from Previous Year But Did Not Achieve Goal
	Achieved Goal But Went Down From Previous Year and Should Be Monitored
	Achieved Goal

Elementary ND A+ Reading								
Grade Level	Level 1	Level 2	Level 3		Scale Score	Avg. Scale Score	At Level	Completion
K BOY	4/10=40%	3/10=30%	3/10=30%		144 & Up	N/A	4/10=40%	Complete
K MOY	3/9=33%	2/9=22%	4/9=45%		144 & Up	144 to 143	5/9=56%	Complete
K EOY	1/9=11%	3/9=33%	5/9=56%		144 & Up	143 to 156	7/9=78%	Complete
1 BOY	3/10=30%	6/10=60%	1/10=10%		250 & Up	N/A	7/10=70%	Complete
1 MOY	0/11=0%	3/11=27%	8/11=73%		250 & Up	255 to 280	11/11=100%	Complete
1 EOY	0/10=0%	6/10=60%	4/10=40%		250 & Up	280 to 271	10/10=100%	Complete
2 BOY	0/4=0%	3/4=75%	1/4=25%		250 & Up	N/A	2/4=50%	Complete
2 MOY	0/4=0%	2/4=50%	2/4=50%		250 & Up	249 to 256	4/4=100%	Complete
2 EOY	0/4=0%	2/4=50%	2/4=50%		250 & Up	256 to 256	4/4=100%	Complete

Elementary ND A+ Reading								
Grade Level	Level 1	Level 2	Level 3	Level 4	Level 5	Avg. Scale Score	Level 3, 4, 5	Completion
3 BOY	3/7=43%	1/7=14%	2/7=29%	1/7=14%	0/7=0%	N/A	3/7=43%	Complete
3 MOY	0/6=0%	1/6=17%	3/6=50%	1/6=17%	1/6=17%	499 to 557	5/6=83%	Complete
3 EOY								
4 BOY	1/11=9%	5/11=45%	1/11=9%	3/11=27%	1/11=9%	N/A	5/11=45%	Complete
4 BOY	0/8=0%	1/8=38%	4/8=50%	1/8=12%	0/8=0%	568 to 573	5/8=62%	Complete
4 EOY								
5 BOY	1/9=11%	6/9=67%	0/9=0%	2/9=13%	0/9=0%	N/A	2/9=22%	Complete
5 MOY	3/8=38%	2/8=25%	2/8=25%	1/8=12%	0/8=0%	578 to 569	3/8=37%	Complete
5 EOY								
6 BOY	3/15=20%	4/15=27%	6/15=40%	2/15=13%	0/15=0%	N/A	8/15=53%	Complete
6 MOY	1/16=6%	7/16=44%	5/16=31%	2/16=13%	1/16=6%	608 to 621	8/16=50%	Complete
6 EOY								

Junior High ND A+ Reading								
Grade Level	Level 1	Level 2	Level 3	Level 4	Level 5	Avg. Scale Score	Level 3, 4, 5	Completion
7 BOY	0/3=0%	1/3=33%	1/3=33%	0/3=0%	1/3=33%	N/A	2/3=67%	Complete
7 MOY	0/3=0%	1/3=33%	1/3=33%	0/3=33%	1/3=33%	675 to 663	2/3=67%	Complete
7 EOY								
8 BOY	0/10=0%	3/10=30%	7/10=70%	0/10=0%	0/10=0%	N/A	7/10=70%	Complete
8 MOY	0/10=0%	2/10=20%	6/10=60%	2/10=20%	0/10=0%	668 to 696	8/10=80%	Complete
8 EOY								

High School ND A+ Reading								
Grade Level	Level 1	Level 2	Level 3		Scale Score	Avg. Scale Score	At Level	Completion
9 BOY	1/7=14%	4/7=57%	2/7=29%		1294 & Up	N/A	5/7=71%	Complete
9 MOY	2/8=25%	5/8=63%	1/8=13%		1294 & Up	1303 to 1295	5/8=63%	Complete
9 EOY	0/7=0%	5/7=100%	0/5=0%		1294 & Up	1295 to 1299	5/7=71%	Complete
10 BOY	0/7=0%	4/7=57%	3/7=43%		1294 & Up	N/A	5/7=71%	Complete
10 MOY	1/7=14%	5/7=71%	1/6=14%		1294 & Up	1304 to 1307	4/7=57%	Complete
10 EOY					1294 & Up			

K-2 Elementary ND A+ Math								
Grade Level	Level 1	Level 2	Level 3		Scale Score	Avg. Scale Score	At Level	Completion
K BOY	2/10=20%	4/10=40%	4/10=40%		156 & Up	N/A	6/10=60%	Complete
K MOY	1/9=11%	5/9=56%	3/9=33%		156 & Up	161 to 162	7/9=78%	Complete
K EOY	0/9=0%	3/9=33%	6/9=66%		156 & Up	162 to 176	8/9=89%	Complete
1 BOY	2/11=18%	6/11=55%	3/11=27%		256 & Up	N/A	8/11=73%	Complete
1 MOY	1/9=11%	0/9=0%	8/9=89%		256 & Up	263 to 286	8/9=89%	Complete
1 EOY	1/10=10%	0/10=0%	9/10=90%		256 & Up	286 to 289	9/10=90%	Complete
2 BOY	0/4=0%	3/4=75%	1/4=25%		256 & Up	N/A	2/4=50%	Complete
2 MOY	1/4=25%	2/4=50%	1/4=25%		256 & Up	259 to 266	3/4=75%	Complete
2 EOY	0/4=0%	3/4=75%	1/4=25%		256 & Up	266 to 269	3/4=75%	Complete

3-6 Elementary ND A+ Math								
Grade Level	Level 1	Level 2	Level 3	Level 4	Level 5	Avg. Scale Score	Level 3, 4, 5	Completion
3 BOY	1/7=14%	3/7=43%	1/7=14%	1/7=14%	1/7=14%	N/A	3/7=43%	Complete
3 MOY	0/6=0%	0/6=0%	3/6=50%	1/6=17%	2/6=33%	535 to 589	6/6=100%	Complete
3 EOY								
4 BOY	1/11=9%	1/11=9%	7/11=64%	2/11=18%	0/11=0%	N/A	9/11=82%	Complete
4 MOY	0/9=0%	0/9=0%	4/9=44%	4/9=44%	1/9=11%	573 to 622	9/9=100%	Complete
4 EOY								
5 BOY	1/8=13%	5/8=63%	2/8=25%	0/8=0%	0/8=0%	N/A	2/8=25%	Complete
5 MOY	2/9=22%	3/9=33%	4/9=44%	0/9=0%	0/9=0%	570 to 573	4/9=44%	Complete
5 EOY								
6 BOY	4/15=27%	4/15=27%	6/15=40%	1/15=7%	0/15=0%	N/A	7/15=43%	Complete
6 MOY	3/16=	4/16=25%	5/16=31%	4/16=25%	0/16=0%	589 to 599	9/16=55%	Complete
6 EOY								

Junior High ND A+ Math								
Grade Level	Level 1	Level 2	Level 3	Level 4	Level 5	Avg. Scale Score	Level 3, 4, 5	Completion
7 BOY	0/3=0%	0/3=0%	2/3=67%	1/3=33%	0/3=0%	N/A	3/3=100%	Complete
7 MOY	0/3=0%	0/3=0%	2/3=67%	1/3=33%	0/3=0%	643 to 643	3/3=100%	Complete
7 EOY								
8 BOY	0/10=0%	7/10=70%	3/10=30%	0/10=0%	0/10=0%	N/A	3/10=30%	Complete
8 MOY	0/10=0%	4/10=40%	6/0=60%	0/10=0%	0/10=0%	611 to 636	6/10=60%	Complete
8 EOY								

High School ND A+ Math								
Grade Level	Level 1	Level 2	Level 3		Scale Score	Avg. Scale Score	At Level	Completion
9 BOY	7/7=100%	0/7=0%	0/7=0%		1294 & Up	N/A	0/7=0%	Complete
9 MOY	5/8=63%	3/8=37%	0/8=0%		1294 & Up	1266 to 1277	2/8=25%	Complete
9 EOY					1294 & Up	1277 to 1281	2/7=29%	Complete
10 BOY	4/7=57%	3/7=43%	0/7=0%		1346 & Up	N/A	1/7=14%	Complete
10 MOY	3/6=50%	3/6=50%	0/6=0%		1346 & Up	1320 to 1317	2/6=33%	Complete
10 EOY					1346 & Up			



NORTH DAKOTA
**DEPARTMENT OF
 PUBLIC INSTRUCTION**

Levels of Determination

2025-2026

Office of Specially Designed Services

LEA	Glen Ullin 48		Score	2	
SEU	Morton-Sioux SEU		Determination	Meets	
Indicator	Description	LEA Rate	State Target	Met/Not Met	Points Earned
1	Graduation	100.00%	76.93%	Met	0
2	Dropout	0.00%	17.80%	Met	0
3.A.1d	Math Participation Rate	100.00%	95.00%	Met	0
3.A.2d	Reading Participation Rate	100.00%	95.00%	Met	0
3.B.1d	Math Proficiency Rate	0.00%	10.87%	Not Met	1
3.B.2d	Reading Proficiency Rate	0.00%	12.47%	Not Met	1
4.B	Suspension/Expulsion	0.00%	0.00%	Met	0
5.A	Educational Environment	75.00%	74.12%	Met	0
7	Preschool Outcomes		87.97%		
9	Disproportionate Rep	0.00%	0.00%	Met	0
10	Disproportionate Rep Cat.	0.00%	0.00%	Met	0
11	Child Find	100.00%	100.00%	Met	0
12	Early Childhood Transition		100.00%		
13	Secondary Transition	100.00%	100.00%	Met	0
	Valid and Reliable	0	0	Met	0
	Non-Compliance	0	0	Met	0
	Audit Findings	0	0	Met	0

0-7	Meets Requirements (MEETS)	
	Needs Assistance (NA)	
	NA1	First year of Needs Assistance
	NA2	Second Consecutive year of Needs Assistance
	Needs Intervention (NI)	
	NI1	Third Consecutive year of Needs Assistance
	NI2	Fourth Consecutive year of Needs Assistance
	NI3	Fifth Consecutive year of Needs Assistance
	Needs Substantial Intervention (NSI)	
	Sixth Consecutive year of Needs Assistance	
Finding of Persistent Failure or Not Able to Comply		

*For additional information please visit: <https://insights.nd.gov/> (public reporting) or <https://apps.nd.gov/dpi/stars/login.aspx> (LEA or SEU staff).

Office of Specially Designed Services		Levels of Determination			2024-2025			
Score								
0-7	Meets Requirements (MEETS)							
8 and Above	Needs Assistance (NA)							
	NA1	First year of Needs Assistance						
	NA2	Second Consecutive year of Needs Assistance						
	Needs Intervention (NI)							
	NI1	Third Consecutive year of Needs Assistance						
	NI2	Fourth Consecutive year of Needs Assistance						
	NI3	Fifth Consecutive year of Needs Assistance						
	Needs Substantial Intervention (NSI)							
Sixth Consecutive year of Needs Assistance								
Finding of Persistent Failure or Not Able to Comply								
District	Sped Unit	Description	Indicator	District Rate	State Target	Met/Not Met	Points Earned	
Glen Ullin 48	MSSEU	Graduation	1		76.53%			
		Dropout	2		18.09%			
		Math Participation Rate	3.A.1d	75.00%	95.00%	Not Met	1	
		Reading Participation Rate	3.A.2d	75.00%	95.00%	Not Met	1	
		Math Proficiency Rate	3.B.1d	0.00%	10.33%	Not Met	1	
		Reading Proficiency Rate	3.B.2d	0.00%	11.95%	Not Met	1	
		Suspension / Expulsion	4.B	0.00%	0.00%	Met	0	
		Educational Environment	5.A	78.57%	73.67%	Met	0	
		Preschool Outcomes	7	100.00%	87.54%	Met	0	
		Disproportionate Rep	9	0.00%	0.00%	Met	0	
		Disproportionate Rep Cat.	10	0.00%	0.00%	Met	0	
		Child Find	11	100.00%	100.00%	Met	0	
		Early Childhood Transition	12		100.00%			
		Secondary Transition	13	100.00%	100.00%	Met	0	
		Valid and Reliable			1	0	Not Met	1
		Non-Compliance			0	0	Met	0
		Audit Findings			0	0	Met	0
					Determination	Total Points		
					Meets	5		



Glen Ullin Public School
Negotiations Committee Meeting Official Minutes
Multipurpose Room
March 30, 2026 7:00 am

Agenda:

1. Meeting called to order by Mr. Bratrud at 7:03 am. Business Manager Kayla Schumacher took roll call : Chasity Wood, Andrew Jacobson, Tony Sifuentes, Alice Fitterer, Amorè Wheeler.
2. Review of Ground Rules
Andrew Jacobson made the motion to share the ground rules with teacher negotiators. Chasity Wood seconded the motion. Teacher negotiations team has agreed to the terms. (Please see attached)
3. First Proposal by Teacher Unit
Mrs. Wheeler asked to have the verbiage changed in the negotiated agreement to have Fringe Benefit changed to Single Health Insurance Plan.

Mrs. Wheeler brought the proposal of \$3,500.00 added to the base pay, bringing the total cost of \$84,294.00. Single Policy for insurance with the 11.41% increase , bringing the total cost of \$13,986.04. Teacher Retirement (TFFR) have the district pay 4% of retirement, bringing the total to \$58,472.62. Total Cost to the district of \$156,752.66.
4. Possible Negotiations Strategy Caucus for Certified Staff
 - a. Executive Session may be entered for the Purpose of Teacher Negotiations Strategy pursuant to NDCC 44-04-19.1 (9)
Board Committee went into Caucus at 7:40 am.
Board Committee invited the teacher negotiators back in at 7:56 am.
5. Possible School Board Proposal
Ms. Wood brought the Boards Counter Proposal back with the base increase of \$3,000.00. Single Policy insurance, the board would like to have this tabled until next year, as they would like to speak with NDPHIT about this matter. Teachers Retirement the district countered to pay 1% of TFFR. This brings the total cost for the district \$101,044.62.00.

Next Negotiations Committee meeting will be April 1st 2026 at 6:00 pm

Meeting adjourned at 8:06 am.

Kayla Schumacher Business Manager

GLEN ULLIN SCHOOL DISTRICT NO. 48
SCHOOL BOARD SPECIAL MEETING MINUTES
Wednesday, April 8, 2026
Glen Ullin School Multi-Purpose Room
UNOFFICIAL

Recap: School Board Meeting GUHS Wednesday, April 8 | Meeting | Microsoft Teams

1. Call To Order:

President Jill Feser, called the meeting to order at 7:00 pm in the Glen Ullin School Multi-Purpose Room. A roll call was taken of the board members present: Mitchell Bettenhausen, Chasity Wood, Andrew Jacobson, Matt Morman, Cameron Morman and Tony Sifuentes. Also present were Business Manager: Kayla Schumacher, Principal: Todd Hetler and Superintendent: Martin Bratrud. Other guests were Nancy Bittner, Alice Fitterer, Shannon Kuntz, Marcia McMahon (online), Sue Deigaard (online).

2. Pledge of Allegiance:

3. Student Outcome Goals: (information)

- a. School Board Goal # 3 Choice Ready
 - i. Goal Progress Measure: Choice Ready Progress for Grade 12
 - ii. CTE/ITV Dual Credit/NDCDE Participation/Fiscal Road Map
 - iii. 26-27 Course Planning and 4 Year Rolling Plan
- b. Student Engagement Survey Data

4. Public Comment: none

5. Approval of the Agenda:

- a. Chasity Wood made the motion to approve the agenda with moving the bills from April 1-7th to Discussion 8d and moving Discussion of Activities to 8e. Andrew Jacobson seconded the motion. A roll call vote was taken: Mitchell Bettenhausen-yea, Chasity Wood-yea, Andrew Jacobson-yea, Cameron Morman -yea, Matt Morman-yea Tony Sifuentes-yea. Motion carried.

6. Consent Agenda:

- a. Approve Minutes
 - i. March 11, 2026, Regular School Board Meeting Minutes
 - ii. February 25, 2026, Policy Committee Meeting Minutes
 - iii. March 23, 2026, Negotiations Committee Meeting Minutes
- b. Approve Bills
- c. Approve Financial Report
- d. Approve Budget Revisions and Manual Journal Entries
- e. Approve Principal Contact
- f. Approve Certified Staff Resignation Request

Cameron Morman made the motion to approve the Consent Agenda. Chasity Wood seconded the motion A roll call vote was taken: Mitchell Bettenhausen-yea, Cameron Morman-yea, Chasity Wood-yea, Andrew Jacobson-yea, Matt Morman-yea, Tony Sifuentes-yea. Motion carried.

7. Reports: Information Only

- a. Superintendent Report
- b. Business Manager Report
- c. Transportation/Building Direct Report
- d. Counselor Report
- e. Principal Report
- f. Activities Director Report
- g. Past Month Time Tracker Report
- h. North Dakota Education Profile

General Fund

Bloomin House	5426	50.00
Martin Bratrud	5427	100.00
Cash Wa	5428	1894.00
Shelly Christensen	5429	136.84
City of Glen Ullin	5430	647.98
Cole Paper	5431	312.09
Crea	5432	225.00
Ecolab	5433	315.00
Elliot and McMahon	5434	6,000.00
Farmers Union Oil	5435	2,828.21
Glen Ullin Auto Parts	5436	12.78
Glen Ullin Times	5437	638.99
HA Thompson	5438	500.00
Harlows Bus	5439	1,188.00
Linde Gas & Equipment	5440	259.42
Marco	5441	1,323.60
MDU	5442	4,796.61
Morton Sioux SpEd	5443	6,066.02
Pearce Durick	5444	570.00
Petty Cash	5445	138.09
Preble Medical	5446	120.00
South Heart School	5448	45.00
Sysco	5449	4,624.93
US Flag Pole Guy	5450	110.75
Western Heating & Air LL	5451	268.00
WRT	5452	312.23

Activity

Braun Distributing	1948	65.99
Eckroth Music	1949	476.00
Petty Cash	1950	28.00

8. Discussion/Action:

- a. Present Color Fund Balance Worksheet Report
Mr. Bratrud presented the color Fund Balance Worksheet. Everything is looking good and we are staying right on track.
- b. Consider Approval for Adding May 6, 2026, Late Start PD to the 2025-2026 Master Calendar for Curriculum Mapping Professional Development.
Chasity Wood made the motion to approve the late start for May 6th. Andrew Jacobson seconded the motion. A roll call vote was taken: Mitchell Bettenhausen-yea, Cameron Morman-yea, Chasity Wood-yea, Andrew Jacobson-yea, Matt Morman-yea, Tony Sifuentes-yea. Motion carried.
- c. Consider for Approval the 2026-2027 Negotiated Agreement with Teachers.
Andrew Jacobson made the motion to approve the Negotiated Agreement for the Teachers. Tony Sifuenetes seconded the motion. A roll call vote was taken: Mitchell Bettenhausen-Nay, Chasity Wood-yea, Andrew Jacobson-yea, Matt Morman-yea Tony Sifuentes-yea. Motion carried.
- d. Consider for Approval April 1-7 Bills.
Chasity Wood made the motion to approve the new bills. Mitchell Bettenhausen seconded the motion. A roll call vote was taken: Mitchell Bettenhausen-yea, Chasity Wood-yea, Andrew Jacobson-yea, Matt Morman-yea Tony Sifuentes-yea. Motion carried.
- e. Discussion of Activities Coop
The school will host an open public meeting on April 16th, 2026, with New Salem being invited.

