## HURON ARENA ADVERTISING AGREEMENT RENEWAL

7.23	dvertising agreement renewal is made and entered into this 12 day of
Janu	ary, 2021, by and among HURON REGIONAL MEDICAL CENTER
("Adv	ertiser"), and HURON SCHOOL DISTRICT 2-2, ("Owner").
WHEI	REAS, Advertiser and Owner have entered into the Advertising Agreement for the
Huron	Arena dated December 27, 2018 (as amended, the "Advertising Agreement") (a copy
of the	"Advertising Agreement" is attached); and
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WHEF	REAS, the parties desire to extend and modify the Advertising Agreement as set forth
herein	
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	therefore, for good and valuable consideration, the receipt and sufficiency of which are
hereby	acknowledged, the parties agree as follows:
1.	Renewal/Extension of Term. Effective as of the date hereof, the Term set forth in the
j	Advertising Agreement shall be extended to run for 1 (one) year or 2 (two) years from
	and after January 1, 2021, and ending on December 31, 2021 or December 31, 2022.
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2.	Advertising Fees. Effective as of the date hereof, the Advertising Fees for such
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	extended term shall be \$2,500 (two thousand five hundred dollars) per year, payable
1	in advance in accordance with the attached Payment Schedule.
3. <u>I</u>	Ratification. Except as expressly modified hereby, the remaining terms and
(	conditions of the Advertising Agreement are hereby ratified and confirmed, and shall
1	remain in full force and effect.

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

Advertiser Initial KR

#### PAYMENT SCHEDULE

Agreement year 2021: For services rendered January 1, 2021 to December 31, 2021.  Agreement year 2022: For services rendered January 1, 2022 to December 31, 2022.
Please select a renewal option:
Renewing Huron Arena only for 2021 for \$2,500
Renewing Huron Arena and Tiger Stadium for 2021 for \$2,250 (Huron Arena) and \$1,350 (Tiger Stadium)
Renewing Huron Arena and Tiger Stadium for 2021 and 2022 for \$2,125 per year (Huron Arena) and \$1,275 per year (Tiger Stadium)
Huron Arena Payment Schedule for 2021
Payment #1: \$2,125 Payment due on or before Jan 31, 2021
Payment #2: \$ Payment due on or before
Payment #3: \$ Payment due on or before
Payment #4: \$ Payment due on or before
Huron Arena Payment Schedule for 2022
Payment #1: \$2125 Payment due on or before Jan 31, 2022
Payment #2: \$ Payment due on or before
Payment #3: \$ Payment due on or before
Payment #4: \$ Payment due on or before
ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives on the date first above written.
Advertiser Initial KR Owner Initial

ADVERTISER: Huron Regional Medical Center
By Kin Right [authorized signature only]
Frint or type name clearly]
[print of type name clearry]
Title VP-Marketing Dated 1/12/14
Address: 172 4th Street
City, State, Zip: Huron, SO 57356
Phone: 605-353 6573  Fax: 605-353-7391
Fax: <u>U05-353-1391</u>
Email Address: Reiegera huron regional.org
OWNER: Huron School District 2-2
By
Huron Board of Education
Board Approved

# TIGER STADIUM ADVERTISING AGREEMENT RENEWAL

This advertising agreement renewal is made and entered into this 12 day of

## PAYMENT SCHEDULE

Agreement year 2021: For services rendered January 1, 2021 to December 31, 2021.  Agreement year 2022: For services rendered January 1, 2022 to December 31, 2022.
Please select a renewal option:
Renewing Tiger Stadium only for 2021 for \$1,500
Renewing Huron Arena and Tiger Stadium for 2021 for \$2,250 (Huron Arena) and \$1,350 (Tiger Stadium)
Renewing Huron Arena and Tiger Stadium for 2021 and 2022 for \$2,125 per year (Huron Arena) and \$1,275 per year (Tiger Stadium)
Tiger Stadium Payment Schedule for 2021
Payment #1: $\frac{1275}{}$ Payment due on or before $\frac{\sqrt{31/2021}}{}$
Payment #2: \$ Payment due on or before
Payment #3: \$ Payment due on or before
Payment #4: \$ Payment due on or before
Tiger Stadium Payment Schedule for 20202
Payment #1: \$\frac{1275}{2022} Payment due on or before \frac{1\left(31\left(2022))}{2022}
Payment #2: \$ Payment due on or before
Payment #3: \$ Payment due on or before
Payment #4: \$ Payment due on or before
ADVERTISER ACKNOWLEDGES AND WILL ABIDE BY THE PAYMENT SCHEDULE.
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives on the date first above written.
Advertiser InitialOwner Initial

ADVERTISER: Huron Regional Medical Center
By Kem Rieger [authorized signature only]
[print or type name clearly]
Title VP-Marketing Dated 1/12/21
Address: 172 4th Street St.  City, State, Zip: <u>Huron</u> 50 57356  Phone: <u>605-353-6573</u> Fax: <u>605-353-7391</u> Email Address: <u>Kluger &amp; huronregional.org</u>
OWNER: Huron School District 2-2
By Huron Board of Education
Board Approved



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

#### SCHOOL DISTRICT

## **INTENT TO APPLY FOR GRANT FUNDING**

Any person or group applying for grant funds is expected to complete this form prior to submitting any grants or requesting funds that will impact the Huron School District.
Date:1/22/2021 Contact Person:Jolene Konechne
Group Applying:CTE
Name of Grant/Award:Perkins Reserve Grant
Name of Funder:DOE Contact Person:MichelleNelson
Amount to be Requested: \$30,000.00 Funder's Submission Due Date:02-01-2021
Project Focus:Fork Lift to assist in the expansion of our Architecture and Design CTE classes
How awarded amount received? Full amount up frontX Reimbursement
Are any follow up reports required? YesX No If yes, when are they due?
s any District funding, resource, or in-kind commitment required now or in the future?  Yes NoX
f yes, please list by dollar amount and/or in-kind service/support. Please be specific.
Please note:  Each school/individual will be responsible for submitting and following through on the grant application process unless other arrangements have been made.  A copy of the completed grant application must be available upon request.  The person or group applying will need to submit the following documentation to the business offices:  If and when the grant is awarded, a copy of the award letter.  If any follow-up reports are required, a copy of the report.
A copy of this request with signatures will be returned to the contact person above when the application is reviewed,
allowing the application to proceed.  Signature: I-22-21  Building/Department Administrator Date
Signature: Date  Linda J Pietz, Pirector of Curriculum, Instruction & Assessment Date

Kelly Christopherson, Business Manager

Signature:

Presented to School Board: \_