

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

Contract Committee Review Request  
 MUST BE COMPLETED IN FULL

Date: 06/15/2022

Contract/Agreement Vendor:   
Name of Vendor & Contact Person

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

BOE Date Amount of agreement

Person Submitting Contract/Agreement for Review:

**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:

Leadership Team Member:

Funding Source:    
Fund/Project OCAS Coding

**Consent**

**Action**

Accept and approve the Renewal agreement between Broken Arrow Public Schools and School Safe ID to implement their visitor management for all school sites from 7/1/2022-6/30/2023. Cost to the District is \$14,471.00 and will be paid from the General Fund. D. Blackburn


**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.*

# School Safe ID Contract Agreement


DISTRICT ID# /SSID #	DATE
	06/06/2022
CUSTOMER	
Broken Arrow Public Schools	
STREET ADDRESS (physical address)	
701 S. Main Street	
CITY	STATE      ZIP
Broken Arrow	OK      74012
MAILING ADDRESS (if different than above)	
CITY	STATE      ZIP
Broken Arrow	OK      74012
PHONE NUMBER	
(918) 259-5700	
CONTACT PERSON	
Derek Blackburn	
EMAIL ADDRESS OF CONTACT PERSON	
dblackburn@baschools.org	
ALTERNATE CONTACT (IF PRIMARY CONTACT ISN'T AVAILABLE)	
SUPERINTENDENT'S NAME AND/OR PRINCIPAL'S NAME	
Chuck Perry	
FRONT OFFICE SECRETARY'S NAME	

MULTI-YEAR AGREEMENT (Initial or check each year applicable)					
2018	<input type="checkbox"/>	2019	<input type="checkbox"/>	2020	<input type="checkbox"/>
2021	<input type="checkbox"/>	2022	<input checked="" type="checkbox"/>		
software subscription always ends on July 1					



By signing below, Customer authorizes School Safe ID to begin processing the school safe id system. The system includes the hardware and software described below and for the effective Term of the Agreement.

In the event that the customer changes the number of kiosk system totals, the purchase price is subject to change. You will receive an invoice when the order has been completed and shipped. Payment should be made within 15 days after the invoice is received.

CUSTOMER'S AUTHORIZED SIGNATURE (complete name, no initials)	DATE
	06/06/2022
CUSTOMER'S AUTHORIZED SIGNATURE (PRINT)	
SSID'S AUTHORIZED INDEPENDENT REPRESENTATIVE'S SIGNATURE	DATE
	06/06/2022
SSID'S AUTHORIZED INDEPENDENT REPRESENTATIVE'S SIGNATURE (PRINT)	
Bart Baker	

NUMBER OF SCHOOL SAFE ID KITS (SYSTEM)	Kiosk Color(s)
29	
SCHOOL TYPE	
TYPE ORDER	
Annual Renewal Contract for dates 7/1/2022 - 6/30/2023	
SHIP KIT TO (if different than above address)	
SHIP DATE FOR KIT	

**Additional Notes:**

29 kiosks x \$499 annual software subscription

Annual Renewal Contract for dates 7/1/2022 - 6/30/2023

**Total Contract Price \$ 14,471.00**