9. Notes:

- a. Next Regular Board Meeting: May 13th, 2026, at 7:00 pm
- b. NSA Activities Coop Public Meeting April 13, 2026, at 7:00 pm
- c. GU Activities Coop Public Meeting Comment Meeting April 16, 2026, at 7:00 pm in the multi-purpose room.

10. Adjournment:

- a. Chasity Wood made the motion to adjourn the meeting at 8:41 pm. Mitchell Bettenhausen seconded the motion. Motion carried.

Jill Feser, President

Kayla Schumacher, Business Manager

Glen Ullin Public School #48

Glen Ullin, North Dakota

Special School Board

Multi-Purpose Room Wednesday April 22, 2026 7:00 P.M.

1. Call To Order:

President Jill Feser, called the meeting to order at 7:02 pm in the Glen Ullin School Multi-Purpose Room. A roll call was taken of the board members present, Chasity Wood, Mitchell Bettenhausen, Andrew Jacobson, Matt Morman, Cameron Morman and Tony Sifuentes. Also present were Business Manager: Kayla Schumacher, Admin Assistant Janell Morman (online) and Superintendent: Martin Bratrud. Other guests include Nancy Bittner, Amorè Wheeler (online)

2. Pledge of Allegiance

3. Approval of Agenda

Chasity Wood made the motion to approve the agenda. Andrew Jacobson seconded the motion. A Roll call vote was taken: Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

4. Agenda

a. Consider Approval of Teacher Contract Recommendations

Andrew Jacobson made the motion to approve the Teacher contract Recommendations. Chasity Wood seconded the motion. Roll call votes were taken: Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

b. Consider Approval of Principal Contract Recommendations

Matt Morman made the motion to approve the principal contract Recommendations. Cameron Wood seconded the motion. Roll call votes were taken: Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

c. Consider Approval of the NSA/GU Activities Coop Agreement for 26-27

Chasity Wood made a motion to approve this Coop with amendments. Andrew Jacobson seconded the motion. Roll call vote was taken: Matt Morman-nay, Cameron Morman-nay, Chasity Wood-nay, Tony Sifuentes-nay, Mitchell Bettenhausen-nay, and Andrew Jacobson-nay. Motion does not carry.

Matt Morman made the motion to accept the agreement with approval of review for next year. Cameron Morman seconded the motion. Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

6. Adjournment

Andrew made the motion to adjourn the meeting at 7:16. Mitchell Bettenhausen seconded the motion.

Jill Feser, Board President

Kayla Schumacher, Business Manager

Glen Ullin Public School #48

Glen Ullin, North Dakota

Special School Board

Multi-Purpose Room Wednesday April 22, 2026 7:00 P.M.

1. Call To Order:

President Jill Feser, called the meeting to order at 7:02 pm in the Glen Ullin School Multi-Purpose Room. A roll call was taken of the board members present, Chasity Wood, Mitchell Bettenhausen, Andrew Jacobson, Matt Morman, Cameron Morman and Tony Sifuentes. Also present were Business Manager: Kayla Schumacher, Admin Assistant Janell Morman (online) and Superintendent: Martin Bratrud. Other guests include Nancy Bittner, Amorè Wheeler (online)

2. Pledge of Allegiance

3. Approval of Agenda

Chasity Wood made the motion to approve the agenda. Andrew Jacobson seconded the motion. A Roll call vote was taken: Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

4. Agenda

a. Consider Approval of Teacher Contract Recommendations

Andrew Jacobson made the motion to approve the Teacher contract Recommendations. Chasity Wood seconded the motion. Roll call votes were taken: Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

b. Consider Approval of Principal Contract Recommendations

Matt Morman made the motion to approve the principal contract Recommendations. Cameron Wood seconded the motion. Roll call votes were taken: Matt Morman-yea, Cameron Morman-yea, Chasity Wood-yea, Tony Sifuentes-yea, Mitchell Bettenhausen-yea, and Andrew Jacobson-yea. Motion carries.

c. Consider Approval of the NSA/GU Activities Coop Agreement for 26-27

Glen Ullin Public School #48

Glen Ullin, North Dakota

School Board Retreat

Multi-Purpose Room Wednesday April 22, 2026 6:00 P.M.

No formal action of business can be conducted during the retreat by ND Century Code. Agenda items can be only discussed for future planning purposes.

1. Call To Order:

President Jill Feser, called the meeting to order at 6:02 pm in the Glen Ullin School Multi-Purpose Room. A roll call was taken of the board members present, Chasity Wood, Andrew Jacobson, Matt Morman, Cameron Morman and Tony Sifuentes. Also present were Business Manager: Kayla Schumacher, Admin Assistant Janell Morman (online) and Superintendent: Martin Bratrud. Board member Mitchell Bettenhausen joined the meeting via teams at 6:16 pm.

3. Activites Coop with NSA

Bearcat Committee members Chasity Wood, Cameron Morman and Matt Morman discussed the meetings they have had with NSA, giving the board their recommendations.

4. Non-Certified Staff Compensation System

Mr. Bratrud presented the new system for Non Certified Staff. Each Certified Staff Compensation will be based on the position moving forward.

5. Other Needs of the District

Mr. Bratrud finished the second draft of the budget, he discussed a possibly surplus. He will run two more drafts and present the final draft in June.

6. Adjournment

Cameron Morman made the motion to adjourn the meeting at 7:01. Matt Morman seconded the motion.

Jill Feser, Board President

Kayla Schumacher, Business Manager

GLEN ULLIN SCHOOL DISTRICT NO. 48
SCHOOL BOARD SPECIAL MEETING MINUTES
Tuesday, April 28, 2026
Glen Ullin School Multi-Purpose Room
UNOFFICIAL

<https://us02web.zoom.us/j/87581022235?pwd=E9OxWFSX0ONTQDiGcgade20z4OkI0F.1>

1. Call To Order:

Vice President Andrew Jacobson called the meeting to order at 4 pm via TEAMS. A roll call was taken of the board members present, Andrew Jacobson (online), President Jill Feser, and Superintendent, Martin Bratrud.

2. Agenda

- A. Discussed and Recommended changes to Policies FCAF: Concussion Management, FCAF-AR, FCAF-E1, FCAF-E2
- B. Discusses and Recommended changes to Policy FGDD: Student Publications
- C. Discusses and Recommended changes to Policy GAAE: Critical Race Theory, GAAE-E1
- D. Discussed and Recommended changes to Policy GABE: Human Trafficking

Adjournment: 4:38 pm.

Andrew Jacobson Vice-President

Martin Bratrud, Superintendent

Glen Ullin Public School
Personnel Committee Minutes

Date: 5/1/2026 **Time:** 12-1 **Location:** GUHS/Teams **Teams Link:** [Click Here](#)

1. Meeting called to order at 12:01 PM
Roll Call Conducted:
 - Present: Mitchell Bettternhausen, Andrew Jacobson, Jill Feser
 - Absent: None
 - Also present: Martin Bratrud – Superintendent,

2. Non-Certified Compensation System:
 - Summary of existing structure, challenges and limitations
 - Summary of new system aligned to job descriptions and benefits of predictive budgeting, transparency, and consistency.
 - Review Compensation System Documents
 - Tabled for future personnel committee meeting

3. Discussion of Business Manager Position within the compensation system
 - Discussion if Business Manager should negotiate their salary
 - Mark Analysis of compensation for this position
 - Tabled Topic for future personnel committee meeting

4. Adjourned Meeting at 1:28 pm

Respectfully Submitted by:

Martin Bratrud, Superintendent

Jill Feser, Board President

These minutes are unapproved and as such are subject to revision

Invoice Listing - Detail

Batch Description:	APRIL BILLS FOR MAY MEETING-0001	Processing Month:	04/2026	Credit Card Vendor ID:	End of Fiscal Year Expense Invoices:
Vendor ID: ACTEDUCATI	ACT EDUCATION CORP FINANCE	PO Number: 003794	Invoice Number: 37782	Amount: 1,018.50	
Description:	ACT TESTING	Invoice Date:	04/19/2026	Due Date:	04/21/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
01 000 002 120 1000 810	ACT TESTING	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			1,018.50	N	In Full
Vendor ID: BLOOMNHOU	BLOOMN HOUSE	PO Number: 003809	Invoice Number: 050120261	Amount: 595.00	
Description:	GRADUATION FLOWERS	Invoice Date:	05/01/2026	Due Date:	05/04/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
06 821 000 410 3400 330	GRADUATION FLOWERS	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			595.00	N	In Full
Vendor ID: CAMPBELL	CAMPBELL, CARTER	PO Number: 003809	Invoice Number: 042720261	Amount: 70.00	
Description:	REF	Invoice Date:	04/27/2026	Due Date:	04/27/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
01 000 000 400 3400 110	REF	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			70.00	N	In Full
Vendor ID: CAPITALTRO	CAPITAL TROPHY	PO Number: 003806	Invoice Number: 37537	Amount: 27.00	
Description:	PLATE ENGRAVING	Invoice Date:	04/24/2026	Due Date:	04/29/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
06 812 000 410 3400 610	PLATE ENGRAVING	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			27.00	N	In Full
Vendor ID: CASHWADIS	CASH-WA DISTRIBUTING	PO Number: 003806	Invoice Number: 4591725	Amount: 647.45	
Description:	BREAKFAST/LUNCH GROCERIES	Invoice Date:	04/10/2026	Due Date:	05/13/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
05 000 000 910 3100 630	BREAKFAST/LUNCH GROCERIES	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			637.95	N	In Full
05 000 000 910 3100 630	FUEL SURCHARGE		9.50	N	
Vendor ID: CASHWADIS	CASH-WA DISTRIBUTING	PO Number: 4593700/4593919	Invoice Number: 4593700/4593919	Amount: 371.85	
Description:	BREAKFAST/LUNCH GROCERIES	Invoice Date:	04/16/2026	Due Date:	04/21/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
05 000 000 910 3100 630	BREAKFAST/LUNCH GROCERIES	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			413.83	N	In Full
05 000 000 910 3100 630	FUEL SURCHARGE		9.50	N	
05 000 000 910 3100 630	CREDIT		(51.48)	N	
Vendor ID: CASHWADIS	CASH-WA DISTRIBUTING	PO Number: 4596172	Invoice Number: 4596172	Amount: 408.45	
Description:	BREAKFAST/LUNCH GROCERIES	Invoice Date:	04/24/2026	Due Date:	04/29/2026
Sequence:	1	Check Type:		Status:	A
Chart of Account Number		Check Number:		1099 Amount:	0.00
05 000 000 910 3100 630	BREAKFAST/LUNCH GROCERIES	Cost Center ID	Detail Amount	1099 Detail Amount	Asset/Asset Tag
			408.95	N	In Full

05 000 000 910 3100 630 BREAKFAST/LUNCH GROCERIES

Vendor ID: COCACOLABO COCA-COLA Bottling High Country
Description: CONCESSIONS/ENDING

Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
06 812 000 410 3400 610 VENDING MACHINE INVENTORY
06 834 000 410 3400 610 CONCESSIONS

9.50 N

PO Number: 03312026 **Invoice Number:** 03312026 **Amount:** 372.00
Invoice Date: 03/31/2026 Due Date: 04/15/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
111.00 N
261.00 N

Vendor ID: COLEPAPER COLE PAPERS INC

Description: Checking Account ID:
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
01 000 000 000 2600 610 30X36 BLACK CAN LINERS
05 000 000 910 3100 610 DISHWASHER SUPPLIES
05 000 000 910 3100 610 DISHWASHER ALL TEMP RINSE AID
01 000 000 000 2310 120 PROCESSING FEE

117.96 N
193.24 N
305.06 N
7.00 N

PO Number: 003677 **Invoice Number:** 10710048 **Amount:** 623.26
Invoice Date: 04/21/2026 Due Date: 04/29/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Vendor ID: CREA CREA

Description: SUPPORT SERVICES
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
01 000 000 000 2310 810 KIM DRESSLER 5 HOURS @ \$100/HR
01 000 002 120 1000 320 ELEMENTARY PROFESSIONAL DEVELOPMENT

500.00 N
120.00 N

PO Number: 25260493 **Invoice Number:** 25260493 **Amount:** 620.00
Invoice Date: 04/14/2026 Due Date: 04/21/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Vendor ID: DEMCO DEMCO

Description: HS LIBRARY
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
01 000 004 140 1000 645 LABEL PROTECTOR
01 000 004 140 1000 645 NON GLARE LABEL PROTECTOR
01 000 004 140 1000 645 SHIPPING

44.49 N
23.59 N
10.95 N

PO Number: 003781 **Invoice Number:** 7790625 **Amount:** 79.03
Invoice Date: 04/09/2026 Due Date: 04/15/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Vendor ID: DEPTHUMSER DEPARTMENT OF HUMAN SERVICES EARLY CHILDHOOD DIVISION

Description: BEST IN CLASS APPLICATION
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description
01 000 000 000 2310 810 BEST IN CLASS APPLICATION

50.00 N

PO Number: 04292026 **Invoice Number:** 04292026 **Amount:** 50.00
Invoice Date: 04/29/2026 Due Date: 04/29/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

Vendor ID: DUPPONG3 Duppong, Kelsy

Description: CLOSE UP SUPPLIES
Sequence: 1 Check Type: Checking Account ID:
Chart of Account Number Detail Description

50.00 N

PO Number: 04092026 **Invoice Number:** 04092026 **Amount:** 291.18
Invoice Date: 04/09/2026 Due Date: 04/15/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:
Cost Center ID Detail Amount 1099 Detail Amount Asset/Asset Tag In Full

06 816 000 410 3400 610 CLOSE UP SUPPLIES

291.18 N

Vendor ID: DUPPONG3 Duppong, Kelsy

Description: GARDEN TILLING

Sequence: 1 Check Type:

Chart of Account Number
01 000 000 000 2600 810 Detail Description
GARDEN TILLING

PO Number: Invoice Number: 04292026 Amount: 75.00

Invoice Date: 04/29/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
75.00 N

Vendor ID: DUPPONG3 Duppong, Kelsy

Description: CLOSE UP SUPPLIES

Sequence: 1 Check Type:

Chart of Account Number
06 891 000 410 3400 330 Detail Description
GROCERIES

PO Number: Invoice Number: 05042026 Amount: 87.48

Invoice Date: 05/04/2026 Due Date: 05/05/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
87.48 N

Vendor ID: ECKROTHMU ECKROTH MUSIC

Description: INSTRUMENT REPAIR

Sequence: 1 Check Type:

Chart of Account Number
01 000 004 140 1000 610 Detail Description
BARITONE SAX REAIR

PO Number: Invoice Number: 60566996 Amount: 49.00

Invoice Date: 04/01/2026 Due Date: 04/21/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
49.00 N

Vendor ID: EDPUZZLE EDPUZZLE

Description: DISTRICT WIDE ACCESS EDPUZZLE

Sequence: 1 Check Type:

Chart of Account Number
01 000 002 120 1000 810 Detail Description
DISTRICT WIDE ACCESS EDPUZZLE
01 000 004 140 1000 810 Detail Description
DISTRICT WIDE ACCESS EDPUZZLE

PO Number: Invoice Number: 00142133 Amount: 5,955.00

Invoice Date: 04/15/2026 Due Date: 04/29/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
2,977.50 N
2,977.50 N

Vendor ID: FBLA FBLA

Description: 2026 NLC REGISTRATION

Sequence: 1 Check Type:

Chart of Account Number
06 809 000 410 3400 810 Detail Description
STUDENT REGISTRATION

PO Number: Invoice Number: 04172026 Amount: 198.00

Invoice Date: 04/17/2026 Due Date: 04/21/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
198.00 N

Vendor ID: GLENULLINS GLEN ULLIN SUPE

Description: GROCERIES

Sequence: 1 Check Type:

Chart of Account Number
05 000 000 910 3100 630 Detail Description
BREAKFAST/LUNCH GROCERIES
01 000 004 140 1000 610 Detail Description
SCIENCE LAB
01 000 000 000 2600 610 Detail Description
LATE START BREAKFAST
01 000 000 000 2600 610 Detail Description
MEETING TREATS
01 000 000 000 2600 610 Detail Description
PARENT/TEACHER CONVENTION MEAL

PO Number: Invoice Number: 04292026 Amount: 976.34

Invoice Date: 04/29/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00

Check Number: Check Date:

Detail Amount 1099 Detail Amount Asset/Asset Tag In Full
485.37 N
45.82 N
139.74 N
41.41 N
264.00 N

Vendor ID: GLENULLINT GLEN ULLIN TIME

Description: ADVERTISING

PO Number: Invoice Number: 04282026 Amount: 247.04

Invoice Date: 04/28/2026 Due Date: 04/29/2026 Status: A 1099 Amount: 0.00

Invoice Listing - Detail

Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 01 000 000 000 2310 541 SCHOOL BOARD MEETING MINUTES
 26124
 06 812 000 410 3400 810 FFA BANQUET 26144
 06 812 000 410 3400 810 FFA BANQUET 26142
 01 000 000 000 2310 541 PRESCHOOL REGISTRATION

Cost Center ID Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 173.04 N
 25.00 N
 25.00 N
 24.00 N

Vendor ID: HARLOWSBUS
 Description: REPAIRS
 Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 01 000 000 000 2700 430 BEARCAT 1
 01 000 000 000 2700 430 BEARCAT 2

PO Number: Invoice Number: 01W8929 Amount: 14,544.45
 Invoice Date: 05/01/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00
 Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 10,573.29 N
 4,071.16 N

14,544.45
 repairs
 Computer in
 Nancy's Bus
 Dr. Beckwith
 Amount: 2,135.55
 if class
 expenses

Vendor ID: HEBRONHIG
 Description: PROM EXPENSES
 Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 06 803 000 410 3400 330 PROM EXPENSES

PO Number: Invoice Number: 04112026 Amount: 200.00
 Invoice Date: 04/29/2026 Due Date: 04/29/2026 Status: A 1099 Amount: 0.00
 Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 2,135.55 N

Vendor ID: HZELECTRI
 Description: LABOR
 Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 01 003 000 000 2600 450 UNHOOK EXHAUST MOTOR - SHOP
 01 003 000 000 2600 450 HOOK UP EXHAUST MOTOR - SHOP

PO Number: Invoice Number: 1403 Amount: 52.20
 Invoice Date: 04/19/2026 Due Date: 04/21/2026 Status: A 1099 Amount: 0.00
 Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 100.00 N
 100.00 N

Vendor ID: JOSTENSIN
 Description: MINI DIPLOMAS
 Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 06 821 000 410 3400 330 MINI DIPLOMAS

PO Number: Invoice Number: 39770263 Amount: 30.00
 Invoice Date: 04/26/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00
 Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 52.20 N

Vendor ID: KOTTRE3
 Description: ACT WORKER
 Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 01 000 000 400 3400 110 4.2

PO Number: Invoice Number: 042720264 Amount: 120.00
 Invoice Date: 04/27/2026 Due Date: 04/27/2026 Status: A 1099 Amount: 0.00
 Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 30.00 N

Vendor ID: KOTTRE2
 Description: ACTIVITIES
 Sequence: 1 Check Type: Checking Account ID:
 Chart of Account Number Detail Description
 01 000 000 400 3400 110 3.30

PO Number: Invoice Number: 042720263 Amount: 52.20
 Invoice Date: 04/27/2026 Due Date: 04/27/2026 Status: A 1099 Amount: 0.00
 Check Number: Check Date:
 Detail Amount 1099 Detail Amount Asset/Asset Tag
 40.00 N

