

BROKEN ARROW PUBLIC SCHOOLS
Educating Today **B** *Leading Tomorrow*

Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 9/21/21

Contract/Agreement Vendor: World's Finest Chocolate
 Name of Vendor: Andy Garcia 405-623-7295
 Contact Person: 6264 Solutions Center Phone Number
 Address: Chicago IL 60677-0022
 City: Chicago State: IL Zip: 60677-0022
 Email address: agustin2516@yahoo.com
 Date of services: 10/1/21 - 12/1/21

IS THIS A NEW VENDOR? IF SO, PLEASE PROVIDE :
 W9 _____
 And _____
 Vendor Registration _____

Person Submitting Contract/Agreement for Review: Donna Shrier
 Name _____ Site _____

Reason for Review: (New Agreement, Renewal...): Renewal

Audience/Group to benefit from Contract/Agreement: NHS

Routing Approval: PLEASE SEND TO APPROPRIATE LEADERSHIP TEAM MEMBER BEFORE SENDING TO STACIE CHASE

Principal and Director or Administrator: _____
 Signature _____

Does this Contract/Agreement utilize technology? No Yes
 Has it been reviewed by the Chief Technology Officer? No Yes

If yes, Approved by: _____
 (Signature) Technology/Approval

Leadership Team Member: _____
 Signature _____

Funding Source: _____
 Description _____ OCAS Coding _____

- Process: PLEASE FOLLOW ALL STEPS
1. The Contract/Agreement is reviewed and approved by site Principal/ Director/ Administrator.
 2. If Technology related, the Contract/Agreement is reviewed and approved Technology.
 3. Prepare Board Agenda Memorandum and attach to Contract/Agreement.
 4. Begin the requisition process and place a comment in the Notes section that says, "Please hold req pending board approval on _____"
 Date of Board Meeting _____
 5. Attach this form with Contract/Agreement and Board Memo
 6. **The appropriate Leadership Team Member will review and submit to the Contract Committee**
 7. Keep copy for your records

The Contract/Agreement should be received at least 2 weeks prior to a Board Meeting to ensure placement on the Agenda. The Contract Committee meets most Tuesdays at 8:30a.m. All Contracts/Agreements, regardless the amount, must be first approved by the Contract Committee and then presented to the Board of Education for approval and signature. The item will be placed on Electronic School Board for the board agenda by Stacie Chase. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.



BROKEN ARROW PUBLIC SCHOOLS REQUEST FOR FUNDRAISING

| | |
|---|--|
| **Shaded Fields must be filled in** | |
| Site Name: Centennial Middle School | School Year: 2021-2022 |
| Account Name & No: TSA | Sponsor(s): Shrier |
| Fundraising Activity: World's Finest Chocolate | |
| Purpose of Funds (please be specific): Technical Student Association Fundraiser for Convention and Activities | |
| *Does the fundraiser request meet the USDA Smart Snacks Rule: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Check USDA Smart Snack Calculator www.healthiergeneration.org/take-action/schools/snacks-and-beverages/smart-snacks/alliance-product-calculator/ | |
| 30 Exemptions are allowed per site upon adm. approval. Snacks that DO NOT meet USDA rules CANNOT be sold during breakfast/ lunch/snack time & have time restrictions. | |
| ESTIMATED REVENUE: \$1500-5000 | |
| Date(s) of the Fundraiser: | |
| Complete ONE | |
| SUMMER (June/July/August) ALL <input type="checkbox"/> | or specific dates: Begin Date: _____ End Date: _____ |
| SCHOOL YEAR (Sept - May) ALL <input checked="" type="checkbox"/> | or specific dates: Begin Date: 11/01/2021 End Date: 11/12/2021 |
| TOTAL YEAR (June - May) ALL <input type="checkbox"/> | |
| Exemption Request (14 calendar day window) specific dates: Begin Date: _____ End Date: _____ | |
| Location of Fundraiser: The dates that Centennial Middle School has been given is February 07-March 6th. The Kickoff Centennial MS Classrooms Celebration available on February 7th. I suggested we could have the assembly in the afternoon on the 7th. | |
| Person Making Deposit to Financial Secretary: ***State Law Requires Deposits on a Daily Basis | |
| Sponsor/Booster Name: Donna Shrier | Date of Request: May 10, 2021 |
| Sponsor/Booster Signature | |
| Principal's Name: Mrs. Kristin Graves | _____ of 30 Exemptions* requested for the year. |
| Principal's Signature: _____ | *Includes PTA fundraisers on school property |
| Fundraising Activity Date Approved: _____ | |
| Please wait for confirmation of board approval from principal's office before commencing fundraiser and/or ordering fundraising merchandise. | |



