

BROKEN ARROW PUBLIC SCHOOLS

Educating Today  *Leading Tomorrow*

Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 10/26/2021

Contract/Agreement Vendor: Caller Bob

Name of Vendor		
<u>Robert Loyd</u>	<u>479-790-4558</u>	
Contact Person		Phone Number
<u>16050 Logan Rd</u>		
Address		
<u>Siloam Springs</u>	<u>AR</u>	<u>72761</u>
City	State	Zip
<u>bobloyd@me.com</u>		
Email address – if vendor wants the agreement returned via email		

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

Vendor Registration

Person Submitting Contract/Agreement for Review: Christian Welborn 720
Name Site

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

Audience/Group to benefit from Contract/Agreement: BAHS students

Routing Approval: PLEASE SEND TO APPROPRIATE LEADERSHIP TEAM MEMBER BEFORE SENDING TO Karen Steitz

Principal and Director or Administrator: Christian Welborn
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) Ben Stout, Chief Technology Officer

Leadership Team (formally Cabinet Member): Chad Perry
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 by Ben Stout, Chief Technology Officer
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 November 8, 2021"
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 Karen Steitz. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.



MEMORANDUM

To: Dr. Janet Vinson

From: Christian Welborn

Date: November 8, 2021

Re: Caller Bob

SUBJECT

Discussion, motion and vote on motion to approve or disapprove the agreement between Caller Bob and Broken Arrow Public Schools to provide square dance calling for Boot Scoot at a rate of \$600. C. Welborn

ENCLOSURE/ATTACHMENTS

Agreement

SUMMARY

Caller Bob will provide square dance calling for boot scoot on November 15, 2021.

FUNDING

Activity Funds

RECOMMENDATION

Approve

Caller Bob

Robert Loyd
16050 Logan Rd.
Siloam Springs, AR 72761
479-790-4558

QUOTE

DATE: 10/26/2021

TO:

Carolyn Harger
Broken Arrow High School
1901 E. Albany Street
Broken Arrow, OK 74012
918-259-4310

SALESPERSON	PURCHASE ORDER NUMBER	PAYMENT TERMS	DUE DATE
		NET 30	

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	Square Dance Calling for Boot Scoot 11/15/2021	\$600	\$600

SUBTOTAL	\$600
SALES TAX	NA
TOTAL DUE	\$600

THANK YOU FOR YOUR BUSINESS!



Broken Arrow Public Schools Vendor Registration Form

Independent School District No. 3 | 701 S. Main Broken Arrow, OK 74012

This registration form to be completed by any person or company requesting payment from Broken Arrow Schools. This includes: reimbursements, refunds, payments for goods and/or services, etc.

New
 Update
ID # _____

Vendor Information

Robert J Loyd Jr
Name (as shown on your income tax return)

Business Name: disregard if entity name different from above

16050 Logan Rd. Siloam Springs AR 72761
Address (number, street and apt. or suite no.) City, State Zip

Check appropriate box for federal tax classification (required):

- Limited liability company: Enter tax classification (C-Corporation, S-S Corporation, Partnership)
 Individual/sole proprietor Trust/estate C Corporation Other
 Partnership Exempt payee S Corporation

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided MUST match the name given on the 'Name' line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number 430-80-4969 Employee Identification Number 87-3189886

I acknowledge it is required for Commercial Vendors to provide an EIN (not a Social Security Number). If a Social Security Number is provided for a Commercial Vendor, this form cannot be processed.

Vendor Questionnaire

1. Under what former name(s) has your business operated under during the past seven years?

Are you or any principal or partner of this business a current employee of Broken Arrow Schools or a relative of any employee or BARS Board of Education member?
 Yes if Yes, please specify relationship _____
 No

Are you currently an active or retired member of the Oklahoma Teachers Retirement System?
 Yes No

Does your business accept purchase orders?
 Yes No

Purchase Order Contact Information

Contact Name for Orders _____ Phone _____
 Mailing Address (number, street and apt or suite no.) _____
 City, State _____ Zip _____
 Email address to send purchase order _____ Fax _____

Remittance Information

Robert Loyd 417-790-4558
 Name to be printed on check Phone
16050 Logan Rd
 Remittance Mailing Address (number, street, and apt or suite no.)
Siloam Springs AR, 72761
 City, State Zip
bob.loyd@me.com
 Accounts Receivable Contact Name / email address Fax

Payments from Broken Arrow Public Schools

I/We understand and agree to required payment terms from Broken Arrow Public Schools via a 3rd-party payor / Commerce Bank.

Certification, Compliance and Agreement

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

By signing this vendor application form, you hereby agree to comply with the provisions of Title 70 O.S. § 101.48 of the Oklahoma Statute incorporated herein by reference, which states that the vendor will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or another state, of any felony offense unless ten (10) years has elapsed, and is not currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Hippy Violent Crime Offenders Act. Upon conviction for any violation of the provisions of this subsection, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00). In addition, the violator may be liable for civil damages (57 O.S. 589). Vendor acknowledges BAPS is a tobacco free and weapons free workplace for all schools buildings and grounds whether leased or owned by the District. The use of tobacco products or possession of a weapon while on any District grounds, in any District buildings, or in any District vehicle is prohibited.

IT IS A VIOLATION OF OKLAHOMA STATE LAW TO PROVIDE ANY GOOD(S) AND/OR SERVICE(S) PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Robert J. Loyd Jr
 Printed name of IRS person and vendor representative
Robert J. Loyd Jr
 Signature (Must be authorized to sign an IRS Form)

Caller
 Title
10-22-2021
 Date

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Robert J. Loyd, Jr.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
16050 Logan Rd

6 City, state, and ZIP code
Siloam Springs AR 72761

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
430-80-4969

or
Employer identification number
87-3189886

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ **Robert J. Loyd Jr** Date ▶ **10-22-2021**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its Instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

BAPS PRODUCT AND SERVICE FORM
(PLEASE INCLUDE WITH THE SUBMITTED VENDOR FORM)

COMPANY NAME: Robert Loyd DATE: 10-22-2021

DESCRIPTION OF BUSINESS: Square Dance Caller

PRODUCTS OR SERVICES OFFERED:

1. Calling & instruction
2. Sound system
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Robert J. Loyd, Jr
PRINT NAME AND TITLE

Robert J. Loyd Jr
SIGNATURE