Invoice Listing - Detail

Vendor ID: NAPA AUTOP Description: REPAIRS Sequence: 1 Chart of Account Number: 01 000 000 000 2700 430	NAPA AUTO PART OF NEW SALEM Checking Account ID: <u>Detail Description</u> BEARCAT 8	PO Number: Invoice Date: 04/15/2026 Due Date: 05/04/2026 Status: A Invoice Number: 355675 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 685.04 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	685.04
Vendor ID: NATIONALFF Description: FFA SUPPLIES Sequence: 1 Chart of Account Number: 06 812 000 410 3400 610	NATIONAL FFA OR Checking Account ID: <u>Detail Description</u> BANQUET AWARDS	PO Number: Invoice Date: 04/15/2026 Due Date: 04/21/2026 Status: A Invoice Number: MDE384358 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 417.00 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	417.00
Vendor ID: PAHLKESTE Description: STEEL Sequence: 1 Chart of Account Number: 01 000 004 310 1000 610	PAHLKE STEEL Checking Account ID: <u>Detail Description</u> STEEL	PO Number: Invoice Date: 04/24/2026 Due Date: 04/29/2026 Status: A Invoice Number: 721187 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 437.47 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	437.47
Vendor ID: PEARCEDURI Description: LEGAL SERVICES Sequence: 1 Chart of Account Number: 01 000 000 000 2310 810	PEARCE DURICK Checking Account ID: <u>Detail Description</u> LEGAL SERVICES	PO Number: Invoice Date: 03/31/2026 Due Date: 04/21/2026 Status: A Invoice Number: 177 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 213.75 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	213.75
Vendor ID: PETTYCASH Description: INVOICE BOOK Sequence: 1 Chart of Account Number: 01 000 000 000 2500 610	PETTY CASH FUND Checking Account ID: <u>Detail Description</u> INVOICE BOOK	PO Number: Invoice Date: 05/01/2026 Due Date: 05/01/2026 Status: A Invoice Number: 05012026 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 2.44 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	2.44
Vendor ID: PETTYCASH Description: APPRECIATION GIFTS Sequence: 1 Chart of Account Number: 01 000 000 000 2500 610	PETTY CASH FUND Checking Account ID: <u>Detail Description</u> KITCHEN STAFF BUS DRIVER	PO Number: Invoice Date: 05/01/2026 Due Date: 05/01/2026 Status: A Invoice Number: 05012026 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 100.00 N 26.25 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	126.25
Vendor ID: PREBLEMED Description: DRUG TEST Sequence: 1 Chart of Account Number: 01 000 000 000 2700 810	PREBLE MEDICAL Checking Account ID: <u>Detail Description</u> RANDOM DOT DRUG TESTING RANDOM DOT ALCOHOL TESTING	PO Number: Invoice Date: 04/30/2026 Due Date: 05/01/2026 Status: A Invoice Number: 10827 Check Number: Check Date: <u>Detail Amount</u> 1099 <u>Detail Amount</u> <u>Asset/Asset Tag</u> 60.00 N 40.00 N	Amount: 1099 Amount: 0.00 <u>In Full</u>	100.00
Vendor ID: ROBERTSFL	ROBERTS FLORAL	PO Number: Invoice Number: 614889/1	Amount:	82.00

Invoice Listing - Detail

Description: FLOWERS
Sequence: 1 Check Type:
Chart of Account Number
01 000 000 000 2500 610
Checking Account ID:
NEW BABY FLOWER ARRANGEMENT

Invoice Date: 04/05/2026 Due Date: 04/21/2026 Status: A 1099 Amount: 0.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
82.00 N

Vendor ID: SCHIRADOL SCHIRADO LYNNETTE
Description: GRANDPARENTS DAY
Sequence: 1 Check Type:
Chart of Account Number
06 814 000 410 3400 610
Checking Account ID:
BINGO PRIZES

PO Number: 05012026 Invoice Number: 05012026 Amount: 69.51
Invoice Date: 05/04/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
69.51 N

Vendor ID: SCHNEIDER1 SCHNEIDER, SIERRA
Description: ACTIVITES CLOCK
Sequence: 1 Check Type:
Chart of Account Number
01 000 000 400 3400 110 1.22
01 000 000 400 3400 110 1.23
01 000 000 400 3400 110 4.13
Checking Account ID:

PO Number: 04272026 Invoice Number: 04272026 Amount: 125.00
Invoice Date: 04/27/2026 Due Date: 04/27/2026 Status: A 1099 Amount: 125.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
30.00 N
55.00 N
40.00 N

Vendor ID: SHREDNORTH SHRED NORTH DAKOTA
Description: SHRED BOX
Sequence: 1 Check Type:
Chart of Account Number
01 000 000 000 2600 440
Checking Account ID:
SHRED BOX

PO Number: 20052 Invoice Number: 20052 Amount: 53.75
Invoice Date: 04/21/2026 Due Date: 05/13/2026 Status: A 1099 Amount: 0.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
53.75 N

Vendor ID: SOFTWAREUN Software Unlimited Inc.
Description: WEB LINK
Sequence: 1 Check Type:
Chart of Account Number
01 000 000 000 2310 810
01 000 000 000 2310 810
01 000 000 000 2310 810
Checking Account ID:
WEB LINK PRORATED FEE
WEB LINK HOSTED PRORATED FEE

PO Number: 20260430-28 Invoice Number: 20260430-28 Amount: 233.00
Invoice Date: 04/21/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
136.00 N
97.00 N

Vendor ID: SOFTWAREUN Software Unlimited Inc.
Description: SUI SERVICES
Sequence: 1 Check Type:
Chart of Account Number
01 000 000 000 2310 810
01 000 000 000 2310 810
01 000 000 000 2310 810
01 000 000 000 2310 810
Checking Account ID:
SAS ANNUAL FEE
SAS ONLINE T2 ANNUAL FEE
WEB LINK ANNUAL FEE
WEB LINK HOSTED ANNUAL FEE

PO Number: 20260502-0909 Invoice Number: 20260502-0909 Amount: 8,000.00
Invoice Date: 05/02/2026 Due Date: 05/04/2026 Status: A 1099 Amount: 0.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
4,650.00 N
2,150.00 N
700.00 N
500.00 N

Amount for Accounting System

Vendor ID: SYSCO SYSCO NORTH DAKOTA
Description: BREAKFAST/LUNCH GROCERIES
Sequence: 1 Check Type:
Chart of Account Number
Detail Description
Checking Account ID:

PO Number: 395148776 Invoice Number: 395148776 Amount: 1,704.47
Invoice Date: 04/14/2026 Due Date: 04/15/2026 Status: A 1099 Amount: 0.00
Check Number:
Detail Amount 1099 Detail Amount Asset/Asset_Tag
In Full

05 000 000 910 3100 630 BREAKFAST/LUNCH GROCERIES

1,704.47 N

Vendor ID: SYSCO

PO Number:

Amount:

Description: SYSCO NORTH DAKOTA

Invoice Date: 04/21/2026

Invoice Number: 395153555

Sequence: 1

Check Type: A

Status: A

Chart of Account Number

Check Number:

Check Date:

05 000 000 910 3100 630

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

1,575.07 N

Vendor ID: SYSCO

PO Number:

Amount:

Description: SYSCO NORTH DAKOTA

Invoice Date: 04/28/2026

Invoice Number: 395158456

Sequence: 1

Check Type: A

Status: A

Chart of Account Number

Check Number:

Check Date:

05 000 000 910 3100 630

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

1,686.40 N

Vendor ID: WAGNER1

PO Number:

Amount:

Description: WAGNER, MELISSA

Invoice Date: 04/27/2026

Invoice Number: 04232026

Sequence: 1

Check Type: A

Status: A

Chart of Account Number

Check Number:

Check Date:

01 000 000 400 3400 110

Detail Amount

1099 Detail Amount

Asset/Asset Tag

In Full

525.00 N

Batch 1099 Total:

210.00

Batch Total: 56,639.46

Report 1099 Total:

210.00

Report Total: 56,639.46

REVENUE/EXPENDITURE SUMMARY (Marty)

Account Number	Account Description	BUDGET	MONTH TO DATE	YEAR TO DATE	BALANCE	% REMAINING
8	Revenue					
01	GENERAL FUND					
01 000 1110	GENERAL FUND LEVY	894,810.77	42,492.09	781,714.01	113,096.76	87.36
01 000 1138	MISCELLANEOUS FUND LEVY	153,399.13	7,929.30	134,993.36	18,405.77	88.00
01 000 1192	PENALTY & INTEREST	0.00	0.00	0.00	0.00	0.00
01 000 1210	ELEC GENERATION/DISTRIB & TRANSMISSION	537,000.00	0.00	0.00	537,000.00	0.00
01 000 1220	TELECOMMUNICATIONS	13,000.00	0.00	0.00	13,000.00	0.00
01 000 1290	OTHER REVENUE/LIEU OF PROPERTY TAX	2,500.00	0.00	2,500.00	0.00	100.00
01 000 1312	STUDENT TUITION FROM OTHER SCHOOLS	5,000.00	0.00	0.00	5,000.00	0.00
01 000 1341	SUMMER SCHOOL	1,200.00	100.00	400.00	800.00	33.33
01 000 1510	INTEREST	12,000.00	1,375.20	10,342.00	1,658.00	86.18
01 000 1520	ATM FEES	247.50	96.00	343.50	(96.00)	138.79
01 000 1990	MISCELLANEOUS INCOME	63,385.87	166.00	63,838.87	(453.00)	100.71
01 000 2901	TELECOMMUNICATIONS TAX	24,384.48	0.00	24,384.48	0.00	100.00
01 000 3110	FOUNDATION PAYMENT	1,352,393.45	107,964.50	1,349,556.20	2,837.25	99.79
01 000 3130	TRANSPORTATION AID	102,141.00	5,854.75	91,294.56	10,846.44	89.38
01 000 3300	VOCATIONAL PROGRAM AID	73,184.41	0.00	0.00	73,184.41	0.00
01 000 3410	STATE SPECIAL ED (MORTON SOOIX DIST ED)	5,000.00	0.00	2,172.16	2,827.84	43.44
01 000 3420	RACTC VO ED JT AGREEMENTS STATE	60,000.00	0.00	7,224.00	52,776.00	12.04
01 000 4920	RACTC VOCA ED JOINT AGREEMENTS	0.00	0.00	0.00	0.00	0.00
01 000 5200	INTERFUND TRANSFER	0.00	0.00	0.00	0.00	0.00
01 000 5201	SAVINGS TRANSFER	0.00	0.00	0.00	0.00	0.00
01 000 5400	REFUND PRIOR YEAR EXPENDITURES	0.00	0.00	0.00	0.00	0.00
01 068 4510 2024	TITLE I	23,811.86	1,088.00	24,899.86	(1,088.00)	104.57
01 068 4510 2025	TITLE I	45,361.00	10,543.16	47,678.34	(2,317.34)	105.11
01 082 4517 2025	TITLE V TRANSFERRABILITY	23,673.00	10,943.44	20,866.50	2,806.50	88.14
01 082 4527 2024	TITLE V	21,919.00	0.00	21,919.00	0.00	100.00
01 082 4527 2025	TITLE V	21,545.00	0.00	21,545.00	0.00	100.00
01 089 4590	REAP/ SRSA	0.00	0.00	0.00	0.00	0.00
01 089 4590 2023	REAP- OTHER RESTRICTED	11,410.00	0.00	11,410.00	0.00	100.00
01 089 4590 2024	REAP- OTHER RESTRICTED	9,716.00	0.00	9,716.00	0.00	100.00
01 089 4590 2025	REAP/ SRSA	7,494.00	0.00	7,494.00	0.00	100.00
01 200 4590	BE LEGENDARY	12,000.00	6,000.00	11,000.00	1,000.00	91.67
01	GENERAL FUND	3,476,576.47	194,552.44	2,645,291.84	831,284.63	76.09
8	Revenue	3,476,576.47	194,552.44	2,645,291.84	831,284.63	76.09
9	Expenditure					
01	GENERAL FUND					
01 000 000 000 2310 120	BUSINESS MANAGER	43,264.00	3,934.12	39,108.83	4,155.17	90.40
01 000 000 000 2310 130	OFFICE AIDE	51,198.00	6,446.23	53,127.57	(1,929.57)	103.77
01 000 000 000 2310 210	BENEFITS	44,510.24	4,955.63	35,485.78	9,024.46	79.72
01 000 000 000 2310 220	SOCIAL SECURITY	8,500.00	1,501.33	10,327.21	(1,827.21)	121.50
01 000 000 000 2310 310	RETIREMENT	7,802.56	948.22	8,041.88	(239.32)	103.07
01 000 000 000 2310 310	OFFICIAL/ADMIN. SERVICES	250.00	0.00	0.00	250.00	0.00
01 000 000 000 2310 330	OTHER PROFESSIONAL SERVICES	55,000.00	5,157.20	45,641.35	9,358.65	82.98
01 000 000 000 2310 520	INSURANCE	30,000.00	0.00	29,660.00	340.00	98.87
01 000 000 000 2310 531	BOARD COMMUNICATION	1,200.00	0.00	300.00	900.00	25.00
01 000 000 000 2310 541	ADVERTISING	1,800.00	638.99	2,236.63	(436.63)	124.26
01 000 000 000 2310 542	PUBLISHING MINUTES	3,500.00	0.00	2,229.60	1,270.40	63.70
01 000 000 000 2310 580	TRAVEL	1,500.00	67.20	854.00	646.00	56.93
01 000 000 000 2310 610	SUPPLIES AND MATERIALS	5,000.00	0.00	5,251.72	(251.72)	105.03
01 000 000 000 2310 734	EQUIPMENT	7,500.00	0.00	7,225.93	274.07	96.35
01 000 000 000 2310 810	DUES AND FEES	16,000.00	895.00	16,521.12	(521.12)	103.26

REVENUE/EXPENDITURE SUMMARY (Marty)

Account Number	Account Description	BUDGET	MONTH TO DATE	YEAR TO DATE	BALANCE	% REMAINING
01 000 000 000 2320 110	SUPERINTENDENT SALARY	121,510.24	10,125.86	101,258.60	20,251.64	83.33
01 000 000 000 2320 120	SECRETARIAL STAFF	0.00	0.00	6,446.15	(6,446.15)	0.00
01 000 000 000 2320 210	BENEFITS	1,200.00	0.00	85.36	1,114.64	7.11
01 000 000 000 2320 220	SOCIAL SECURITY	9,295.53	772.39	8,223.67	1,071.86	88.47
01 000 000 000 2320 230	RETIREMENT	15,492.56	1,291.04	12,986.03	2,506.53	83.82
01 000 000 000 2320 532	POSTAGE	500.00	0.00	115.37	384.63	23.07
01 000 000 000 2320 580	TRAVEL	1,000.00	0.00	438.49	561.51	43.85
01 000 000 000 2320 600	SUPPLIES AND MATERIALS	0.00	0.00	0.00	0.00	0.00
01 000 000 000 2320 610	SUPPLIES AND MATERIALS	750.00	0.00	628.78	121.22	83.84
01 000 000 000 2320 734	EQUIPMENT	2,000.00	0.00	1,603.93	396.07	80.20
01 000 000 000 2320 810	DUES AND FEES	2,000.00	0.00	1,708.50	291.50	85.43
01 000 000 000 2500 610	SUPPLIES	8,000.00	552.50	6,353.21	1,646.79	79.42
01 000 000 000 2500 810	DUES & FEES	0.00	105.00	2,605.00	(2,605.00)	0.00
01 000 000 000 2600 100	SALARIES	145,267.20	7,389.26	95,068.96	50,198.24	65.44
01 000 000 000 2600 110	REGULAR SALARY-CERTIFIED	0.00	6,119.39	41,238.59	(41,238.59)	0.00
01 000 000 000 2600 210	BENEFITS	44,510.24	3,440.21	32,733.13	11,777.11	73.54
01 000 000 000 2600 220	SOCIAL SECURITY	11,112.94	1,012.67	10,283.89	829.05	92.54
01 000 000 000 2600 230	RETIREMENT	11,999.07	1,250.91	12,499.22	(500.15)	104.17
01 000 000 000 2600 310	OFFICIAL/ADMIN SERVICES	0.00	0.00	817.38	(817.38)	0.00
01 000 000 000 2600 330	OTHER PROFESSIONAL SERVICES	1,800.00	0.00	60.00	1,740.00	3.33
01 000 000 000 2600 411	WATER AND SEWER	4,500.00	298.49	3,494.71	1,005.29	77.66
01 000 000 000 2600 421	DISPOSAL SERVICES	4,000.00	349.49	2,845.92	1,154.08	71.15
01 000 000 000 2600 422	SNOW REMOVAL	1,500.00	0.00	0.00	1,500.00	0.00
01 000 000 000 2600 430	REPAIRS	1,600.00	0.00	1,521.97	78.03	95.12
01 000 000 000 2600 440	RENTALS	500.00	0.00	161.25	338.75	32.25
01 000 000 000 2600 531	TELEPHONE	3,800.00	0.00	1,562.25	2,237.75	41.11
01 000 000 000 2600 610	SUPPLIES AND MATERIALS	16,500.00	584.40	16,697.11	(197.11)	101.19
01 000 000 000 2600 621	NATURAL GAS	21,000.00	2,255.97	18,580.22	2,419.78	88.48
01 000 000 000 2600 622	ELECTRICITY	30,000.00	2,625.64	23,425.90	6,574.10	78.09
01 000 000 000 2600 626	GASOLINE	500.00	0.00	150.46	349.54	30.09
01 000 000 000 2600 734	EQUIPMENT	200.00	0.00	0.00	200.00	0.00
01 000 000 000 2600 810	DUES & FEES	1,300.00	0.00	1,227.25	72.75	94.40
01 000 000 000 2700 100	SALARIES	48,809.25	3,801.35	29,496.74	19,312.51	60.43
01 000 000 000 2700 210	BENEFITS-DEEANN	300.00	41.19	252.47	47.53	84.16
01 000 000 000 2700 220	SOCIAL SECURITY	3,733.91	290.76	2,254.38	1,479.53	60.38
01 000 000 000 2700 230	RETIREMENT	2,031.64	0.00	81.25	1,950.39	4.00
01 000 000 000 2700 430	REPAIRS	30,000.00	1,188.00	22,184.46	7,815.54	73.95
01 000 000 000 2700 438	VEHICLE SERVICE	0.00	0.00	0.00	0.00	0.00
01 000 000 000 2700 590	MISC. PURCHASED SERVICES	5,000.00	0.00	72.50	4,927.50	1.45
01 000 000 000 2700 610	SUPPLIES AND MATERIALS	500.00	0.00	265.53	234.47	53.11
01 000 000 000 2700 626	GASOLINE	25,000.00	2,828.21	16,545.53	8,454.47	66.18
01 000 000 000 2700 810	DUES & FEES	1,300.00	120.00	1,368.00	(68.00)	105.23
01 000 000 000 2700 920	TRANSFERS TO LUNCH FUND	100,000.00	0.00	0.00	100,000.00	0.00
01 000 000 100 2700 100	E/C BUS DRIVER	16,000.00	2,560.00	9,000.00	7,000.00	56.25
01 000 000 100 2700 101	E/C VAN DRIVER	13,000.00	1,910.00	12,995.00	65.00	99.50
01 000 000 100 2700 220	SOCIAL SECURITY	1,200.00	341.94	1,499.03	(299.03)	124.92
01 000 000 200 2160 320	PROFESSIONAL ED. SERVICES	34,000.00	0.00	5,105.77	28,894.23	15.02
01 000 000 211 1000 120	REGULAR SALARY-NONCERTIFIED	150.00	0.00	150.00	0.00	100.00
01 000 000 211 1000 130	ANCILLARY SUB SALARIES	1,500.00	339.85	1,758.79	(258.79)	117.25
01 000 000 211 1000 220	ANCILLARY SUB SALARIES	50.00	24.56	144.55	(94.55)	289.10
01 000 000 240 1000 110	PROFESSIONAL SALARIES SPEC ED	300.00	0.00	300.00	0.00	100.00
01 000 000 240 1000 130	SP ED SUB	0.00	299.97	449.94	(449.94)	0.00
01 000 000 240 1000 210	GROUP INSURANCE	4,341.05	1,208.90	6,154.40	(1,813.35)	141.77
01 000 000 240 1000 220	PROFESSIONAL SALARIES SPEC ED	355.11	115.43	528.25	(173.14)	148.76
01 000 000 240 1000 230	RETIREMENT CONTRIBUTIONS	38.25	0.00	38.25	0.00	100.00
01 000 000 240 1000 320	PROFESSIONAL-ED SERVICES	1,900.00	0.00	1,864.00	36.00	98.11

