

SCHOOL ADMINISTRATIVE UNIT#34
Deering, Hillsboro, Washington and Windsor



HILLSBORO-DEERING SCHOOL DISTRICT SCHOOL BOARD MEETING

Monday, August 17, 2026, 5:00 PM
H-D Elementary School Room 202
Use Building Entrance #7

Livestream: <https://www.youtube.com/@Hillsboro-DeeringSchoolBoardSt> (if available)

ADDENDUM TO THE H-D SCHOOL BOARD CONSENT AGENDA

1. Appointments, Leaves & Resignations: add nomination for Heather Garcia as the District MTSS-B Coordinator from 8/11/26-6/30/26 with a \$12,000 stipend, Grant funded from Title IV; and
2. Facilities Use Request for a theatrical production of the Great Gatsby at the HDMS; various dates from September 1st through October 17th; building use waiver request of \$1,655 [Building use fee of \$1,235 (19 nights @ \$65/night) and custodial fee of \$420 (12 hours @ \$35/hour)]

The Hillsboro-Deering School Board will hold a Facilities Tour at 5:00 PM on Monday, September 21, 2026, followed by the School Board Meeting at 6:00 PM in the H-DES Room 202. Please Use Entrance 7 to enter H-DES.

Dear Heather Garcia,

We are pleased to tell you that you have been nominated for Job ID __5039____. Please print, sign and date this email as soon as possible. After signing, please submit to your administrator for their signature.(Print email, not attachment) This nomination is conditional until signed by the Superintendent. This email replaces an Activity Agreement. If you have any questions, please contact your administrator. Thank you!

NOMINATION

HILLSBORO-DEERING SCHOOL DISTRICT

Position Title: MTSS-B Coordinator

School: District

Start Date: 8/11/26

End Date: 6/30/27

Hours per Day:

Days per Week

OR

Hours per project

Stipend Amount: \$ 12,000

OR

Hourly Rate: \$

Account # (Required): 20.6433.093.110.0

Grant Name: Title IV

Grant Year: 25-26

Grant Activity#: 180993

SAU Office Use only:

Notes:

FOR GRANT FUNDED POSITIONS ONLY:

Is this position a

Multiple Cost Objective __ or Single Cost Objective __x__

If Neither, explain how:

Employee Signature: *Heather Garcia*

Date: 8/13/2026

Administrator Signature: *Jeri Laker*

Date: 8/13/26

Superintendent Signature: *J Crawford*

Date: 8/13/2026

APPENDIX KF-R

**Hillsboro-Deering School District
Facilities Use Request Form**

Facility Requested: (Check one) HDES ☐ HDMS ☒ HDHS ☐	
Room/Space Requested: Stage area and cafeteria floor for seating	
Dates: Sept 1st, Sept 3rd, Sept 8th, Sept 10th, Sept 15th, Sept 17th, Sept 22nd, Sept 24th, Sept 29th, and Oct 1st. From 6-9pm Also Oct 5th-7th 3-9 pm Tech rehearsal Oct 8th 3-9 pm Dress rehearsal, Oct 9th 3-9 pm Opening night, Oct 10th 3-9 pm second show Oct 15th 3-9 pm third show, Oct 16th 3-9 pm fourth show, Oct 17th 10am-4pm matinee.	
Times: listed above	
Name of Event/Activity: Theatrical production of the Great Gatsby: The Golden Mirage	
Name of Event/Activity Contact: Gene Gould	
Phone: 603-464-4007	Email: geno4007@gmail.com
Address: P.O. Box 1525 Hillsboro N.H.	
Description of Activity: Rehearsals leading up to performance of the show.	
Set up requests: # of chairs <u>150</u> # of Tables <u>3</u> (attach any special configuration of chairs and tables) against the wall next to the kitchen	
Technology/AV Requests (organizations must provide their own laptops, adaptors & power strips): Projector: <u>na</u> Microphone: <u>sound system</u>	
Kitchen <u>na</u> (Will be closed to the public unless a district food service employee is present. See fees on page 2.)	
Estimated Attendance: <u>100</u> each night	Will an admission fee be charged? Yes ☒ No ☐ Amount? <u>\$20 / \$15</u>
Check all that apply to this event/activity: School-sponsored ☐ School Related ☐ Community yes ☐ Outside District ☐ Profit ☐ Non-Profit yes ☐	
Is Building Use Waiver requested? Yes ☒ No ☐	Is Custodial fee Waiver requested? Yes Is Kitchen fee Waiver requested? Yes
PLEASE EXPLAIN REASON FOR WAIVER REQUEST. SCHOOL BOARD MUST APPROVE ALL WAIVERS. We are a non profit, any monies made at the door go into paying for the production.	

