

**Contract Committee Review Request**  
**MUST BE COMPLETED IN FULL**

Date: \_\_\_\_\_

Contract/Agreement Vendor: **IGNITE2UNITE Kristin Jedamski**

Name of Vendor & Contact Person

**kristin@ignite2unite.com**

Vendor Email Address

Describe Contract (Technology, program, consultant-prof Development, etc.)

Please use Summary below to fully explain the contract purchase, any titles, and details for the Board of Education to review.

Reason/Audience to benefit

**5.12.25**

BOE Date

**\$ 7,400.00**

Amount of agreement

Person Submitting Contract/Agreement for Review: **Nate Hutchings**

**PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK**

Principal &/or Director or Administrator: \_\_\_\_\_

Does this Contract/Agreement utilize technology? YES/NO

If yes, Technology Admin: \_\_\_\_\_

Cabinet Team Member: 

Funding Source: **11.104**

Fund/Project

OCAS Coding

☒ **Consent**

☐ **Action**

Accept and approve the NEW agreement between Broken Arrow Public Schools and Ignite2unite for the Breaking Down the Walls Program at OMS during the 2025-2026 school year. The cost to the district is \$7,400 and paid with general funds, project 104.

**Summary**

This area must be complete with full explanation of contract

**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 8:00a.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 Janet Brown. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.**

## AGREEMENT FOR THE SERVICES OF IGNITE2UNITE, LLC

**SPONSOR:** Oliver Middle School  
**CONTACT:** Nate Hutchings  
**WORK PHONE:** (918) 259-4590  
**EMAIL:** nhutchings@baschools.org  
**CELL PHONE:**

**ADDRESS:** 3100 West New Orleans Street  
**CITY, ST, ZIP:** Broken Arrow, OK 74011  
**ALT CONTACT:** Detra Kliewer  
**ALT EMAIL:** dkliewer@baschools.org  
**ALT CELL PHONE:** (918) 697-7746

### PRESENTATION INFORMATION

**SPEAKER:** Jason Jedamski  
**DATE(S):** Wednesday, September 17 - Thursday, September 18, 2025  
**PROGRAM NAME:** Breaking Down the Walls Program  
**PROGRAM LENGTH:** 2.5 hour workshop  
**ARRIVAL TIME:** TBD  
**AUDIENCE:** 80 students and 10 adults per workshop

**DETAILS:** Jason Jedamski will facilitate two 2.5-hour workshops per day on 9/17-18, four workshops total. The program includes a pre-recorded student kick-off video and a staff informational video to be sent two weeks prior to the event.

### FINANCIAL AGREEMENT

\*Program fee is **\$7,400.00**. Checks payable to Ignite2Unite. An Invoice is included with this contract. All fees in US funds only. Ignite2Unite Federal ID 87-1422622.

\*A Purchase Order for full balance is requested to hold this date. Payment due Net 30.

\*Program fee is all-inclusive, including all fees and expenses.

\*In the event of cancellation, four weeks' notice will be needed. If this is not possible, there will be a 50% cancellation fee of speaker's honorarium. If, through events beyond the control of the speaker, the speaker is unable to appear, Ignite2Unite will arrange to send a suitable and qualified replacement, reschedule the engagement, or refund the deposit.

\*Please provide a wireless microphone and a quality sound system. Presenter will also need a table.

**THE ABOVE INFORMATION IS AGREED AND ACCEPTED BY:**

K. Jedamski March 20, 2025  
Kristin Jedamski, Ignite2Unite Date

\_\_\_\_\_  
Representative, Broken Arrow Public Schools Date

Ignite2Unite, LLC / 4720 S. 174th East Avenue / Tulsa, OK 74134  
ignite2unite.com / (479) 366-5517

Ignite 2 Unite, LLC  
4720 S. 174th East Ave  
Tulsa, OK 74134  
4793665517  
kristin@ignite2unite.com  
www.ignite2unite.com

## Invoice



### BILL TO

Broken Arrow Public Schools  
Oliver Middle School  
Accounts Payable/ Finance  
701 S. Main Street  
Broken Arrow, OK 74012

### SHIP TO

Oliver Middle School  
Attn: Nate Hutchings/ Steve Dunn  
3100 W. New Orleans  
Broken Arrow, OK 74011

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1255	03/20/2025	\$7,400.00	09/17/2025	Net 30	

**SHIP DATE**  
09/17/2025

**SHIP VIA**  
In Person

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Breaking Down the Walls - Middle School with Pre-Recorded Videos	Breaking Down the Walls - Middle Level Program Wednesday, September 17 - Thursday, September 18, 2025  All inclusive fee for a two day Breaking Down the Walls Program including two 2.5 hour workshops per day facilitated by Jason Jedamski on 9/17-18. The program includes a pre-recorded student kick-off video and a staff informational video to be sent two weeks prior to the event.	1	7,400.00	7,400.00

A 3.5% processing fee will be added to credit card payments.

**BALANCE DUE**

**\$7,400.00**

A Purchase Order for full balance is requested to hold this date.

Thank you.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Ignite 2 Unite, LLC</b>		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>S</b> <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. <b>4720 S. 174th East Ave.</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Tulsa, OK 74134</b>		
	7 List account number(s) here (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	7	-	1	4	2	2	6	2	2

## 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 	Date <b>January 9, 2025</b>
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## 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](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they