REVENUE/EXPENDITURE SUMMARY (Marty)

Account Number	Account Description	BUDGET	MONTH TO DATE	YEAR TO DATE	BALANCE	% REMAINING
01 000 000 240 1000 610	SUPPLIES	4,600.00	0.00	4,553.29	46.71	98.98
01 000 000 240 1000 810	DUES & FEES	37,500.00	6,066.02	43,462.14	(5,962.14)	115.90
01 000 000 255 1000 110	PROFESSIONAL SALARIES	54,589.65	4,829.14	39,487.69	15,101.96	72.34
01 000 000 255 1000 120	ANCILLARY STAFF	56,768.55	8,443.88	59,137.91	(2,369.36)	104.17
01 000 000 255 1000 130	SP ED SUBSTITUTE-240	0.00	0.00	0.00	0.00	0.00
01 000 000 255 1000 210	BENEFITS	40,000.00	3,863.00	32,071.04	7,928.96	80.18
01 000 000 255 1000 220	SOCIAL SECURITY	8,518.90	1,213.24	9,275.22	(756.32)	108.88
01 000 000 255 1000 230	RETIREMENT	11,565.63	1,368.70	10,332.34	1,233.29	89.34
01 000 000 255 1000 560	TUITION	81,000.00	0.00	0.00	81,000.00	0.00
01 000 000 255 1000 610	SUPPLIES AND MATERIALS	500.00	0.00	237.00	263.00	47.40
01 000 000 301 1999 592	RACETRACKRIDER AREA CAREER & TECH CTR)	2,400.00	0.00	0.00	2,400.00	0.00
01 000 000 400 2700 100	SALARIES FOR BUS DRIVERS	1,400.00	364.00	1,890.00	(490.00)	135.00
01 000 000 400 2700 101	SALARIES FOR VAN DRIVERS	160.00	0.00	160.00	0.00	100.00
01 000 000 400 2700 220	SOCIAL SECURITY	150.00	27.84	156.82	(6.82)	104.55
01 000 000 400 2700 430	REPAIRS	5,800.00	0.00	5,702.02	97.98	98.31
01 000 000 400 2700 626	GASOLINE	600.00	0.00	549.75	50.25	91.63
01 000 000 400 3400 110	COACHES SALARIES	52,500.00	910.00	27,637.30	24,862.70	52.64
01 000 000 400 3400 220	SOCIAL SECURITY	4,092.75	63.88	1,563.43	2,529.32	38.20
01 000 000 400 3400 230	RETIREMENT	4,419.10	0.00	920.51	3,498.59	20.83
01 000 000 400 3400 580	TRAVEL	2,000.00	0.00	352.80	1,647.20	17.64
01 000 000 400 3400 810	DUES AND FEES	7,000.00	45.00	6,917.11	82.89	98.82
01 000 000 110 1000 110	PROFESSIONAL SALARIES	45,650.00	5,827.80	23,557.24	22,092.76	51.60
01 000 000 110 1000 130	SUBSTITUTES	4,000.00	0.00	4,266.11	(266.11)	106.65
01 000 000 110 1000 210	BENEFITS	5,000.00	170.69	1,230.33	3,769.67	24.61
01 000 000 110 1000 220	SOCIAL SECURITY	3,592.23	444.15	2,116.76	1,475.47	58.93
01 000 000 110 1000 230	RETIREMENT	2,910.88	95.74	821.44	2,089.44	28.22
01 000 000 110 1000 610	SUPPLIES AND MATERIALS	675.00	0.00	650.28	24.72	96.34
01 000 000 110 1000 645	LIBRARY BOOKS	425.00	0.00	415.76	9.24	97.83
01 000 000 110 1000 650	PERIODICALS	200.00	0.00	0.00	200.00	0.00
01 000 000 110 2410 110	PROFESSIONAL SALARIES	9,010.00	2,252.50	20,332.50	(11,322.50)	225.67
01 000 000 110 2410 210	BENEFITS	2,471.03	512.05	3,690.85	(1,219.82)	149.36
01 000 000 110 2410 220	SOCIAL SECURITY	689.27	167.30	1,520.33	(831.06)	220.57
01 000 000 110 2410 230	RETIREMENT	1,148.78	297.20	2,441.20	(1,292.42)	212.50
01 000 002 000 3604 110	PROFESSIONAL SALARIES	0.00	0.00	84.38	(84.38)	0.00
01 000 002 000 3604 230	RETIREMENT	0.00	0.00	10.76	(10.76)	0.00
01 000 002 000 3604 810	DUES AND FEES	70.00	0.00	66.67	3.33	95.24
01 000 002 120 1000 110	PROFESSIONAL SALARIES	432,784.30	49,278.48	289,920.65	142,863.65	66.99
01 000 002 120 1000 120	TEACHER AIDES	3,000.00	1,263.50	4,060.91	(1,060.91)	135.36
01 000 002 120 1000 130	SUBSTITUTES	16,000.00	4,724.46	21,670.55	(5,670.55)	135.44
01 000 002 120 1000 210	BENEFITS	68,420.00	4,952.33	41,128.63	27,291.37	60.11
01 000 002 120 1000 220	SOCIAL SECURITY	34,638.00	2,794.12	21,309.77	13,328.23	61.52
01 000 002 120 1000 230	RETIREMENT	57,729.99	4,125.77	32,319.23	25,410.76	55.98
01 000 002 120 1000 320	PROFESSIONAL ED. SERVICES	8,000.00	0.00	3,753.32	4,246.68	46.92
01 000 002 120 1000 580	TRAVEL	500.00	0.00	384.31	115.69	76.86
01 000 002 120 1000 610	SUPPLIES AND MATERIALS	10,500.00	247.05	10,896.86	(396.86)	103.78
01 000 002 120 1000 641	TEXTBOOKS	2,300.00	0.00	2,217.50	82.50	96.41
01 000 002 120 1000 642	WORKBOOKS	75.00	0.00	74.25	0.75	99.00
01 000 002 120 1000 645	LIBRARY BOOKS	830.00	0.00	822.35	7.65	99.08
01 000 002 120 1000 650	PERIODICALS	500.00	0.00	66.57	433.43	13.31
01 000 002 120 1000 734	EQUIPMENT	0.00	987.00	987.00	(987.00)	0.00
01 000 002 120 1000 810	DUES AND FEES	4,000.00	0.00	4,080.17	(80.17)	102.00
01 000 002 120 2120 110	PROFESSIONAL SALARIES	31,050.00	2,687.50	22,726.92	8,323.08	73.19
01 000 002 120 2120 210	BENEFITS	6,000.00	345.70	5,849.90	150.10	97.50
01 000 002 120 2120 220	SOCIAL SECURITY	2,375.33	203.05	1,720.81	654.52	72.45
01 000 002 120 2120 230	RETIREMENT	3,958.88	342.65	2,876.76	1,082.12	72.67

REVENUE/EXPENDITURE SUMMARY (Marty)

Account Number	Account Description	BUDGET	MONTH TO DATE	YEAR TO DATE	BALANCE	% REMAINING
01 000 002 120 2120 610	SUPPLIES AND MATERIALS	500.00	0.00	104.21	395.79	20.84
01 000 002 120 2410 110	PROFESSIONAL SALARIES	27,030.00	2,252.50	20,372.50	6,657.50	75.37
01 000 002 120 2410 210	BENEFITS	7,407.07	566.31	3,935.02	3,472.05	53.13
01 000 002 120 2410 220	SOCIAL SECURITY	2,067.80	171.44	1,542.02	525.78	74.57
01 000 002 120 2410 230	RETIREMENT	3,446.33	287.20	2,441.20	1,005.13	70.83
01 000 002 120 2410 810	DUES AND FEES	1,400.00	0.00	1,370.00	30.00	97.86
01 000 003 130 1000 110	PROFESSIONAL SALARIES	111,489.50	16,228.04	139,274.19	(27,784.69)	124.92
01 000 003 130 1000 130	SUBSTITUTES	4,000.00	1,650.81	3,647.93	352.07	91.20
01 000 003 130 1000 210	BENEFITS	21,350.00	2,986.80	24,085.38	(2,735.38)	112.81
01 000 003 130 1000 220	SOCIAL SECURITY	8,528.95	1,384.01	11,056.53	(2,527.58)	129.64
01 000 003 130 1000 230	RETIREMENT	14,214.91	2,069.07	17,526.56	(3,311.65)	123.30
01 000 003 130 1000 320	PROFESSIONAL ED. SERVICES	0.00	0.00	20.00	(20.00)	0.00
01 000 003 130 1000 580	TRAVEL	300.00	0.00	0.00	300.00	0.00
01 000 003 130 1000 610	SUPPLIES AND MATERIALS	1,700.00	0.00	335.58	1,364.42	19.74
01 000 003 130 1000 641	TEXTBOOKS	1,000.00	0.00	900.00	100.00	90.00
01 000 003 130 1000 645	LIBRARY BOOKS	0.00	0.00	296.38	(296.38)	0.00
01 000 003 130 1000 650	PERIODICALS	0.00	0.00	0.00	0.00	0.00
01 000 003 130 2410 110	PROFESSIONAL SALARIES	27,030.00	2,252.50	20,292.50	6,737.50	75.07
01 000 003 130 2410 210	BENEFITS	9,407.07	1,345.36	10,773.93	(1,366.86)	114.53
01 000 003 130 2410 220	SOCIAL SECURITY	2,067.80	231.04	2,059.06	8.74	99.58
01 000 003 130 2410 230	RETIREMENT	3,446.33	287.18	2,443.58	1,002.75	70.90
01 000 004 140 1000 110	PROFESSIONAL SALARIES	155,000.00	13,520.04	117,171.82	37,828.18	75.59
01 000 004 140 1000 130	SUBSTITUTES	8,000.00	1,469.14	7,257.54	742.46	90.72
01 000 004 140 1000 210	BENEFITS	37,200.00	1,179.28	8,365.29	28,834.71	22.49
01 000 004 140 1000 220	SOCIAL SECURITY	13,402.10	919.78	7,595.55	5,806.55	56.67
01 000 004 140 1000 230	RETIREMENT	22,336.82	1,723.82	14,524.14	7,812.68	65.02
01 000 004 140 1000 320	PROFESSIONAL ED. SERVICES	33,000.00	0.00	32,505.65	494.35	98.50
01 000 004 140 1000 610	SUPPLIES AND MATERIALS	7,000.00	79.94	4,041.70	2,958.30	57.74
01 000 004 140 1000 641	TEXTBOOKS	4,500.00	0.00	4,423.25	76.75	98.29
01 000 004 140 1000 645	LIBRARY BOOKS	1,000.00	0.00	870.31	129.69	87.03
01 000 004 140 1000 650	PERIODICALS	0.00	0.00	0.00	0.00	0.00
01 000 004 140 1000 734	EQUIPMENT	0.00	0.00	0.00	0.00	0.00
01 000 004 140 1000 810	DUES AND FEES	14,000.00	0.00	13,732.57	267.43	98.09
01 000 004 140 2410 110	PROFESSIONAL SALARIES	0.00	0.00	0.00	0.00	0.00
01 000 004 140 2410 210	BENEFITS	0.00	0.00	0.00	0.00	0.00
01 000 004 140 2410 220	SOCIAL SECURITY	0.00	0.00	0.00	0.00	0.00
01 000 004 140 2410 230	RETIREMENT	0.00	0.00	0.00	0.00	0.00
01 000 004 140 2410 734	EQUIPMENT	0.00	0.00	0.00	0.00	0.00
01 000 004 310 1000 110	PROFESSIONAL SALARIES	57,570.35	4,797.52	48,975.22	8,595.13	85.07
01 000 004 310 1000 130	SUBSTITUTES	3,000.00	0.00	2,797.65	202.35	93.26
01 000 004 310 1000 210	BENEFITS	10,115.00	853.75	8,806.55	1,308.45	87.06
01 000 004 310 1000 220	SOCIAL SECURITY	4,404.13	430.76	4,596.71	(192.58)	104.37
01 000 004 310 1000 230	RETIREMENT	7,340.22	611.68	6,119.19	1,221.03	83.37
01 000 004 310 1000 580	TRAVEL	400.00	0.00	396.00	4.00	99.00
01 000 004 310 1000 610	SUPPLIES AND MATERIALS	4,500.00	272.20	4,253.01	246.99	94.51
01 000 004 310 1000 734	EQUIPMENT	0.00	0.00	0.00	0.00	0.00
01 000 004 310 3608 730	CARL PERKINS EQUIPMENT	2,732.30	0.00	2,732.30	0.00	100.00
01 000 004 340 1000 610	SUPPLIES AND MATERIALS	20.00	0.00	19.50	0.50	97.50
01 000 004 340 3604 734	TECHNOLOGY-RELATED SOFTWARE	2,720.00	0.00	2,720.00	0.00	100.00
01 000 004 360 1000 110	PROFESSIONAL SALARIES	81,034.20	6,336.18	60,914.75	20,119.45	75.17
01 000 004 360 1000 130	SUBSTITUTES	1,500.00	3,005.16	4,574.29	(3,074.29)	304.95
01 000 004 360 1000 210	BENEFITS	10,000.00	854.62	7,521.34	2,478.66	75.21
01 000 004 360 1000 220	SOCIAL SECURITY	6,199.12	772.01	5,506.33	692.79	88.82
01 000 004 360 1000 230	RETIREMENT	10,331.86	807.86	7,728.96	2,602.90	74.81
01 000 004 360 1000 320	PROFESSIONAL ED SERVICES	1,600.00	0.00	1,548.60	51.40	96.79

REVENUE/EXPENDITURE SUMMARY (Marty)


Account Number	Account Description	BUDGET	MONTH TO DATE	YEAR TO DATE	BALANCE	% REMAINING
01 000 004 360 1000 420	REPAIRS	0.00	0.00	0.00	0.00	0.00
01 000 004 360 1000 580	TRAVEL	0.00	0.00	0.00	0.00	0.00
01 000 004 360 1000 610	SUPPLIES AND MATERIALS	3,600.00	0.00	3,543.64	56.36	98.43
01 000 004 360 1000 734	EQUIPMENT	400.00	0.00	320.00	80.00	80.00
01 000 004 360 1000 810	DUES & FEES RACTC	2,000.00	0.00	1,849.00	151.00	92.45
01 000 007 300 3300 531	TELEPHONE	0.00	312.23	1,562.11	(1,562.11)	0.00
01 003 000 000 2600 430	MISC MILL EXP-REPAIR	7,000.00	500.00	7,433.29	(433.29)	106.19
01 003 000 000 2600 450	MISC MILL EXP-CONST. SERV.	31,000.00	0.00	30,888.50	111.50	99.64
01 003 000 000 2600 610	MISC MILL EXP-SUPP	22,000.00	1,323.60	22,889.66	(889.66)	104.04
01 068 000 261 1000 110 2024	REGULAR SALARY-CERTIFIED	1,088.00	1,088.00	1,088.00	0.00	100.00
01 068 000 261 1000 110 2025	REGULAR SALARY-CERTIFIED	45,361.00	(9,575.64)	49,380.76	(4,019.76)	108.86
01 068 000 261 1000 210	GROUP INSURANCE	0.00	22.26	178.08	(178.08)	0.00
01 068 000 261 1000 210 2025	GROUP INSURANCE	0.00	(6,062.81)	(3,304.39)	3,304.39	0.00
01 068 000 261 1000 220	SOCIAL SECURITY	0.00	0.00	0.00	0.00	0.00
01 068 000 261 1000 220 2025	SOCIAL SECURITY	0.00	692.70	2,740.80	(2,740.80)	0.00
01 068 000 261 1000 230 2025	RETIREMENT CONTRIBUTIONS	0.00	(2,929.77)	512.52	(512.52)	0.00
01 068 003 261 1000 230 2025	RETIREMENT CONTRIBUTIONS	0.00	0.00	(2,968.02)	2,968.02	0.00
01 082 000 261 1000 210 2025	GROUP INSURANCE	11,836.50	6,850.93	11,023.79	812.71	93.13
01 082 000 261 1000 230 2025	RETIREMENT CONTRIBUTIONS	11,836.50	3,768.96	11,836.50	0.00	100.00
01 082 000 298 1000 210 2024	INSURANCE BENEFIT	0.00	108.52	488.34	(488.34)	0.00
01 082 000 298 1000 210 2025	ALICE FITTNER INSURANCE TITLE	0.00	0.00	0.00	0.00	0.00
01 082 000 298 1000 220 2024	SOCIAL SECURITY	0.00	8.30	37.37	(37.37)	0.00
01 082 000 298 1000 220 2025	SOCIAL SECURITY	0.00	0.00	0.00	0.00	0.00
01 082 000 298 1000 230 2025	RETIREMENT CONTRIBUTION	0.00	0.00	0.00	0.00	0.00
01 089 000 298 1000 610 2023	REAP 2023	10,734.00	0.00	10,734.00	0.00	100.00
01 089 000 298 1000 610 2024	REAP 2024	13,636.00	0.00	13,636.00	0.00	100.00
01 089 000 298 1000 610 2025	SUPPLIES/REAP	2,570.00	0.00	2,570.00	0.00	100.00
01 095 004 310 3603 610	AG-SUPPLIES/MATERIALS CARL PERKIN	4,077.87	0.00	4,077.87	0.00	100.00
01 100 000 205 1000 110	PRESCHOOL PROFESSIONAL SALARIES	52,000.00	4,952.38	35,306.97	16,693.03	67.90
01 100 000 205 1000 120	PRESCHOOL AIDE	13,000.00	0.00	6,807.50	6,192.50	52.37
01 100 000 205 1000 210	PRESCHOOL BENEFITS	20,000.00	952.38	6,752.02	13,247.98	33.76
01 100 000 205 1000 220	PRESCHOOL SOCIAL SECURITY	3,431.50	0.00	560.61	2,870.89	16.34
01 100 000 205 1000 230	PRESCHOOL RETIREMENT	8,199.40	631.42	4,435.24	3,764.16	54.09
01 100 000 205 1000 610	PRESCHOOL SUPPLIES/OTHER EXPENSES	350.00	0.00	0.00	350.00	0.00
01 100 000 205 1000 642	PRESCHOOL WORKBOOKS	0.00	0.00	0.00	0.00	0.00
01 100 000 205 1000 810	DUES & FEES	435.00	0.00	435.00	0.00	100.00
01 200 000 000 2310 330 2025	OTHER PROFESSIONAL SERVICES -BE	12,000.00	6,000.00	9,000.00	3,000.00	75.00
01	GENERAL FUND	3,185,487.69	265,675.50	2,422,903.15	762,584.54	76.06
9	Expenditure	3,185,487.69	265,675.50	2,422,903.15	762,584.54	76.06



