Contract Committee Review Request MUST BE COMPLETED IN FULL

over \$50,000 &/or new service)

Date: 10-5-21

Contract/Agreement Vendor:

Swank Motion Pictures Dan Boekman

Name of Vendor & Contact Person

dboeckmann@swankmp.com

Vendor Email Address

Movie night on the field for BAFA

Summary

Culture and student engagement at BAFA

Reason/Audience to benefit

10-11-21

665.00

BOE Date

Amount of agreement

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: yes - will work with Arrowvision team on how to run scoreboard

Leadership Team Member:

Funding Source: 76 - BAFA Site Activity

Fund/Project

Consent Item: Accept and approve the NEW/RENEWAL agreement between Broken Arrow
Public Schools and the vendor listed above. (ie. New fiscal year &/or Renewal services)

Action Item: Discussion, motion and vote on motion to approve or disapprove the NEW

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 between Broken Arrow Public Schools and the vendor listed above. (ie. Purchase

# **MEMORANDUM**

To: Dr. Janet Vinson

From: Christian Welborn

Date: 10/11/2021

Re: Swank Motion Pictures

## **SUBJECT**

Accept and approve the agreement between Broken Arrow Public Schools and Swank Motion Pictures, providing license to show a movie for a movie night at BAFA in October 2021. Cost to the district is \$665.

### **ENCLOSURE/ATTACHMENTS**

Agreement

### **SUMMARY**

BAFA would like to host a movie night.

#### **FUNDING**

Site Activity Funds

### **RECOMMENDATION**

Approve

| 5   | WANK MO              | TION PICT            | URES EXHIBI   | TION REQUES                                 | T FORIVI                               |  |
|---|----------------------|----------------------|---|---|--|--|
|   |                      | Con                  | tact Informat   | tion  |  | 4408                                       |
| Organization Name: Broken Title: <b>Fright Night</b> Organization Phone Number: 4     | 18-259               | 7-4330               | Departme<br>Secondary   | ent:   Male S                               | r. 918-691                             | 8-4203                                     |
| Email Address: Jschmoket 6  |                      | 5,019                |   |   | wank? Sele                             | et an Item leadership                      |
| Organization Mailing Addr   | ess                  | В                    | illing Address  | 5:  | SI                                     | nipping Address:                           |
|   |                      |                      |   |   |  |  |
| 3   |                      | Pay                  | ment Informa  | ation                                       | •                                      |  |
| O Yes O No O Please select your preferred me  |                      | No Card<br>nent: Exp | a as it appear: Number: . Date (mo/y) e future orde           |   | Card bi                                | lling zip code:                            |
|   |                      | Addi                 | tional Event I  | Details                                     |  |  |
| Are you charging admission or s Anticipated crowd size: Select Location of Screening: |                      |                      | the event?  Reason for s  Drive-                              | screening: Sel                              |  | how much? \$5.00<br>back to school ever    |
|   |                      | Re                   | equested Mov  | vies  | *                                      | 4.714                                      |
| Movie Title   | Date of<br>Screening | DVD or BI            | ed Swank to pr<br>lu-ray for an ac<br>S&H or will you<br>own? | lditional \$30                              | Name and Address of Screening Location |  |
| Hocus Pocus   |                      | <b>O</b> DVD         | OBlu-Ray  | Own copy                                    | BAHS                                   | Stadium                                    |
| Halloween Town  |                      | <b>O</b> DVD         | OBlu-Ray  | Own copy                                    | BAHS                                   | Stadium                                    |
| Coraline  |                      | <b>O</b> DVD         | OBlu-Ray  | Own copy                                    | BAHS                                   | stadium                                    |
| List of Co  | mmercial Th          | eaters Loca          | ted Within 2  | 5 Miles of Your                             | Screening Lo                           | cation                                     |
| List of Commercial Theaters Located Within 2  Name of Theater                         |                      |                      |   | Are they currently hosting drive in movies? |  | # of Miles From Your<br>Screening Location |
| BAHS FOOTBALL Stadium   |                      |                      |   | Na  |  |  |
| BAHS Stadium  |                      |                      |   | na  |  |  |
| anus Chadium  |                      |                      |   | Ma  |  |  |

BAFA Football Stadium

| COVID-19 PANDEMIC SAFETY REQUIREMENTS   |
|---|
| Is the state in which your screening is taking place currently under any shelter in place, stay at home, isolation or quarantine orders?  |
| O Yes No  |
| Is the city or county in which your screening is taking place currently under any shelter in place, stay at home, isolation or quarantine orders?  O Yes No   |
| If the area in which your screening is taking place is currently under any shelter in place, stay at home, isolation or quarantine orders, are you able to provide written documentation from a government official stating that it is ok to proceed with your planned event?  Yes  No  |
| Terms and Conditions  |
| Please check the boxes to acknowledge that you have read and accept the terms   |
| COVID-19 PANDEMIC RESTRICTIONS - You are fully aware and in compliance of the current shelter in place, stay at home, isolatic or quarantine orders for your State, County and City in the area and date in which your screening is planned to take place. You a also aware of your local restrictions in regard to essential and non-essential businesses. Swank assumes no responsibility ensuring the compliance of your organization or screenings as it relates to the state and local shelter in place orders.  |
| Cancellations - Notification of a change or cancellation must be given at least 10 business days prior to your event. If an unforeseen circumstance (i.e. inclement weather, equipment malfunction, etc) prevents you from hosting your event you have up to one year in which to reschedule the same movie at no additional licensing fees. Notify your Account Executive the following business day so they can note the last minute cancellation on your account. Please note that the invoice is due at the time of your original show date.  |
| Advertising - You are permitted to use the studio approved artwork provided by Swank Motion Pictures. Please note that these images may not be edited or altered and must include the copyright symbol and studio name. We encourage you to inform your organization's members and patrons via on premise posters, emails and private mailings. Advertising through media such as radictlevision or newspaper is prohibited. Promotions by means of a lighted sign, billboard or marquee that can reasonably be seen the general public may not include the name of the movie. If this policy is violated or your screening becomes openly competitive with a commercial theater, your screening(s) maybe cancelled without notice. |
| Moratoriums - It is understood that in rare instances it may be necessary for a Studio, in its sole discretion, to withdraw a movie from exhibition. In the event of a withdrawal you may substitute for an alternate title or cancel the event without obligation to Swank Motion Pictures.  |
| Admission Charges or Suggested Donations- If you are charging admission for the event, the total cost of the licensing will be quoted rate versus 50% of your ticket sales whichever is greater. You must submit an audience report, including number of ticket sold, ticket price and total box office within 48 hours of your event.  |
| Payment – Advanced payment is required prior to your screening in order for your license to be valid. If admission is being charged for your event, a credit card must be kept on file and any applicable box office overages will be automatically be charged.  * If you are tax exempt please provide a copy of your state tax exemption certificate.   |
| Authorized Signature:   |
| Printed Name: Date: $10/5/21$   |

Complete and return to your Account Executive Via fax: 314-909-0879 or email: