



TO: Members, Board of Directors

THROUGH: Mr. Matthew Degner, Superintendent

THROUGH: Dr. Chace Ramey, Deputy Superintendent

FROM: Mr. Curt Pratt, Chief Operating Officer

DEPARTMENT: Facilities Management

DATE: 1/13/2026

SUBJECT: Appendix 9 Approval Request

PROJECT: Roof Management Program

PROJECT DESCRIPTION: For several years the District has used the professional services provided by Shive-Hattery for the PPEL Life Cycle Roofing Program. The district has realized great results and has completed many projects that were a result of deferred maintenance over the years.

BUDGET: \$1,500,000.00

PROJECT STATUS: On time and on budget

SUB PROJECT: 2026 West HS Roof Replacement (AA)

DESCRIPTION:

PLANNED START: 6/8/2026 **PLANNED COMPLETE:** 8/14/2026

NOTE: Request approval for the Schematic Design, Design Development, & Construction Documents, and to set the date for the Public Hearing.

ATTACHMENTS: None

RECOMMENDATION: Recommend approval of the Schematic Design, Design Development, & Construction Documents, and to set the date for the Public Hearing.

Appendix 9, Step 1

Approval Date: 3/25/2025

Pending? No

Note:

Appendix 9, Step 2

Approval Date: 10/14/2025

Pending? No

Contract: Design Contract

Firm: Shive-Hattery, Inc.

Amount \$28,000.00

Funding: PPEL

Note:

Appendix 9, Step 3

Approval Date: 1/13/2026

Pending? Yes

Op. Cost: \$0.00

Op. Cost Impact:

Note:

Appendix 9, Step 4

Approval Date: 1/13/2026

Pending? Yes

Op. Cost: \$0.00

Op. Cost Impact:

Note:

Appendix 9, Step 5

Approval Date: 1/13/2026

Pending? Yes

Op. Cost: \$0.00

Op. Cost Impact:

Note:

Appendix 9, Step 6

Approval Date: 1/13/2026

Pending? Yes

Publication Date: 1/14/2026

Public Hearing Date: 1/27/2026

Publication Name: Press Citizen

Note:

Contract

Description: Design Contract

Contract with: Shive-Hattery, Inc.

Funding source: PPEL

Initial contract amount: \$28,000.00

Current contract amount: \$28,000.00

Change Authorization Request

Approval Date:

Pending? No

Number:

Date:

Subject:

Description:

Reason	Amount

TOTAL	
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Payments

Date	Doc. #	Amount	% Cmplt	Period To
11/11/2025	2250016160 - 1	\$3,050.20		10/24/2025
12/18/2025	2250016160 - 2	\$4,336.58		12/12/2025
		\$7,386.78		