Glen Ullin Public School

2026-2027 Medical Renewal Summary

April 2, 2026

 **Brown & Brown**

Medical Plan Design Options

Not Rated - Not for Profit

Option 1

BCBSND AM Best Rating:

Medical Benefits

Plan Name

	Current		Current		Current		Option 1	
	In-Network	Out-of-Network	In-Network Member Share	Out-of-Network Member Share	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	\$500 / \$750 / \$1,000 / \$1,000	\$500 / \$750 / \$750 / \$1,000 / \$1,000	\$3,300 / \$4,950 / \$4,950 / \$6,600	\$6,600 / \$9,900 / \$9,900 / \$13,200	\$250 / \$375 / \$375 / \$500 / \$500	\$500 / \$750 / \$750 / \$1,000 / \$1,000	\$3,400 / \$5,100 / \$5,100 / \$6,800	\$6,800 / \$10,200 / \$10,200 / \$13,600
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	\$2,700 / \$4,050 / \$4,050 / \$5,400	\$3,200 / \$4,800 / \$4,800 / \$6,400	\$3,300 / \$4,950 / \$4,950 / \$6,600	\$6,600 / \$9,900 / \$9,900 / \$13,200	\$3,000 / \$4,500 / \$4,500 / \$6,000	\$6,000 / \$9,000 / \$9,000 / \$12,000	\$7,000 / \$10,500 / \$10,500 / \$14,000	\$14,000 / \$21,000 / \$21,000 / \$28,000
Preventive Services	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	\$25 copay	40% coinsurance after deductible (AD)	Plan pays 100% after deductible (AD)	20% coinsurance after deductible (AD)	\$25 copay	Member pays 40% after deductible (AD)	Member pays 20% after deductible (AD)	Member pays 40% after deductible (AD)
Office Visits - Specialist	\$40 copay	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	\$40 copay	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Chiropractic Visit	\$25 copay	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Yes, Benefit not Specified	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Emergency Room	20% coinsurance after in-network deductible	40% coinsurance after deductible (AD)	Plan pays 100% after in-network deductible	20% coinsurance AD	Member pays 20% after in-network deductible	Member pays 40% AD	Member pays 20% after in-network deductible	Member pays 40% AD
Urgent Care	\$25 copay	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	\$25 copay	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
In-Patient Hospital	20% coinsurance after deductible (AD)	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital	20% coinsurance AD	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 20% AD	Member pays 40% AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible	None	None	Combined with Medical	Combined with Medical	None	None	Combined with Medical	Combined with Medical
Prescription Drugs	Value - \$5 copay Preferred Generic - \$10 copay Nonpreferred Generic - \$10 copay Preferred Brand - \$20 copay Nonpreferred Brand - \$40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - \$40 copay + 50% Sanction	Value - \$5 copay Preferred Generic - \$10 copay Nonpreferred Generic - \$10 copay Preferred Brand - \$20 copay Nonpreferred Brand - \$40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	Preventive - \$5 copay (Deductible does not apply) Preferred Generic - Plan pays 100% AD Nonpreferred Generic - Plan pays 100% AD Preferred Brand - Plan pays 100% AD Nonpreferred Brand - Plan pays 100% AD Specialty Preferred - Plan pays 100% AD Specialty Nonpreferred - Plan pays 100% AD GLP-1 Meds for Weight Loss: 50% Sanction	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	Value Based - \$5 Copay Generic Preferred - \$10 Copay Generic Non-Preferred - \$10 copay Brand Preferred - \$20 Copay Brand Non-Preferred - \$40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND

Wellness Participation (Y/N)

	Yes	Yes	Yes
Enrollment as of: 3/9/2026	Enrollment	Enrollment	Enrollment
9	2	9	2
0	0	0	0
0	0	0	0
1	1	1	1
Wellness Rates	Wellness Rates	Wellness Rates	Wellness Rates
\$768.12	\$491.38	\$863.16	\$757.21
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44

Wellness Participation (Y/N)

	Yes	Yes	Yes
Enrollment as of: 3/9/2026	Enrollment	Enrollment	Enrollment
9	2	9	2
0	0	0	0
0	0	0	0
1	1	1	1
Wellness Rates	Wellness Rates	Wellness Rates	Wellness Rates
\$768.12	\$491.38	\$863.16	\$757.21
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44

Wellness Participation (Y/N)

	Yes	Yes	Yes
Enrollment as of: 3/9/2026	Enrollment	Enrollment	Enrollment
9	2	9	2
0	0	0	0
0	0	0	0
1	1	1	1
Wellness Rates	Wellness Rates	Wellness Rates	Wellness Rates
\$768.12	\$491.38	\$863.16	\$757.21
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44
\$1,805.16	\$1,671.31	\$2,086.56	\$1,830.44

9.52%

Medical Plan Design Options

BCBSND AM Best Rating: **Not Rated - Not for Profit** **Option 2** **Traditional \$500 Ded / 80% Coins / \$3,000 MOOP** **HDHP \$3400 Ded / 80% Coins / \$8,500 MOOP**

Medical Benefits	Current		Current		Current	
	In-Network	Out-of-Network	In-Network Member Share	Out-of-Network Member Share	In-Network	Out-of-Network
Plan Name	NDPHIT YourBlue 80 500 2700		NDPHIT BlueSaver 100 3300 HDHP NGF		Name TBD	
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	\$500 / \$750 / \$1,000 / \$1,000	\$500 / \$750 / \$750 / \$1,000 / \$1,000	\$3,300 / \$4,950 / \$4,950 / \$6,600	\$6,600 / \$9,900 / \$9,900 / \$13,200	\$500 / \$750 / \$750 / \$1,000 / \$1,000	\$6,800 / \$10,200 / \$10,200 / \$13,600
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	\$2,700 / \$4,050 / \$4,050 / \$5,400	\$3,200 / \$4,800 / \$4,800 / \$6,400	\$6,600 / \$6,600	\$9,900 / \$14,850 / \$14,850 / \$19,800	\$8,500 / \$12,750 / \$12,750 / \$17,000	\$25,500 / \$34,000 / \$34,000 / \$34,000
Preventive Services	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Office Visits - Primary Care	\$25 copay	40% coinsurance after deductible (AD)	Plan pays 100% after deductible (AD)	20% coinsurance after deductible (AD)	Member pays 20% after deductible (AD)	Member pays 40% after deductible (AD)
Office Visits - Specialist	\$40 copay	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 40% AD	Member pays 40% AD
Chiropractic Visit	\$25 copay	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 20% AD	Member pays 40% AD
Emergency Room	20% coinsurance after in-network deductible	40% coinsurance AD	Plan pays 100% after in-network deductible	20% coinsurance AD	Member pays 20% after in-network deductible	Member pays 40% AD
Urgent Care	\$25 copay	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 20% AD	Member pays 40% AD
In-Patient Hospital	20% coinsurance after deductible (AD)	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 20% AD	Member pays 40% AD
Out-Patient Hospital	20% coinsurance AD	40% coinsurance AD	Plan pays 100% AD	20% coinsurance AD	Member pays 20% AD	Member pays 40% AD
Rx Deductible	None	None	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Prescription Drugs	Value - \$5 copay Preferred Generic - \$10 copay Nonpreferred Generic - \$10 copay Preferred Brand - \$20 copay Nonpreferred Brand - \$40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - \$40 copay + 50% Sanction	Value Based - \$5 Copay Generic Preferred - \$10 Copay Generic Non-Preferred - \$10 copay Brand Preferred - \$20 Copay Brand Non-Preferred - \$40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND	Preventive - \$5 copay (Deductible does not apply) Preferred Generic - Plan pays 100% AD Nonpreferred Generic - Plan pays 100% AD Preferred Brand - Plan pays 100% AD Nonpreferred Brand - Plan pays 100% AD Specialty Preferred - Plan pays 100% AD Specialty Nonpreferred - Plan pays 100% AD GLP-1 Meds for Weight Loss: 50% Sanction	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND

Wellness Participation (Y/N)	Yes		Yes		Yes	
	Enrollment	Wellness Rates	Enrollment	Wellness Rates	Enrollment	Wellness Rates
Tiers	Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026	
Employee Only	9	\$788.12	2	\$691.38	9	\$853.01
Employee + Spouse	0	\$1,905.16	0	\$1,671.31	0	\$2,062.03
Employee + Child(ren)	0	\$1,905.16	0	\$1,671.31	0	\$2,062.03
Employee + Family	1	\$1,905.16	1	\$1,671.31	1	\$2,062.03
Δ % From Current						8.23%

Medical Plan Design Options

Not Rated - Not for Profit

BCBSND AM Best Rating:

Medical Benefits	Current		Current		Current		Option 3	
	In-Network	Out-of-Network	In-Network Member Share	Out-of-Network Member Share	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Name	NDPHIT YourBlue 80 500 2700		NDPHIT BlueSaver 100 3300 HDHP NGF		Traditional \$0 Ded / 80% Coins / \$6,000 HMOOP		HDHP \$3400 Ded / 80% Coins / \$7,000 HMOOP	
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	\$500 / \$750 / \$1,000 / \$1,000		\$3,300 / \$4,950 / \$4,950 / \$6,600		\$0 / \$0 / \$0 / \$0		\$3,400 / \$5,100 / \$5,100 / \$6,800	
Out-of-Pocket Max: (Single / Single+Child / Single+Children / Two-person / Family)	\$2,700 / \$4,050 / \$4,050 / \$5,400		\$3,300 / \$4,950 / \$4,950 / \$6,600		\$12,000 / \$12,000		\$7,000 / \$10,500 / \$10,500 / \$14,000	
Preventive Services	No Charge		No Charge		No Charge		No Charge	
Office Visits - Primary Care	40% coinsurance after deductible (AD)		Plan pays 100% after deductible (AD)		Member pays 40% after deductible (AD)		Member pays 20% after deductible (AD)	
Office Visits - Specialist	40% coinsurance AD		Plan pays 100% AD		Member pays 40% AD		Member pays 20% AD	
Chiropractic Visit	40% coinsurance AD		Plan pays 100% AD		Member pays 40% AD		Member pays 20% AD	
Emergency Room	20% coinsurance after in-network deductible		Plan pays 100% after in-network deductible		Member pays 20% after in-network deductible		Member pays 20% after in-network deductible	
Urgent Care	40% coinsurance AD		Plan pays 100% AD		Member pays 40% AD		Member pays 20% AD	
In-Patient Hospital	40% coinsurance AD		Plan pays 100% AD		Member pays 40% AD		Member pays 20% AD	
Out-Patient Hospital	40% coinsurance AD		Plan pays 100% AD		Member pays 40% AD		Member pays 20% AD	
Rx Deductible	None		Combined with Medical		None		Combined with Medical	
Prescription Drugs	Value - \$5 copay Preferred Generic - \$10 copay Nonpreferred Generic - \$10 copay Preferred Brand - \$20 copay Nonpreferred Brand - \$40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - \$40 copay + 50% Sanction		Preventive - \$5 copay (Deductible does not apply) Preferred Generic - Plan pays 100% AD Nonpreferred Generic - Plan pays 100% AD Preferred Brand - Plan pays 100% AD Nonpreferred Brand - Plan pays 100% AD Specialty Preferred - Plan pays 100% AD Specialty Nonpreferred - Plan pays 100% AD GLP-1 Meds for Weight Loss - 50% Sanction		Value Based - \$5 Copay Generic Preferred - \$10 Copay Generic Non-Preferred - \$10 copay Brand Preferred - \$20 Copay Brand Non-Preferred - \$40 Copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - Not Covered by BCBSND		Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	

Wellness Participation (Y/N)	Yes		Yes		Yes		Yes	
	Enrollment	Wellness Rates	Enrollment	Wellness Rates	Enrollment	Wellness Rates	Enrollment	Wellness Rates
Tiers	Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026	
Employee Only	9	\$788.12	2	\$691.38	9	\$849.29	2	\$745.04
Employee + Spouse	0	\$1,905.16	0	\$1,671.31	0	\$2,053.03	0	\$1,801.03
Employee + Child(ren)	0	\$1,905.16	0	\$1,671.31	0	\$2,053.03	0	\$1,801.03
Employee + Family	1	\$1,905.16	1	\$1,671.31	1	\$2,053.03	1	\$1,801.03
▲ % From Current							7.76%	

Medical Plan Design Options

Not Rated - Not for Profit

BCBSND AM Best Rating:

Medical Benefits	Current		Current		Option 4	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Name	NDPHIT YourBlue 80 500 2700		NDPHIT BlueSaver 100 300 HDHP NGF		Name TBD	
Deductible: (Single / Single+Child / Single+Children / Two-person / Family)	\$500 / \$750 / \$750 / \$1,000 / \$1,000		\$3,300 / \$4,950 / \$4,950 / \$6,600 / \$6,600		Name TBD	
Out-of-Pocket Max (Single / Single+Child / Single+Children / Two-person / Family)	\$2,700 / \$4,050 / \$4,050 / \$5,400 / \$6,400		\$3,300 / \$4,950 / \$4,950 / \$6,600 / \$13,200		Name TBD	
Preventive Services	No Charge		No Charge		No Charge	
Office Visits - Primary Care	\$25 copay		Plan pays 100% after deductible (AD)		Member pays 20% after deductible (AD)	
Office Visits - Specialist	\$40 copay		Plan pays 100% AD		Member pays 20% AD	
Chiropractic Visit	\$25 copay		Plan pays 100% AD		Member pays 20% AD	
Emergency Room	20% coinsurance after in-network deductible		Plan pays 100% after in-network deductible		Member pays 20% after in-network deductible	
Urgent Care	\$25 copay		Plan pays 100% AD		Member pays 20% AD	
In-Patient Hospital	20% coinsurance after deductible (AD)		Plan pays 100% AD		Member pays 20% AD	
Out-Patient Hospital	20% coinsurance AD		Plan pays 100% AD		Member pays 20% AD	
Rx Deductible	None		Combined with Medical		Combined with Medical	
Prescription Drugs	Value - \$5 copay Preferred Generic - \$10 copay Nonpreferred Generic - \$10 copay Preferred Brand - \$20 copay Nonpreferred Brand - \$40 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - \$40 copay + 50% Sanction		Preventive - \$5 copay (Deductible does not apply) Preferred Generic - Plan pays 100% AD Nonpreferred Generic - Plan pays 100% AD Preferred Brand - Plan pays 100% AD Nonpreferred Brand - Plan pays 100% AD Specialty Preferred - Plan pays 100% AD Specialty Nonpreferred - Plan pays 100% AD GLP-1 Meds for Weight Loss: 50% Sanction		Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	
Wellness Participation (Y/N)	Yes		Yes		Yes	
Tiers	Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026	
Employee Only	9	\$788.12	2	\$691.38	9	\$834.35
Employee + Spouse	0	\$1,905.16	0	\$1,671.31	0	\$2,016.91
Employee + Child(ren)	0	\$1,905.16	0	\$1,671.31	0	\$2,016.91
Employee + Family	1	\$1,905.16	1	\$1,671.31	1	\$2,016.91
Δ % From Current						5.87%

Medical Plan Design Options

Not Rated - Not for Profit

BCBSND AM Best Rating:

Medical Benefits	Current		Current		Option 5	
	In-Network	Out-of-Network	In-Network Member Share	Out-of-Network Member Share	Traditional \$0 Ded / 80% Coins / \$10,600 MOOP	HDHP \$3,400 Ded / 80% Coins / \$7,000 MOOP
Plan Name	NDPHIT YourBlue 80-500-2700		NDPHIT BlueSaver 100-3300 HDHP NGF		Name TBD	
Deductible: (Single / Single+Child / Single-Children / Two-person / Family)	\$500 / \$750 / \$1,000 / \$1,000		\$3,300 / \$4,950 / \$4,950 / \$6,600		In-Network / Out-of-Network	
Out-of-Pocket Max (Single / Single+Child / Single-Children / Two-person / Family)	\$2,700 / \$4,050 / \$4,050 / \$5,400		\$3,300 / \$4,950 / \$4,950 / \$6,600		\$3,400 / \$5,100 / \$5,100 / \$6,800	
Prescription Drugs	Value - \$5 copay Preferred Generic - \$10 copay Nonpreferred Brand - \$20 copay Nonpreferred Brand - \$48 copay Specialty Preferred - 20% coinsurance Specialty Nonpreferred - 50% coinsurance GLP-1 Meds for Weight Loss - \$40 copay + 50% Sanction		Preventive - \$5 copay (Deductible does not apply) Preferred Generic - Plan pays 100% AD Nonpreferred Generic - Plan pays 100% AD Preferred Brand - Plan pays 100% AD Nonpreferred Brand - Plan pays 100% AD Specialty Preferred - Plan pays 100% AD Specialty Nonpreferred - Plan pays 100% AD GLP-1 Meds for Weight Loss - 50% Sanction		Preventive - \$5 Copay (ded does not apply) Generic Preferred - \$10 Copay AD Generic Non-Preferred - \$10 copay AD Brand Preferred - \$20 Copay AD Brand Non-Preferred - \$40 Copay AD Specialty Preferred - 20% coinsurance AD Specialty Nonpreferred - 50% coinsurance AD GLP-1 Meds for Weight Loss: Not Covered by BCBSND	
Wellness Participation (Y/N)	Yes		Yes		Yes	
Tiers	Enrollment as of: 3/9/2026		Enrollment as of: 3/9/2026		Enrollment	
Employee Only	9	\$785.12	2	\$691.38	9	\$837.48
Employee + Spouse	0	\$1,905.16	0	\$1,671.31	0	\$2,024.47
Employee + Child(ren)	0	\$1,905.16	0	\$1,671.31	0	\$2,024.47
Employee + Family	1	\$1,905.16	1	\$1,671.31	1	\$2,024.47
A % From Current						6.26%

Medical Plan Design Options

Not Rated - Not for Profit

BCBSND AM Best Rating: A-

Medical Benefits

Plan Name

Deductible:

(Single / Single+Child / Single+Children / Two-person / Family)
 (Single / Single+Child / Single+Children / Two-person / Family)
 Out-of-Pocket Max:
 (Single / Single+Child / Single+Children / Two-person / Family)

Preventive Services

Office Visits - Primary Care

Office Visits - Specialist

Chiropractic Visit

Emergency Room

Urgent Care

In-Patient Hospital

Out-Patient Hospital

Rx Deductible

Current

NDPHIT YourBlue 60 500 2700

In-Network

\$500 / \$750 / \$750 / \$1,000 / \$1,000

\$500 / \$750 / \$750 / \$1,000 / \$1,000

\$2,700 / \$4,050 / \$4,050 / \$5,400 / \$5,400

\$3,200 / \$4,800 / \$4,800 / \$6,400 / \$6,400

Not Covered

40% coinsurance after deductible (AD)

40% coinsurance AD

40% coinsurance AD

20% coinsurance after In-network deductible

\$25 copay

20% coinsurance after deductible (AD)

20% coinsurance AD

None

None

Current

NDPHIT BlueSaver 100 3300 HDHP NGF

In-Network Member Share

\$3,300 / \$4,950 / \$4,950 / \$6,600 / \$6,600

\$6,600 / \$9,900 / \$9,900 / \$13,200 / \$13,200

\$3,300 / \$4,950 / \$4,950 / \$6,600 / \$6,600

\$9,900 / \$14,850 / \$14,850 / \$19,800 / \$19,800

Not Covered

20% coinsurance after deductible (AD)

20% coinsurance AD

20% coinsurance AD

Plan pays 100% after In-network deductible

Plan pays 100% AD

Plan pays 100% AD

Plan pays 100% AD

Plan pays 100% AD

Combined with Medical

Traditional \$1,000 / 90% / \$10,600 MOOP

In-Network

\$1,000 / \$1,500 / \$1,500 / \$2,000 / \$2,000

\$2,000 / \$3,000 / \$3,000 / \$4,000 / \$4,000

\$10,600 / \$15,900 / \$15,900 / \$21,200 / \$21,200

\$21,200 / \$31,800 / \$31,800 / \$42,400 / \$42,400

Not Covered

Member pays 30% after deductible (AD)

Member pays 30% AD

Member pays 30% AD

Yes, Benefit not Specified

Member pays 10% after In-Network deductible

\$25 copay

Member pays 10% AD

Member pays 10% AD

None

Option 7

Traditional \$1,000 / 90% / \$10,600 MOOP

In-Network

\$3,400 / \$5,100 / \$5,100 / \$6,800 / \$6,800

\$5,100 / \$6,800 / \$6,800 / \$8,500 / \$8,500

\$12,750 / \$17,000 / \$17,000 / \$25,500 / \$25,500

\$17,000 / \$25,500 / \$25,500 / \$34,000 / \$34,000

No Charge

Member pays 20% after deductible (AD)

Member pays 20% AD

Member pays 20% AD

Member pays 20% AD

Member pays 20% after In-Network deductible

Member pays 20% AD

Member pays 20% AD

Member pays 20% AD

Combined with Medical

HDHP \$3400 Ded / 80% Coins / \$8,500 MOOP

In-Network

\$3,400 / \$5,100 / \$5,100 / \$6,800 / \$6,800

\$5,100 / \$6,800 / \$6,800 / \$8,500 / \$8,500

\$12,750 / \$17,000 / \$17,000 / \$25,500 / \$25,500

\$17,000 / \$25,500 / \$25,500 / \$34,000 / \$34,000

No Charge

Member pays 20% after deductible (AD)

Member pays 20% AD

Member pays 20% AD

Member pays 20% AD

Member pays 20% after In-Network deductible

Member pays 20% AD

Member pays 20% AD

Member pays 20% AD

Combined with Medical

Prescription Drugs

Value - \$5 copay
 Preferred Generic - \$10 copay
 Nonpreferred Generic - \$10 copay
 Preferred Brand - \$20 copay
 Nonpreferred Brand - \$40 copay
 Specialty Preferred - 20% coinsurance
 Specialty Nonpreferred - 50% coinsurance
 GLP-1 Meds for Weight Loss - \$40 copay + 50% Sanction

Preventive - \$5 copay (Deductible does not apply)
 Preferred Generic - Plan pays 100% AD
 Nonpreferred Generic - Plan pays 100% AD
 Preferred Brand - Plan pays 100% AD
 Nonpreferred Brand - Plan pays 100% AD
 Specialty Preferred - Plan pays 100% AD
 Specialty Nonpreferred - Plan pays 100% AD
 GLP-1 Meds for Weight Loss: 50% Sanction

Value Based - \$5 Copay
 Generic Preferred - \$10 Copay
 Generic Non-Preferred - \$10 Copay
 Brand Preferred - \$20 Copay
 Brand Non-Preferred - \$40 Copay
 Specialty Preferred - 20% coinsurance
 Specialty Nonpreferred - 50% coinsurance
 GLP-1 Meds for Weight Loss - Not Covered by BCBSND

Preventive - \$5 Copay (ded does not apply)
 Generic Preferred - \$10 Copay AD
 Generic Non-Preferred - \$10 copay AD
 Brand Preferred - \$20 Copay AD
 Brand Non-Preferred - \$40 Copay AD
 Specialty Preferred - 20% coinsurance AD
 Specialty Nonpreferred - 50% coinsurance AD
 GLP-1 Meds for Weight Loss: Not Covered by BCBSND

Wellness Participation (Y/N)

Enrollment as of: 3/9/2026

Tiers	Enrollment	Wellness Rates
Employee Only	9	\$788.12
Employee + Spouse	0	\$1,905.16
Employee + Child(ren)	0	\$1,905.16
Employee + Family	1	\$1,905.16
A % From Current		

Enrollment as of: 3/9/2026

Tiers	Enrollment	Wellness Rates
Employee Only	2	\$671.31
Employee + Spouse	0	\$1,671.31
Employee + Child(ren)	0	\$1,671.31
Employee + Family	1	\$1,671.31
A % From Current		

Enrollment as of: 3/9/2026

Tiers	Enrollment	Wellness Rates
Employee Only	9	\$816.22
Employee + Spouse	0	\$1,973.08
Employee + Child(ren)	0	\$1,973.08
Employee + Family	1	\$1,973.08
A % From Current		

Enrollment as of: 3/9/2026

Tiers	Enrollment	Wellness Rates
Employee Only	2	\$716.03
Employee + Spouse	0	\$1,730.90
Employee + Child(ren)	0	\$1,730.90
Employee + Family	1	\$1,730.90
A % From Current		

Glen Ullin Public School
2026-2027 Ancillary Renewal Summary



Voluntary Dental

Plan Name	High		Low		High		Low	
	Current	MetLife	Current	MetLife	Renewal	MetLife	Renewal	MetLife
Carrier	MetLife	MetLife	MetLife	MetLife	Renewal	MetLife	Renewal	MetLife
AM Best Rating	A	A	A	A	A	A	A	A
Funding Type	Self-Funded	Self-Funded	Self-Funded	Self-Funded	Self-Funded	Self-Funded	Self-Funded	Self-Funded
Deductibles								
Annual Deductible -- Ind.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Annual Deductible -- Family	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Annual Plan Maximum	\$1,250	\$1,250	\$1,000	\$1,000	\$1,250	\$1,250	\$1,000	\$1,000
Dental Services								
Exams	100%	100%	80%	80%	100%	100%	80%	80%
Cleanings	100%	100%	80%	80%	100%	100%	80%	80%
X-rays	100%	100%	80%	80%	100%	100%	80%	80%
Basic Filling	80%	80%	70%	70%	80%	80%	70%	70%
Oral Surgery	80%	80%	70%	70%	80%	80%	70%	70%
Endodontics	80%	80%	70%	70%	80%	80%	70%	70%
Periodontics	80%	80%	70%	70%	80%	80%	70%	70%
Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Bridges	50%	50%	50%	50%	50%	50%	50%	50%
Dentures	50%	50%	50%	50%	50%	50%	50%	50%
Implants	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics								
Orthodontics	50%	n/a	n/a	n/a	50%	n/a	n/a	n/a
Lifetime OrthoMax	\$1,250	n/a	n/a	n/a	\$1,250	n/a	n/a	n/a
Orthodontics Age	19 / 26 all other services	19 / 26 all other services	19 / 26 all other services	19 / 26 all other services	19 / 26 all other services	19 / 26 all other services	19 / 26 all other services	19 / 26 all other services
Tiers and Enrollment								
Employee Only	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
Employee + Spouse	\$55.12	\$45.62	\$45.62	\$45.62	\$56.77	\$56.77	\$46.99	\$46.99
Employee + Spouse	\$109.74	\$90.95	\$90.95	\$90.95	\$113.03	\$113.03	\$93.68	\$93.68
Employee + Children	\$125.10	\$93.14	\$93.14	\$93.14	\$128.85	\$128.85	\$95.93	\$95.93
Employee + Family	\$192.73	\$147.28	\$147.28	\$147.28	\$198.51	\$198.51	\$151.70	\$151.70
Δ % From Current								3.00%
Rate Guarantee								
Rate Guarantee	9/30/2026	9/30/2026	9/30/2026	9/30/2026	9/30/2027	9/30/2027	9/30/2027	9/30/2027

	Current	Renewal
Carrier	MetLife	MetLife
AM Best Rating	A	A
Benefit Frequency	In-network / Out-of-Network	In-network / Out-of-Network
Exam	12 Months / 12 Months	12 Months / 12 Months
Frames	24 Months / 24 Months	24 Months / 24 Months
Lenses	12 Months / 12 Months	12 Months / 12 Months
Contacts (in Lieu of glasses)	12 Months / 12 Months	12 Months / 12 Months
Plan Provisions		
Eye Exam	\$10 Copay / Up to \$45 Reimbursed	\$10 Copay / Up to \$45 Reimbursed
Single Vision Lenses	\$10 Copay / Up to \$30 Reimbursed	\$10 Copay / Up to \$30 Reimbursed
Bifocal Lenses	\$10 Copay / Up to \$50 Reimbursed	\$10 Copay / Up to \$50 Reimbursed
Trifocal Lenses	\$10 Copay / Up to \$65 Reimbursed	\$10 Copay / Up to \$65 Reimbursed
Basic Progressive Lenses	\$10 Copay / Up to \$50 Reimbursed	\$10 Copay / Up to \$50 Reimbursed
Contacts		
Fitting & Evaluation	Covered in full with copay not to exceed \$60 / Applied to the allowance for the contact lenses	Covered in full with copay not to exceed \$60 / Applied to the allowance for the contact lenses
Contacts - Elective	\$0 Copay & up to \$150 allowance (in place of lenses)/ Up to \$105 Reimbursed	\$0 Copay & up to \$150 allowance (in place of lenses)/ Up to \$105 Reimbursed
Contacts Necessary	\$10 Copay / Up to \$210 Reimbursed	\$10 Copay / Up to \$210 Reimbursed
Photochromic	Limited to negotiated copay / Not Covered	Limited to negotiated copay / Not Covered
Frames		
Coverage Allowance	\$150 Allow. / Up to \$70 Reimbursed	\$150 Allow. / Up to \$70 Reimbursed
Coverage Above Allowance	None / None	None / None
Corrective Vision Services		
Lasik Discount	15% / 15%	15% / 15%
Tiers and Enrollment		
Employee Only	Premium \$9.24	Premium \$9.24
Employee + Spouse	\$18.52	\$18.52
Employee + Children	\$15.68	\$15.68
Employee + Family	\$25.86	\$25.86
Δ % From Current		0.00%
Rate Guarantee	9/30/2026	9/30/2027

Voluntary Life & AD&D

Carrier	Current	Renewal
Employee Benefits		
Benefits	Flat Benefit	Flat Benefit
Purchase Increments	\$25,000	\$25,000
Maximum Benefit	\$50,000	\$50,000
Guarantee Issue	Included	Included
Accelerated Death Benefit	Included	Included
Waiver of Premium	Included	Included
Portability	Included	Included
Conversion	Included	Included
Spouse Benefits		
Benefits	Flat \$10,000	Flat \$10,000
Purchase Increments	n/a	n/a
Maximum Benefit	\$10,000	\$10,000
Guarantee Issue	\$10,000	\$10,000
Child(ren) Benefits		
Benefits	Flat \$10,000	Flat \$10,000
Maximum Benefit	\$10,000	\$10,000
Monthly Rates (Per \$1000/mo.)		
0-29	Employee	Employee
30-34	\$0.048	\$0.048
35-39	\$0.056	\$0.056
40-44	\$0.075	\$0.075
45-49	\$0.108	\$0.108
50-54	\$0.164	\$0.164
55-59	\$0.253	\$0.253
60-64	\$0.404	\$0.404
65-69	\$0.600	\$0.600
70+	\$0.959	\$0.959
	\$1.541	\$1.541
Monthly Rates (Per \$1000/mo.)		
0-29	Dependent	Dependent
30-34	\$0.069	\$0.069
35-39	\$0.079	\$0.079
40-44	\$0.109	\$0.109
45-49	\$0.149	\$0.149
50-54	\$0.221	\$0.221
55-59	\$0.354	\$0.354
60-64	\$0.646	\$0.646
65-69	\$1.247	\$1.247
70+	\$2.066	\$2.066
	\$3.826	\$3.826
	\$0.141	\$0.141
Child Rate (Per \$1,000/mo.)		
Voluntary AD&D (Per \$1,000/mo.)	\$0.028	\$0.028
Dependent AD&D (Per \$1,000/mo.)	\$0.020	\$0.020
Child (Per \$1,000/mo.)	\$0.051	\$0.051
Δ % From Current		0.00%
Rate Guarantee	12/31/2026	12/31/2027



Short-Term Disability

Plan Name	7 Day	14 Day	7 Day	14 Day
Carrier	Current	Current	Renewal	Renewal
Elimination Period	Metlife	Metlife	Metlife	Metlife
Injury	7 Days	14 Days	7 Days	14 Days
Sickness	7 Days	14 Days	7 Days	14 Days
Weekly Benefit				
Weeks 2-9	60%	60%	60%	60%
Weeks 10-12	60%	60%	60%	60%
Weekly Max Benefit	\$1,250	\$1,250	\$1,250	\$1,250
Duration	Up to 13 Weeks	Up to 13 Weeks	Up to 13 Weeks	Up to 13 Weeks
Rate per \$10				
Core- Per \$10 Covered Weekly Benefit	\$0.736	\$0.596	\$0.788	\$0.638
Δ % From Current			7.00%	7.00%
Rate Guarantee	12/31/2026	12/31/2026	12/31/2027	12/31/2027

Voluntary Worksite - Critical Illness

Plan Name	High Current	Low Current	High Renewal	Low Renewal
Center	High Current	Low Current	High Renewal	Low Renewal
Plan Details				
Platform	Group Included	Group Included	Group Included	Group Included
Portability	3 / 6	3 / 6	3 / 6	3 / 6
Pre-Existing Conditions				
Benefit Amount	\$30,000	\$15,000	\$30,000	\$15,000
Employee Spouse	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit
Child	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit	50% of the Employee's Initial Benefit
Benefit Schedule	\$150 per insured per year	\$150 per insured per year	\$150 per insured per year	\$150 per insured per year
Wellness Benefit	100%	100%	100%	100%
Alzheimer's Disease	100%	100%	100%	100%
Muscular Dystrophy	100%	100%	100%	100%
ALS (Lou Gehrig's Disease)	100%	100%	100%	100%
Parkinson's Disease (Advanced)	100%	100%	100%	100%
Infectious Disease Category	25%	25%	25%	25%
Multiple Sclerosis	100%	100%	100%	100%
End Stage Renal (Kidney) Failure	100%	100%	100%	100%
Major Organ Transplant	100%	100%	100%	100%
Minor Organ Transplant	50%	50%	50%	50%
Coronary Artery Bypass	100%	100%	100%	100%
Heart Attack	100%	100%	100%	100%
Sudden Cardiac Arrest	100%	100%	100%	100%
Invasive Cancer	100%	100%	100%	100%
Stroke	25%	25%	25%	25%
Non-Invasive Cancer	100%	100%	100%	100%
Paralysis (2 Limbs)	100%	100%	100%	100%
Coma	100%	100%	100%	100%
Loss of Sight	100%	100%	100%	100%
Loss of Speech	100%	100%	100%	100%
Loss of Hearing	100%	100%	100%	100%
Benign Brain Tumor	100%	100%	100%	100%
Skin Cancer	5% but not less than \$250	5% but not less than \$250	5% but not less than \$250	5% but not less than \$250
Severe Burns	100%	100%	100%	100%
Dep. Children Additional Cover	100%	100%	100%	100%
Cerebral Palsy	100%	100%	100%	100%
Cleft Lip/Cleft Palate	100%	100%	100%	100%
Diabetes (Type 1)	100%	100%	100%	100%
Cystic Fibrosis	100%	100%	100%	100%
Down Syndrome	100%	100%	100%	100%
Sickle Cell Anemia	100%	100%	100%	100%
Sickle Cell Anemia	100%	100%	100%	100%
Phenylketonuria	100%	100%	100%	100%
4 % From Comm.				
Paris Guarantee	10/1/2023	10/1/2023	10/1/2028	10/1/2028
Current: Per \$1,000 Of Coverage	Employee Only	Employee Spouse	Employee-Child(ren)	Family
Attained Age				
<25	\$0.44	\$0.71	\$0.56	\$0.95
25-29	\$0.50	\$0.78	\$0.74	\$1.05
30-34	\$0.62	\$0.90	\$0.86	\$1.20
35-39	\$0.76	\$1.07	\$1.01	\$1.37
40-44	\$0.91	\$1.25	\$1.21	\$1.55
45-49	\$1.07	\$1.44	\$1.38	\$1.73
50-54	\$1.24	\$1.64	\$1.53	\$1.92
55-59	\$1.42	\$1.86	\$1.71	\$2.11
60-64	\$1.61	\$2.10	\$1.92	\$2.31
65-69	\$1.81	\$2.36	\$2.12	\$2.52
70-74	\$2.02	\$2.64	\$2.35	\$2.74
75+	\$2.24	\$2.94	\$2.59	\$2.97
Renewal: Per \$1,000 Of Coverage	Employee Only	Employee Spouse	Employee-Child(ren)	Family
Attained Age				
<25	\$0.44	\$0.71	\$0.56	\$0.95
25-29	\$0.50	\$0.78	\$0.74	\$1.05
30-34	\$0.62	\$0.90	\$0.86	\$1.20
35-39	\$0.76	\$1.07	\$1.01	\$1.37
40-44	\$0.91	\$1.25	\$1.21	\$1.55
45-49	\$1.07	\$1.44	\$1.38	\$1.73
50-54	\$1.24	\$1.64	\$1.53	\$1.92
55-59	\$1.42	\$1.86	\$1.71	\$2.11
60-64	\$1.61	\$2.10	\$1.92	\$2.31
65-69	\$1.81	\$2.36	\$2.12	\$2.52
70-74	\$2.02	\$2.64	\$2.35	\$2.74
75+	\$2.24	\$2.94	\$2.59	\$2.97

Voluntary Worksite - Hospital Indemnity

Plan Name	High		Low		High		Low	
	Current	Metlife	Current	Metlife	Renewal	Metlife	Renewal	Metlife
Carrier								
Benefits								
Coverage Type	Group Included	Group Included	Group Included	Group Included	Group Included	Group Included	Group Included	Group Included
Portability	None	None	None	None	None	None	None	None
Pre Existing Conditions	None	None	None	None	None	None	None	None
Wellness	None	None	None	None	None	None	None	None
Hospital Benefits								
Non ICU Hospital Admission	\$1,500		\$1,000		\$1,500		\$1,000	
Intensive Care (ICU) Admission	\$1,500		\$1,000		\$1,500		\$1,000	
Daily Hospital Confinement	\$200		\$100		\$200		\$100	
Newborn Confinement (2 days/confinement)	\$50		\$25		\$50		\$25	
Tiers and Enrollment								
Employee Only	Premium \$25.55	Premium \$16.33	Premium \$16.33	Premium \$25.55	Premium \$25.55	Premium \$16.33	Premium \$16.33	Premium \$25.55
Employee + Spouse	\$45.33	\$28.95	\$28.95	\$45.33	\$45.33	\$28.95	\$28.95	\$45.33
Employee + Children	\$38.11	\$24.36	\$24.36	\$38.11	\$38.11	\$24.36	\$24.36	\$38.11
Employee + Family	\$57.90	\$36.98	\$36.98	\$57.90	\$57.90	\$36.98	\$36.98	\$57.90
Δ % From Current				0.00%			0.00%	
Rate Guarantee	12/31/2026	12/31/2026	12/31/2026	12/31/2026	12/31/2027	12/31/2027	12/31/2027	12/31/2027

ENI NextGen EAP
Employee Assistance Program (EAP)

	Current	Renewal
Carrier	ENI NextGen EAP	ENI NextGen EAP
EAP Benefits		
Sessions	Up to 8 Per Issue 24/7	Up to 8 Per Issue 24/7
Telephonic Access	Included	Included
Face to Face Visits	Included	Included
Web based	Included	Included
Legal and Financial Consultation	Included	Included
Health Advocacy	Included	Included
Work-Life Balance Services	Included	Included
Critical Incident	1/hour per member group	1/hour per member group
Management Consultation	1/hour per member group	1/hour per member group
ID Theft	Tool Kit Included	Tool Kit Included
PEPM Cost	Covered by NDPHIT	Covered by NDPHIT

COBRA

- Carrier
- Fees**
- Setup Fee
- Basic Annual Fee
- Notice
- Continuant Billing
- Expiration Notice
- Early Termination Notice
- Conversion Notice
- Termination Notice
- Optional Services**

Current	Renewal
iSolved	iSolved
Covered by NDPHIT	Covered by NDPHIT
Paid by NDPHIT	Paid by NDPHIT
Paid by NDPHIT	Paid by NDPHIT
Included	Included
Included	Included
Included	Included
Included	Included
Included	Included
Included	Included
Included	Included
Services outside of the basic fee are paid for by member group	Services outside of the basic fee are paid for by member group

Disclosures

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the applicable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at (801) 505-6500 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

GENERAL RATING GUIDE

Rating	Financial Strength Rating
A++-A+	Superior
A	Excellent
B++-B+	Good
B	Fair
C++-C+	Marginal
C	Weak
D	Underwritten
E	Poor
F	Very Poor
S	In Liquidation Suspended

Class	Up to	Up to
	\$1,000	\$1,000
Class I	\$2,000	\$2,000
Class II	\$5,000	\$5,000
Class III	\$10,000	\$10,000
Class IV	\$25,000	\$25,000
Class V	\$50,000	\$50,000
Class VI	\$100,000	\$100,000
Class VII	\$250,000	\$250,000
Class VIII	\$500,000	\$500,000
Class IX	\$750,000	\$750,000
Class X	\$1,000,000	\$1,000,000
Class XI	\$1,250,000	\$1,250,000
Class XII	\$1,500,000	\$1,500,000
Class XIII	\$1,750,000	\$1,750,000
Class XIV	\$2,000,000	\$2,000,000
Class XV	Greater	Greater

STANDARD COMPENSATION DISCLOSURE

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

Questions and Information Requests. Should you have any questions, or require additional information, please contact this office at 800-700-3324 or, if you prefer, submit your question or request online at <http://www.bbinsurance.com/customerinquiry/>



BEST IN CLASS APPLICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 EARLY CHILDHOOD
 SFN 576 (1-2026)

Read the current Best in Class Program Description before completing the application.