IT IS AGREED that in consideration for allowing the rental of the Hillsboro-Deering School District's owned facilities and in full recognition of its fiduciary to protect publicly owned property and assets, the Lessee hereby covenants and agrees to at all times hold harmless the Hillsboro-Deering School District, its officers and employees. To the fullest extent permitted by law, from any and all claims, damages,

losses and expenses, including, but not limited to, reasonable attorney's fees and legal costs, arising out of the use of these rental premises and all facilities by the Lessee, its officers, employees, agents, representatives, contractors, customers, guests, and invitees.

- The Lessee will provide a Certificate of Insurance reflecting Commercial General Liability coverage with limits of no less than \$1 million per occurrence, naming the Hillsboro-Deering School District as an Additional Insured. Certificate of Insurance attached _____
- Any flyers, social media or advertising of any kind must contain the following: "Not a school sponsored event"
- It is understood that school events/functions have priority for the use of the school district's facilities and as such, outside groups may be bumped or displaced.

Signature: Ernest E. Gould Jr.

Printed

Name: Ernest E. Gould Jr Date: 8-15 26

1

Revised: 10-17-24

APPENDIX KF-R

Hillsboro-Deering School District Facilities Use Request Form

You will be contacted by the approving agent upon acceptance of this request at the above listed contact phone/ email. Do not assume this event is approved until you receive confirmation. **Approval Section:**

1. Recipient: (SAU, ES, MS or HS Main Office)
Certificate of Insurance **Yes No Initial**

2. Building principal: Confirm that facility in your building is available as requested

Athletic Director: Confirm that athletic field is available as requested

Food Service Director: Confirm that food service personnel are available if kitchen is requested

Building Facility Reserved on:

Room being used

Use approved (circle one) Reason for Denial

(if applicable) **Principal Signature:**

Athletic Director Signature: Food Service

Director Signature:

Approved Disapproved

3. Business Administrator: Set fees, approve event (Signer is responsible to confirm event with requestor)

Use of Building Fee Custodial Fees
\$35/hr per custodian

Kitchen Fees
\$25/hr per staff member

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Approval Section:

1. Recipient: (SAU, ES, MS or HS Main Office)
Certificate of Insurance

Initial TR

Yes

No

2. Building principal: Confirm that facility in your building is available as requested

Athletic Director: Confirm that athletic field is available as requested

Food Service Director: Confirm that food service personnel are available if kitchen is requested

Building Facility Reserved on:

Room being used

Use approved (circle one)

Approved

Disapproved

Reason for Denial (if applicable)

Principal Signature:

Athletic Director Signature:

Food Service Director Signature:

3. Business Administrator: Set fees, approve event (Signer is responsible to confirm event with requestor)

Use of Building Fee

(see fees on page 6)

19 x \$65

\$ 1235

Custodial Fees

Custodians

1

\$35/hr per custodian

Hours per custodian

12 hrs

\$ 420

Kitchen Fees

Cafeteria Staff

\$25/hr per staff member

Hours per person

2

\$

Notes:

most of request is during regular custodial hours

Total Fees

\$ 1655

Business Administrator Signature:

4. School Board:

Fee waiver Granted:

Yes

No

Amount of waiver requested:

\$

Amount waived:

\$

School Board Signature:

5. Scheduling (SAU Office)

Entered in School Calendar