BROKEN ARROW PUBLIC SCHOOLS REQUEST FOR FUNDRAISING

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| **Shaded Fields must be filled in** | |
| Site Name: Centennial Middle School | School Year: 2021-2022 |
| Account Name & No: NJHS | Sponsor(s): Shrier |
| Fundraising Activity: Selling World's Finest Chocolate | |
| Purpose of Funds (please be specific): Take NJHS Officers to OANJHS Convention scheduled in March/April | |
| *Does the fundraiser request meet the USDA Smart Snacks Rule: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Check USDA Smart Snack Calculator www.healthiergeneration.org/take_action/schools/snacks_and_beverages/smart_snacks/alliance_product_calculator/ | |
| 30 Exemptions are allowed per site upon adm. approval. Snacks that DO NOT meet USDA rules CANNOT be sold during breakfast/ lunch/snack time & have time restrictions. | |
| ESTIMATED REVENUE: \$3000 | |
| Date(s) of the Fundraiser: | |
| Complete ONE | |
| SUMMER (June/July/August) ALL <input type="checkbox"/> | or specific dates: Begin Date: _____ End Date: _____ |
| SCHOOL YEAR (Sept - May) ALL <input checked="" type="checkbox"/> | or specific dates: Begin Date: 10/11/2021 End Date: 10/29/2021 |
| TOTAL YEAR (June - May) ALL <input type="checkbox"/> | |
| Exemption Request (14 calendar day window) specific dates: Begin Date: _____ End Date: _____ | |
| Location of Fundraiser: CMS | |
| Person Making Deposit to Financial Secretary: ***State Law Requires Deposits on a Daily Basis | |
| Sponsor/Booster Name: Donna Shrier | Date of Request: May 10, 2021 |
| Sponsor/Booster Signature | |
| Principal's Name: Mrs. Kristin Graves | _____ of 30 Exemptions* requested for the year. |
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| Site Name: Centennial Middle School | School Year: 2021-2022 |
| Account Name & No: NJHS | Sponsor(s): Shrier |
| Fundraising Activity: Olive Garden's Pasta For Pennies, a program benefiting The Leukemia & Lymphoma Society's School & Youth campaign. | |
| Purpose of Funds (please be specific): Student Series is a series of programs for schools and students at all grade levels to help support the LLS mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. | |
| *Does the fundraiser request meet the USDA Smart Snacks Rule: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Check USDA Smart Snack Calculator www.healthiergeneration.org/take-action/schools/snacks-and-beverages/smart-snacks/alliance-product-calculator/ | |
| 30 Exemptions are allowed per site upon adm. approval. Snacks that DO NOT meet USDA rules CANNOT be sold during breakfast/ lunch/snack time & have time restrictions. | |
| ESTIMATED REVENUE: \$1500-5000 | |
| Date(s) of the Fundraiser: | |
| Complete ONE | |
| SUMMER (June/July/August) <input type="checkbox"/> ALL | or specific dates: Begin Date: _____ End Date: _____ |
| SCHOOL YEAR (Sept - May) <input checked="" type="checkbox"/> ALL | or specific dates: Begin Date: <u>02/10/2021</u> End Date: <u>03/6/2021</u> |
| TOTAL YEAR (June - May) <input type="checkbox"/> ALL | |
| Exemption Request (14 calendar day window) specific dates: Begin Date: _____ End Date: _____ | |
| Location of Fundraiser: The dates that Centennial Middle School has been given is February 07-March 6th The Kickoff Centennial MS Classrooms Celebration available on February 7th. I suggested we could have the assembly in the afternoon on the 7th. | |
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