PROGRAM INFORMATION

Program Name Glen Ullin Best In Class Program		Program Telephone Number 701-348-3590	
Program Address 6508 HWY 49	City Glen Ullin	State ND	ZIP Code 58631
Mailing Address PO Box 546	City Glen Ullin	State ND	ZIP Code 58631
Applicant Name Martin Bratrud		Title Superintendent	
Email Address martin.bratrud@k12.nd.us		County Morton	
Point of Contact for the Best in Class Program (If not applicant) Martin Bratrud		Point of Contact Title Superintendent	Point of Contact Email Address martin.bratrud@k12.nd.us
Business Manager Name Kayla Schumacher		Business Manager Email Address kschumacher@glenullinbearcats.org	
Site Classification (check all that apply)			
<input checked="" type="checkbox"/> Public School/Non-Public			
<input type="checkbox"/> Current Four-Year Old Program Approval (renewal is every two years) - Expiration Date: _____			
<input type="checkbox"/> Licensed Child Care			
Bright and Early of ND Quality Rating Step			
NAEYC Accreditation Expiration Date		License Number	
<input type="checkbox"/> Head Start - Head Start State ID Number: _____			
Have you previously participated in Best in Class?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, answer below:			
Number of Sections 1		Group Size 8-11	Year Funded 2024-2025
Have you discussed your intentions to apply for Best in Class with others (teacher(s) of Four-Year old sections, board of directors/school board, special education unit, etc.)?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, List Who:			
Special Ed, Title, Elementary, PR-K, Principal, Counselor, School Board, Business Manager, and Community			

CURRENT PROGRAMMING FOR FOUR-YEAR OLD CHILDREN

Number of children served in each Four-Year-Old classroom/section 12	
Are you a licensed child care serving any families receiving child care assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Duration of Program/Schedule (hours, days)

Curriculum

Are you currently using a curriculum(s) to support all areas of development?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is your curriculum aligned with the ND Early Learning Standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List the Curriculum Teaching Strategies Gold	

Family Engagement

Are you offering family engagement opportunities? Yes No

List Family Engagement Opportunities

Ready Rosie
Waterford

Inclusive Environment

How do you offer an inclusive environment (include resources for children with special needs)?
All students regardless of financial means, disabilities, or other factors will be allowed access to the Best in Class Program.

Tuition

Do you rely on the revenue from family fees to operate your current four-year old program?
 Yes No

At what level?
 0-25% 26-50% 51-75% 76-100%

Describe other funds used to cover operating cost
General Fund Monies

Will you charge tuition if you receive the Best in Class award?
 Yes No

If charging tuition are you willing to charge based on the Best in Class Sliding Fee Scale or less?
(Best in Class programs that charge tuition must use the approved sliding fee scale.) Yes No

Transportation (For head start programs and schools only)

Do you offer transportation for children attending the Four-Year old program?
 Currently Offer Do Not Offer Plan to Offer

Additional Care (For head start programs and schools only)

Do you provide before and after care for four-year old children?
 Before After Both Before and After
 No - If No, how do you support working families needing child care? (Explain below):

Initiatives

Are you currently participating or do you anticipate participating in any other initiatives/grants that impact your four year old program?
 Yes No

If Yes, List Initiatives/Grants

How do you anticipate operating a Best in Class section?

A ratio of one teaching staff to every ten children is required.

How many children do you anticipate?
8-12

How many section(s) are you applying for?
1

Specify the number of hours you will operate each section of Best in Class (round minutes to increments of .25)

Number of Hours per Day/Single Section
7 hours a day

X

Number of Operating Days per Year
115

=

TOTAL HOURS
805

Provide your four-year-old schedule of operation (Example: M-F 8:30-3:00)
8:25 am to 3:25 pm Tues, Wed, Thurs every week and 1 Friday a Mc

Start Date
8-19-2026

End Date (if applicable)
5-20-2027

Enrollment

How will you ensure children enrolled into the Best in Class program are four years old before August 1, of the program year? If you are a school with four-year-old program approval will you allow children that are not yet four-years old enroll? If yes, how are you making that determination?

Glen Ullin Public School complete a Pre-K Open house and screening in the Spring of the Year. This year's screening is tentatively scheduled for April 16th, 2026 with perspective parents and students. Parents fill out a student information sheet with DOB to verify age and eligibility and this is followed up with registration in the fall and verified by birth certificates.

What is your marketing and recruitment plan to enroll 50% of children whose household income is 60% or less than the state median income or children who have an identified development delay or disability?

Glen Ullin Public School utilizes multiple recruitment tools to advertise our program in te Spring. We utilize a mailer to known parents of next year's pre-k children, parent e-mail list serves, social media, our school website, and advertising at two local day cares, and advertise in the local Glen Ullin and Hebron Newspaper, and make s point of emphasis on word of mouth in cour community. We also make calls to parents of student on the Direct Cert meals program, Summer EBT, and 3 and 4 year olds receiving special education services.

Are you willing to hold set aside slots as described in the program description?

Yes No

Screenings

Best in Class requires all participating children to be provided health screenings (dental, vision, hearing, physical and developmental) to be completed no sooner than six months prior to the first day of attendance and no later than the last business day of November.

Identify the person to coordinate scheduling the screenings Novelle Aracena	Email Address naracena@glenullinbearcats.org
Specify the developmental screening tools you have access to	
<input type="checkbox"/> Ages & Stages Questionnalre Third Edition (ASQ-3) <input checked="" type="checkbox"/> Brigance Early Childhood Screen II or III	
<input type="checkbox"/> Developmental Indicators for the Assessment of Learning, Third or Fourth Edition (DIAL-3 or 4)	
<input checked="" type="checkbox"/> Other (specify): <u>Dental, Vision, Hearing, and Physical Screenings completed within the PK pro</u>	

Assessment and Curriculum

Participating in Best in Class requires a commitment to using the Teaching Strategies **GOLD™** assessment.

If not already certified, will you ensure that your teacher(s) has time to become certified in **GOLD™** Interrater Reliability?

Yes No

Teaching Strategies: Creative Curriculum is made available to Best in Class programs. If your program isn't currently using this whole child curriculum would your four-year-old program be willing to implement it along with the help of a coach?

Yes No

PROFESSIONAL QUALIFICATIONS

Best in Class requires a minimum of 1 staff to every 10 children. (ex. 11 children requires 1 teacher and 1 para/asst. teacher)

Lead Teacher(s)

First, Last and Maiden Name Novelle Aracena	Child Development Associate (CDA) (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Credential (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Email Address naracena@glenullinbearcats.org		Years of Early Childhood Experience 11

First, Last and Maiden Name	Child Development Associate (CDA) (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Credential (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Years of Early Childhood Experience

First, Last and Maiden Name	Child Development Associate (CDA) (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Credential (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Years of Early Childhood Experience

First, Last and Maiden Name	Child Development Associate (CDA) (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Credential (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Years of Early Childhood Experience

Best in Class teacher has not been identified.

Para/Assistant Teacher(s)

Name (First and Last) Cynthia Reeder	Email Address creeder@glenullinbearcats.org	Years of Early Childhood Experience 3
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Name (First and Last)	Email Address	Years of Early Childhood Experience
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Name (First and Last)	Email Address	Years of Early Childhood Experience
-----------------------	---------------	-------------------------------------

Name (First and Last)	Email Address	Years of Early Childhood Experience
-----------------------	---------------	-------------------------------------

Best in Class para/assistant teacher has not been identified.

Professional Development and Contracted Time

Best in Class requires lead teachers to complete a minimum of 15 hours of early childhood specific professional development.

Will you provide your lead teacher with time to complete this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Does the contract for your teacher allow time for documentation and assessing the child through Teaching Strategies GOLD™? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

This application is complete and all information is accurate to the best of my knowledge.

Signature Martin Bratrud 	Date 1-28-2026
---	-------------------

Submit completed application to
dhsec@nd.gov

REQUIRED

FCAF - CONCUSSION MANAGEMENT

The District shall comply with the concussion management program requirements contained in law. The District has placed concussion signs and symptoms; removal from practice, training, and/or game requirements; return-to-play requirements, and staff, student, and parental training requirements in administrative regulations (FCAF-AR).

Deleted: [These regulations shall be published in staff and student handbooks.]

The Board has also established the following definitions and requirements for the purpose of implementing the concussion management program law.

Definitions

Law requires that all school-sponsored and sanctioned athletic training, practices, and competitions be governed by a concussion management program. The District has developed the following definitions for purposes of determining what constitutes athletic sponsorship and sanctioning:

- *School-sanctioned athletic activity* is a sport that:
 - a. Is not part of the district's curricular or extracurricular program;
 - b. Is established by a sponsor to serve in the absence of a district program;
 - c. Receives district support in multiple ways (i.e., not school facility use alone);
 - d. Requires participating students to regularly practice or train and compete.
 - e. The District has officially recognized through board action as a school-sanctioned activity.

The Board shall make all sanctioning decisions on a case-by-case basis, based on the criteria in this paragraph. As a condition of receiving school sanctioning, sponsors of the athletic activity shall agree to comply with this policy and the concussion management law. This includes agreeing to provide appropriate training and providing appropriate information to parents and students as required by law. The sponsor shall provide to the District documentation certifying that this training has occurred, and students/parents have viewed required informational material on concussions prior to beginning the activity.

- *School-sponsored athletic activity* is a sport that the District has approved through policy or other board action for inclusion in the district's extracurricular program, is controlled and funded primarily by the District, and requires participating students to regularly practice, train, and compete.

Removal Decisions

Under the concussion management law, the District is authorized to designate removal-from-play authority to individuals who have direct responsibility for student athletes during practice, training, and/or competitions if a student reports or exhibits a sign or symptom of a concussion. The Athletic Director shall make this determination, and the Athletic Director shall ensure that such designees are aware of this responsibility and have undergone appropriate training in accordance with law before commencing duties.

Deleted: [Board] [Superintendent] [
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Deleted: [Superintendent] [
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REQUIRED

Law also authorizes licensed, registered, or certified healthcare providers whose scope of practice includes recognition of concussion signs and symptoms to make removal decisions. The Athletic Director may consult with medical personnel to determine who has such credentials and who would be willing to assist in this regard. The District must compile a list of such individuals, which may be provided to all coaches. This measure in no way guarantees that a healthcare provider trained and credentialed in accordance with law will be present at athletic training, practices, and/or events nor shall the voluntary creation of this safety precaution be construed to create or assume any potential liability under local, state, or federal law or regulation.

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High school students and minors who serve as coaches or officials are encouraged to work with an adult who has removal-from-play authority prior to removing a student from play.

If two or more individuals with removal-from-play authority disagree on whether or not a student must be removed, the determination must be made in the interest of the student's safety, meaning that the student shall be required to sit out and comply with return-to-play requirements contained in law.

Return to Play

The Board designates the Athletic Director to receive return-to-play documentation from a healthcare provider. This designee shall review the documentation, determine if the healthcare provider has placed any conditions on return to play, contact the healthcare provider for any necessary clarification on the authorization document, and communicate such information to applicable coach(es) and assistant coach(es). This designee shall also file return-to-play authorization documents in the student's educational record. This documentation must be retained for seven years after the student's enrollment or six years after a student turns 18, whichever is later.

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Complementing NDSBA Templates (may contain items not adopted by the Board)

- FCAF-AR, Concussion Management Program
FCAF-E1, Concussion Management Removal From Play Authority
FCAF-E2, Return to Play Acknowledgement Form

End of Glen Ullin Policy FCAF.....Adopted:
[05/21]

Deleted: [Name of District]
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Policy Services members should refrain from sending any NDSBA policy templates outside their District. Districts with policy template requests or questions should contact our office at 1-800-932-8791.

REGULATION

FCAF-AR - CONCUSSION MANAGEMENT PROGRAM

Concussion Signs & Symptoms

The signs and symptoms of a concussion include, but are not limited to, the following:

Signs	Symptoms
Seems confused	Headache
Forgets an instruction or is unsure of the game, position, score, or opponent	Nausea or vomiting
Move clumsily	Dizziness or balance problems
Answers questions slowly or repeats questions	Bothered by light or noise
Can't remember events before or after the hit, bump, or fall	Feeling foggy or groggy
Loses consciousness (even for a moment)	Trouble concentrating or problems with short-or long-term memory
Has behavior or personality changes	Does not "feel right" <input type="checkbox"/>

Requirements when Signs & Symptoms are Observed/Reported

1. Removal

- a. An official district designee with direct responsibility for a student athlete during practice, training, or competition shall remove a student from practice, training, or competition if the student:
 - i. Reports any sign or symptom of a concussion; or
 - ii. Exhibits any sign or symptom of a concussion
- b. High school students and minors who serve as coaches or officials are encouraged to work with an adult who has removal-from-play authority prior to removing a student from play.
- c. A licensed, registered, or certified healthcare provider whose scope of practice includes the recognition of concussion signs and symptoms has removal-from-play authority if they determine, after observing the student, that the student may have a concussion.
- d. If two or more individuals with removal-from-play authority disagree on whether or not a student must be removed, the determination must be made in the interest of the student's safety, meaning that the student shall be required to sit out and comply with return-to-play requirements contained in law.

2. When to Call for Emergency Assistance*

A district employee, sports authority (e.g., coach, assistant coach, trainer, referee), or designee must call 911 for emergency medical assistance if an athlete exhibits:

- a. Unequal pupils;

REGULATION

- b. Bleeding or fluid leakage from the nose or ears;
- c. Signs or symptoms of a fractured skull and/or spine;
- d. Changes in level of consciousness for more than a few seconds;
- e. Deteriorating neurological function or changes in mental status (lethargic, confused, agitated, difficulty maintaining focus);
- f. Decreasing or irregular respiration;
- g. Persistent vomiting; or
- h. Seizure activity.

3. Transportation when Emergency Assistance is NOT Activated

A student with a suspected head injury may not be sent home or allowed to drive. A student removed from play in accordance with this procedure whose condition appears stable (i.e., not worsening) should be transported by his/her parent to a medical facility as soon as possible. If the student's parent is unavailable, the coach shall make arrangements to have the student transported to a medical facility by a school employee as soon as possible. The coach or designee shall make a continued effort to notify the student's parent of the student's possible injury, transportation arrangements, and destination.

4. Examination

A student removed from practice, training, or competition must be examined as soon as practical by a licensed healthcare provider who is acting within their scope of practice and trained in evaluation and management of concussions, as determined by the provider's licensing board.

5. Return-to-Play Requirements

A student who is removed from play in accordance with this procedure may not be allowed to return to practice, training, or competition until the student or the student's parent obtains written authorization from a licensed healthcare provider who is acting within their scope of practice and trained in evaluation and management of concussions as determined by the provider's licensing board. This written authorization must be given to the Athletic Director, and retained in accordance with policy.

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Training

Upon initial employment (or selection, in the case of volunteers) and every two years thereafter, each district coach, official, and other individuals designated by the District who have removal-from-play authority must receive training regarding the nature and risk of concussions. The Superintendent or Athletic Director shall determine the method most suitable for carrying out this training requirement and place in each applicable personnel

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REGULATION

file, documentation of the date(s) the staff member/district designee completed concussion training.

The District shall develop information on concussions incurred by students participating in athletic activities and disseminate this information to student athletes and their parents. The student athlete and their parent must submit written or electronic documentation verifying that they have viewed the concussion management information disseminated by the school district prior to participating in any athletic activity.

End of Glen Ullin Administrative Regulation FCAF-AR

[05/21]

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EXHIBIT

FCAF-E2 - RETURN TO PLAY ACKNOWLEDGEMENT FORM

I acknowledge that I have been informed by _____ (name, title) of the return to play restrictions following a concussion or injury of the student athlete named below. I agree to comply with these restrictions while this student athlete is participating in practice, training, or competition.

Coach's signature

Coach's name

Date

Athlete's name _____
(please print)

Sport _____

Instructions: Attach to healthcare provider's return-to-play authorization and file in student's educational record.

End of Glen Ullin Exhibit FCAF-E2

Deleted: [Name of District]

REQUIRED

FGDD - STUDENT PUBLICATIONS & FREEDOM OF EXPRESSION

Definitions

For the purposes of this policy:

- *School-sponsored media* is defined in NDCC 15.1-19-25(1)(b) as any material that is prepared, substantially written, published, or broadcast by a student journalist at a public school, distributed or generally made available to members of the student body, and prepared under the direction of a student media adviser. The term does not include any media intended for distribution or transmission solely in the classroom in which the media is produced.
- *Student journalist* is defined in NDCC 15.1-19-25(1)(c) as a public-school student who gathers, compiles, writes, edits, photographs, records, or prepares information for dissemination in school-sponsored media.
- *Student media adviser* is defined in NDCC 15.1-19-25(1)(d) as an individual employed, appointed, or designated by a school district to supervise or provide instruction relating to school-sponsored media.

