

Name of Applicant Group: Centennial M	iddle School PTSA	
Applicant's Address: 225 E Omaha St	Broken Arrow, OK 74012	
Applicant's Taxpayer I.D. No.: 731379833	3	
Applicant's Representative from whom additional inf	ormation may be obtained:	
Brandi Simmons	······································	
Applicant's Telephone Number: 501 626 1769		
President	Treasurer	
Name: Brandi Simmons	Name: Bill Kauser	
Address: 20537 E 312 PIS	Address: 2109 N 28th St	
Broken Arrow, OK 7484	Broken Arrow, OK 74014	
Phone: 501 626 1769	Phone: 918-904-2202	
Email: brandi. Simmons @ ymail.com	"Email: Williamm Kaiser 710 Cgmail. 6	
Has the organization provided any payments to distric	t employees during the past 12 months?YesNo	
Have you attached copies of your most recent tax fili	ngs & 1099s? 🔨 Yes No	

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Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by August 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

- 1. Complete this application. Please print or type.
- 2. Attach Applicant's most recent financial audit report, if any.
- 3. Sign and date this application.
- 4. Deliver this application to:

Natalie Eneff, Chief Financial Officer Marsha Janey, Administrative Assistant to CFO 701 S. Main Street Broken Arrow, OK 74012 918-259-5769

(Print Name of Representative of Applicant)

Signature of Representative



Name of Applicant Group: Childers Middle School PTA		
Applicant's Address: 301 E TUESON		
Applicant's Taxpayer I.D. No.: 731249126		
Applicant's Representative from whom additional information may be obtained:		
Applicant's Telephone Number: 918-28	4-1414	
President	Treasurer	
Name: Angela Salusky	Name: Lacy Warren	
Address: M12 E Canton St	Address: 405 W San Diego St	
Broken Arrow, OK 74012	Broken Arrow, OK 74011	
Phone: 98-284-1414	Phone: 801-512-1931	
Email: <u>angelosalusky (v</u> Holmail: com Has the organization provided any payments to district	Email: <u>lacy. pwarren@gmail.com</u> t employees during the past 12 months? <u>Yes</u> No	

Have you attached copies of your most recent tax filings & 1099s? 🗹 Yes 💆 No 🛛 🗱



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ime of Representative of Applicant)

<u>9/3</u>/24

(Date)

Signature of Representative

BROKEN ARROW PUBLIC SCHOOLS APPLICATION FOR SANCTIONING

This is a request for sanctioning by the Applicant to the Board of Education of the Broken Arrow Public Schools pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of Applicant Group: Diver Midd	le School PTA
Applicant's Address: 3100 W. Wear	
Applicant's Taxpayer I.D. No.: 7314724	001
Applicant's Representative from whom additional int	
Applicant's Telephone Number: <u>918-6</u>	38-1821
President	Treasurer
Name: Valerie Sudbury	Name: Him Country
	Name: <u>Him Cubly</u> Address: <u>4017 W Utica St</u> .
Address: <u>1.320 E. South Puille</u> BOLAN ANDW, OK 14011 Phone: <u>918-638-182</u>	Address: 4017 W Utica St. Broken Mirrow, 0K 74011 Phone: 918.760.1826
Address: 1320 E. South Pulls Broken Arrow, OK 74011	Address: 4017 W Utica St. Broken Mirow, ok 74011 Phone: 918: 760. 1826 Emil: Kim 1079 Chormai I. um

Have you attached copies of your most recent tax filings & 1099s? $\cancel{\times}$ Yes ____ No



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(Print/Name of Representative of Applicant)

Signature of Representative

(Date)



Name of Applicant Group: DRMS PTA		
Applicant's Address: 6800 E. Quincy PL. Broken Arrow, OK 7404		
Applicant's Taxpayer I.D. No.: 900957937		
Applicant's Representative from whom additional information may be obtained:		
Gina Sconyers		
Applicant's Telephone Number: <u>918-625-8848</u>		
President Treasurer		
Name: Gina Sconvers Name: Karla Winterscheidt		
Address: 5605 S. 257th Address: 7417 E. Lowisville St.		
East Ave, BAOK 74014 BA, OK 74014		
Phone: 918-625-8848 Phone: 316-210-1556		
Email: asconversptale Email: Karlawinterscheidte graul. com		
Has the organization provided any payments to district employees during the past 12 months? Yes No		
Have you attached copies of your most recent tax filings & 1099s? 🔨 Yes No		



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(Date)

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Name of Applicant Group: Sequoyan	Midale School PTA
Applicant's Address: 2701 S. Elm F	Place, Broken Anow, OK 74012
Applicant's Taxpayer I.D. No.:	4
Applicant's Representative from whom additional inf	ormation may be obtained:
Applicant's Telephone Number: (510) 823	3-5100
President	Treasurer
Name: April Kunkel	Name: Jennifer Frohlich
Address: 2827 N. Hickory Ct.	Address: 2412 W. College St.
Broken Arrow, OK 74012	Broken Amow, OK-74012
Phone: (510) 823-5100	Phone: (918) 704 - 6629
Email: <u>ahemenez@yahoo.com</u>	Email: jenheck@cox.net

Has the organization provided any payments to district employees during the past 12 months? ____Yes \checkmark No Have you attached copies of your most recent tax filings & 1099s? \checkmark Yes ____No



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(Print Name of Representative of Applicant)

Signature of Representative



Name of Applicant Group: Broken arrow High School PTSA		
Applicant's Address: 1901 S. Albany, Brokenarrow 74012		
Applicant's Taxpaver LD. No: 73216791		

Applicant's Representative from whom additional information may be obtained:

Applicant's Telephone Number: 918-693	881
President	Treasurer
Name: Holly Stewart	Name: Shannah Warluft
Address: 1208 E Wichitact	Address: 2712 E VancouverSt
Broken arrow, 74012	BA 74014
Phone: 918 693 1881	Phone: 918-361-8362
Email: hollyjbugs@yahocor	remail: Shannahlw@gmaul.com
Has the organization provided any payments to district	temployees during the past 12 months? Ves V No

Has the organization provided any payments to district employees during the past 12 months? ____Yes ____ No Have you attached copies of your most recent tax filings & 1099s? V___Yes ____ No



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