Purpose

The [Glen Ullin Public School District](#), believes that freedom of expression and press freedom are fundamental principles in a democratic society that provide all citizens with the right to engage in a vigorous discussion of ideas, and that a robust and free student press is critical to the development of informed and civic-minded adults. Freedom of expression through school-sponsored media is protected by the First Amendment to the United States Constitution and state law.

The District shall ensure all students enjoy free speech and free press protections related to school-sponsored media [in accordance with the First Ammendment of the United States Constitution and NDCC 15.1-19.25](#).

[At the same time, the district recognizes its responsibility to maintain a safe, orderly, and legally compliant educational environment.](#)

No expression made by students in the exercise of free speech or free press rights shall be deemed to be an expression of school or district policy.

Expectations

Student journalists are responsible for determining the news, opinion, feature, and advertising content of school-sponsored media. A student journalist has the right to exercise freedom of speech and of the press in school-sponsored media, regardless of whether the media is supported financially by the school district, by use of facilities of the school district, or produced in conjunction with a class in which the student is enrolled.

All school-sponsored media shall be supervised by a student media advisor. [Prior review by an administrator is not required. However, review may occur if there is a reasonable belief that hte media contains prohibited content as defined in this policy](#)

Deleted: [Name of District]

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REQUIRED

Prohibitions

The following material is prohibited from being published in school-sponsored media:

1. Material that is profane, harassing, threatening, intimidating, or pornographic;
2. Material that is libelous, slanderous or obscene in nature;
3. Material that infringes or may infringe on the privacy rights of others;
4. Material that violates federal or state law, promotes violence, terrorism, or other illegal activities including, but not limited to, material that promotes tobacco, drug, or alcohol use by minors;
5. Material that is reasonably forecast to materially and substantially disrupt the educational environment;
6. Material that violates or incites the violation of district policy including, but not limited to, the district's policies on bullying and harassment; or
7. Material that poses a direct safety threat to the District, its students, and/or staff.

Appeal Process

A decision to prohibit publication and distribution of a student publication with restricted content shall be made by the building principal and may be appealed to the Superintendent. The superintendent shall investigate and issue a decision in a timely manner. The Superintendent's decision is binding.

End of Glen Ullin Policy FGDD..... **Adopted:**

[05/21]

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Deleted: The Superintendent shall investigate and issue a decision in a timely manner. **Option 1:** [The superintendent's decision is binding.] **Option 2:** [The superintendent's decision may be appealed to the Board within 30 calendar days after the Superintendent has issued his/her decision.]

Deleted: [Dissemination of School-Sponsored Media] The following time, place, and manner restrictions apply to dissemination of school-sponsored media (list description, e.g., student newspapers shall only be placed in receptacles near school entrances, no school-sponsored media shall be distributed in the classroom with the exception of journalism courses, etc.).

Deleted: [Name of District]

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REQUIRED

GAAE - CRITICAL RACE THEORY

Definitions

For the purpose of this policy:

- *Critical race theory* is as defined in NDCC 15.1-21-05.1 and means the theory that racism is not merely the product of learned individual bias or prejudice, but that racism is systematically embedded in American society and the American legal system to facilitate racial inequality.
- *Curriculum* means the knowledge and skills students are expected to learn and includes the collection of subjects and academic content taught by teachers in the District. District curriculum is designed and evaluated in accordance with policy GAAA and adopted by the Board pursuant to policy GAAB.
- *Instructional/resource materials* means all print and non-print materials, including textbooks, as well as supplementary, library and other educational materials, used for the education of students in the teaching-learning process.

Requests to View

The Board shall make available for public viewing district curriculum and instructional/resource materials used in the school system to ensure compliance with the requirements set forth in NDCC 15.1-21-05.1.

Curriculum and instructional/resource materials shall be made available for public viewing upon request. When a request to view is made, the principal shall direct the requester to complete a Request to View Instructional/Resource Material form in which the individual must identify the specific material the individual wishes to view. The completed Request form must be returned to the principal. Once a completed Request form is received, the principal shall inform the requester of a time during which the individual may review the requested material at the district office. The time for review must occur within thirty (30) days of receipt of the completed Request form.

Deleted: [building principal] [Superintendent] [other]

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Complaint Procedure

Any complaints that district curriculum or any instructional/resource material does not comply with the requirements of NDCC 15.1-21-05.1 must be submitted and handled in accordance with the process and procedures outlined in GAAC-BR (Procedure for Reviewing Complaints About Instructional/Resource Material).

Professional Development

All district-led or district-sponsored professional development must comply with the requirements of NDCC 15.1-21-05.1.?

Complementing NDSBA Templates (may contain items not adopted by the Board)

- GAAA, Curriculum Design and Evaluation
- GAAB, Curriculum Adoption

REQUIRED

- GAAC, Review and Complaints of Instructional and Resource Material
- GAAC-BR, Procedure for Reviewing Complaints about Instructional/Resource Material
- GAAD, Selection and Adoption of Instructional Materials
- GAAE-E1, Request to View Instructional/Resource Material

End of Glen Ullin School District Policy GAAE..... Adopted:

[12/22]

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EXHIBIT

**GAAE-E1 - GLEN ULLIN REQUEST TO VIEW
INSTRUCTIONAL/RESOURCE MATERIAL**

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Material Information

Title or Description of Materials: _____

Publisher or Producer: _____

Copyright Date: _____

Type of Material: Library book Periodical Movie
Textbook

Other learning aid: _____

Requestor's Information

Name: _____

Telephone numbers

Home: _____

Work: _____

Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Requestor represents: Self Group/organization: _____

Signature of Requestor: _____

Date: _____

FORM MUST BE RETURNED TO THE BUILDING PRINCIPAL

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End of Glen Ullin Exhibit GAAE-E1

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[12/22]

GABE " HUMAN TRAFFICKING AND EXPLOITATION PREVENTION AND AWARENESS EDUCATION

The Glen Ullin Public School is dedicated to raising student and staff awareness of human trafficking and exploitation incidents. The District provides students and staff with education to promote prevention of human trafficking and supports timely reporting of any possible human trafficking incidents.

Deleted: [Name of District]

Human trafficking is defined as the recruitment, transportation, transfer, harboring, or receipt of people through force, fraud, or deception, with the aim of exploiting them for profit. *Human trafficking* can occur during the commission of an offense under NDCC §§ 12.1-41-02 through 12.1-41-06, including the trafficking of an individual, forced labor, sexual servitude, patronizing a victim of sexual servitude, and patronizing a minor for commercial sexual activity. For the purposes of this policy, *human trafficking* includes sex trafficking.

Education Requirements

The District shall provide all students in grades six, ten, and twelve annual, age-appropriate education regarding human trafficking and exploitation prevention and awareness. The District shall also provide optional workshops or materials or both to parents and legal guardians to support the education of their child on personal safety and grooming prevention.

The District may commission the services an organization specializing in outreach and education on human trafficking and exploitation to provide developmentally appropriate and culturally sensitive educational materials to students receiving human trafficking and exploitation prevention and awareness education. The education provided to students, faculty, parents, and guardians may include:

Deleted: of [(Name of Organization), a nonprofit organization] or another

1. Definitions and the nature of human trafficking and exploitation;
2. State laws regarding human trafficking and exploitation;
3. Facts and statistics regarding human trafficking and exploitation in the state and across the United States;
4. The victim profiling tactics of human traffickers;
5. The role of online computer activity and pornography;
6. Methods to identify a potential victim and actions to take following identification of a victim;
7. Information regarding:
 - a. Force, fraud, and coercion;
 - b. Grooming;
 - c. The complexities of abuse, indoctrination, and manipulation;
 - d. The traits of a human trafficking victim;

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- e. The difference between human trafficking and prostitution; and
 - f. How human trafficking and exploitation demand is created and which industries influence human trafficking and exploitation; and
8. Actionable steps to take against human trafficking and exploitation, including reporting information to the proper authorities.

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Opting Out

Prior to courses on human trafficking and exploitation prevention, parents and guardians will have the opportunity to request in writing that their child(ren) not attend. Instructional materials to be used in human trafficking and exploitation prevention education will be available for inspection by the parent or guardian during school hours prior to the commencement of the instructional program. Teachers who provide instruction in human trafficking and exploitation prevention education will have professional preparation in the subject area.

Complementing NDSBA Templates (may contain items not adopted by the Board)

- GABC, Sex Education
- GAAC, Review and Complaints of Instructional and Resource Material
- GAAC-E1, Request for Reconsideration of Instructional Resources

Legal References

- NDCC Ch. 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking
- NDCC Ch. 15.1-09, School Boards

End of **Glen Ullin** Policy GABE Adopted:

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[07/25]

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Martin Bratrud
Superintendent

Todd Hetler
Principal

PO BOX 548
6508 HWY 49
Glen Ullin, ND 58631-0548
(701) 348-3590
office@glenullinbearcats.org

Kayla Schumacher
Business Manager

5-1-2026

May School Board Meeting Superintendent Report

1. **Summer Meals Program:** We are fully approved and engaged and will look to start delivering meals on June 2nd, we will take a week off June 29-July 3 and then end the summer program on August 7th.
2. **SRSA/REAP Grant Application:** This was submitted on 4-16-2026
3. 26-27 Fresh Fruits and Vegetable Grant was submitted on 4-21-2026
4. **District UEI, CAGE CODE, Sam.Gov, G5 Registration:** All of these items and entities are renewed for the next two years to be eligible for Federal Grants. I am the primary contract and Kayla has been set up as a secondary contract to ensure institutional capacity and access.
5. **Teacher Recognition:** Mrs. Voegele was nominated for a ND DPI recognition initiative program, "Celebrating Excellence in ND Education" to honor outstanding educators. Mrs. Voegele will be recognized at the Captial on May 5th at 1 pm.
6. **ND DPI Summer School Application:** This was submitted on April 12, 2026
7. **2026 Title Application:** Submitted 4-17-2026
8. **Q3 Grant Rembursements:** Reimbursement requests for Title 1, Title 1 Transfer, 2024 Title 1 Re-allocated monies, and Be Legendary grants were submitted the week of April 13.
9. **School Wide Data:** Data for ASVAB, ACT, and other areas has been researched and updated. The At-A Glance School Progress Measures Worksheet will continue to be updated and put into TEAMS. For Institutional Knowledge this document needs to always be kept current and always available to the Board, Administration and Staff so this information is not lost and can be utilized by future admin, Boards, and staff.
10. **Garden Grant:** We received a \$1,000 from ND DPI to support our school garden. We will be purchasing top soil, some misc equipment like shovels, rack, etc. We will also look to purchase an automated water system. This will be built from scratch with a timer, hoses, and watering stations. If any monies remain, we will look to purchas matierals to build raised beds for herbs and have our shop kiddos help build those.
11. **Summer Blast Grant:** We receveid a \$1000 from the Community Grant to purchase supplies and materials for the Summer Blast Program.
12. **Summer Foods Program Donations:** We receveid donations from Dakota Bank, Farmers Union Insurance, Morman Agency, and Union Bank to purchase three large coolers for the Summer Meals program.

13. Playground Grant: We are working on a playground equipment grant. These are hard to get but 100% of the grants you don't write, you don't get. It will cover equipment only, installation costs will be required by the District if awarded. I'll bring this grant to the Board to consider for approval with cost estimates for installation before beginning any project.

Update of activities performed

- Learned Route 1 bus which had major electrical problems. Harlow had to communicate with Cummings and Bluebird to get the correct information to program the ECM. Harlow asked us who worked on the bus in the past which was Rud in New Salem. Harlow stated they do not think Rud was the direct cause of the ECM failing.
 - We have been transporting students for all sports and field trips which will continue through the month of May.
 - Planning for the summer tasks.
 - Maintaining school cleanliness.
-
-

Counselor Update~05/04/2026

Cami Krueger

- Attended Bismarck CTE Career Inservice training April 14
 - Small Group counseling to be coming to an end for the year
 - ASVAB retake May 7
 - Working on being able to administer ACT WorkKeys
 - These assessments measure foundational skills required for success in the workplace and help measure the workplace skills that can affect job performance
 - Assists in ND Choice Ready qualification
 - Schedule an Accuplacer exam to be proctored by myself for a senior student
 - Planning 2026-2027 year
 - ACT and ASVAB options Fall and Spring (?)
 - Prepare for Job Shadowing for students
 - Prepare for work base learning opportunities for students
 - Looking for speakers for next year for K-12
 - Military
 - Careers
 - Safety (Deputy Austin)
 - Mental Wellness
 - Etc.
-

Principal Board Report

May 13, 2026

Muffins with Mom will be Friday, May 8 from 7:45 to 8:15.

The High School Awards Ceremony will be held in the gym Wednesday, May 13 at noon.

The Elementary Awards Ceremony will be held in the gym Wednesday, May 20 at 10am.

The PreK – 12 Music Concert was held April 30. It was a huge success. Thank you Mr. Dellomas for a great event.

Student schedules for next year are being set up.

Elementary math and reading materials are being ordered.

The discipline policy is reviewed in each classroom.

The last day of school is Wednesday, May 20. Dismissal is at 12:30pm.

Request	QTY	Amount	Total	SCHOOL/BUILDING	TEACHER	DEPARTMENT	FUND (Y/N)
GS2-24 Vinyl Cutter	1	\$ 2,195.00	\$ 2,195.00	Glen Ullin	Krein	AG	Y
Lenovo Thinkbook 15	1	\$ 799.00	\$ 799.00	Glen Ullin	Krein	AG	Y
ISTE Virtual Conference Registrstion	1	\$ 260.00	\$ 260.00	Glen Ullin	Christensen	Business	Y
ISTE & ASCD yearly Membership	1	\$ 199.00	\$ 199.00	Glen Ullin	Christensen	Business	Y
Flashforge 3D Printer	1	\$ 379.00	\$ 379.00	Glen Ullin	Christensen	Business	Y
Flashforge Filament Varied Colors	10	\$ 25.99	\$ 259.90	Glen Ullin	Christensen	Business	Y

Fund	Apr-24	Apr-25	Y to Y Diff.	Apr-26	Apr-26	M to M Diff.
Fund 1-General Fund	\$1,700,798.41	\$1,209,544.81	-\$491,253.60	\$1,231,571.00	\$1,288,059.78	-\$56,488.78
Fund 5-Food Service Fund	-\$111,154.23	-\$80,028.34	\$31,125.89	-\$73,589.79	-\$67,682.31	-\$5,907.48
Fund 6-Student Activities	\$113,074.30	\$96,828.20	-\$16,246.10	\$66,892.07	\$62,665.27	\$4,226.80
All Glen Ullin Public School Assets	\$1,702,718.48	\$1,226,344.67	-\$476,373.81	\$1,224,873.28	\$1,283,042.74	-\$58,169.46

Fund	Apr-25	Apr-26	Y to Y Diff.
Fund 1-General Fund	\$1,209,544.81	\$1,231,571.00	\$22,026.19
Fund 5-Food Service Fund	-\$80,028.34	-\$73,589.79	\$6,438.55
Fund 6-Student Activities	\$96,828.20	\$66,892.07	-\$29,936.13
All Glen Ullin Public School Assets	\$1,226,344.67	\$1,224,873.28	-\$1,471.39

South Office
1929 N Washington Street
Suite A
Bismarck, ND 58501
Phone: 701-751-4041



North Office
18 2nd St NE
Suite 2
Minot, ND 58703

<https://www.creand.org/> | crea.nd@k12.nd.us

Service Agreement

2026-2027 School Year

Date of Agreement April 22, 2026

Parties Involved

“CREA”	“Client”
Central Regional Education Association 1929 N Washington Street, Suite A Bismarck, ND 58501 Service Agreement Contact: Brandt.dick@k12.nd.us kimberly.dressler@k12.nd.us Billing Contact: marcia.butman@k12.nd.us	Glen Ullin School District 6508 Hwy 49 Box 548 Glen Ullin, ND 58631 Billing Contact (if different than above):

Dates and Times

The “Client” listed above has purchased professional training and/or business manager services from CREA for the following dates and times: TBD between Glen Ullin School District and CREA Finance Specialist between June 30, 2026 to July 1, 2027

Agreement

The “Client” hereby engages “CREA” to provide services as described under “Scope and Manner of Services.” “CREA” hereby agrees to provide the “Client” with such services in exchange for described payment under “Payment for Services Rendered.”

Scope and Manner of Services Provided by “CREA”

Provide Administrative/Financial Business Manager Support Services for Glen Ullin School District business manager.

“Client” Responsibilities

Provide access and materials including needed information

Payment for Services Rendered

The “Client” shall pay for services rendered within 30 calendar days of receiving an invoice from “CREA” unless otherwise agreed upon in writing by both parties. Should the “Client” fail to pay the “CREA” the full amount specified in any invoice within 60 calendar days of the invoice date, a late fee of \$50.00 per 30 calendar days of the date on the “CREA” invoice shall be added to the amount due.

Billing Frequency: Monthly billing

Please note this is a service agreement, not an invoice. See the fee table below for this service. If you have any questions about this agreement or fee structure, please contact the CREA contacts listed above.

Service Rate per Hour	Duration – # of hours estimated	Total Amount Due
\$100/hour of work time including travel time, if needed	Anticipated approximately 60-120 hours	Anticipated \$6,000 - \$12,000

Applicable Law

The laws of the State of North Dakota and any applicable Federal Law shall govern this agreement.

In witness of their agreement to the terms above, the parties or their authorized agents hereby affix their signatures:

 Click or tap here to enter text.
 (Printed Name of Client or Agent)

 Click or tap here to enter text.
 (Printed Name of CREA Agent)

 (Signature of Client or Agent)

 Date

 (Signature of CREA Agent)

 Date

**Agreement will be considered void if not signed and returned to CREA offices within 30 calendar days of the mailing date.*

Be Legendary/StudentFirst Governance Model Comparison

Governance Model Pieces	Be Legendary	StudentsFirst	Notes
Governance Model	Yes	Yes	
Board Established Goals	Yes	Yes	
Board Est. Guardrails	Yes	No, Can be Maintained	
Supt. Est. Guardrails	Yes	No, Can be Maintained	
Coaching	Yes	Yes	
ND Coaches	No, DPI Dropped Training	Yes	
Board Agenda Support	Yes	Yes	
Theory of Action	Yes	Yes	
Operations Plan	Yes	No, but can be developed	
Mindset	Yes	Yes, but Streamlined	
Integrity Piece	Yes	Yes	
Inputs, Outputs, Outcomes	Yes	Yes	
Data Dig and Data Driven	Yes	Yes	
Policy Diet	Yes	No	
Monitoring Calendars	Yes	Yes	
Task Calendar	No, but could be developed	Yes	
Supt Evaluation	No	Yes, Template Coming	
Tech Platfrom for PM Reporting	No	Yes	
Streamlined	No	Yes	
Institute	2 Days	1 Day	
State Certification	Recognition	Yes	This may replace Cognia in ND
National Certification	Unknown	Unknown	National Accreditation Unknown
Alignment to AJ Crabill's Model	Yes	Partially, New Custom Model	
Streamlined	No	Yes	
For Transition Schools	Yes	Yes	
Alignment to ND State Strategic Vision	It was, but undefined now	Yes	
ND DPI Endorsed	Yes, End of this Contract	Yes	
NDSBA Endorsed	No	Yes	
Cost	\$12,000 a Year, No State Grant	\$5,000 a Year, No State Grant	
CSI/TSI ID Schools Required	Yes, through Contract	Yes	
Alignment to Cognia Accreditation	Yes, Partially	Yes	