Date: 10.12.23

Contract Committee Review Request MUST BE COMPLETED IN FULL

Contract/Agreement Vendo	or: Ignite2Unite			IS THIS A NEW
	Name of Vendor			VENDOR? IF SO,
	Jason Jedamski		479-366-5517	PLEASE PROVIDE:
	Contact Person 4720 S 174 th E Ave	Р	hone Number	W9
	Address			And
	Tulsa	ОК	74134	
	City	State	Zip	Vendor
	kristin@ignite2unite	e.com		Registration
	Email address			<u>-</u>
	January 10 and 11, 202	4		<u> </u>
	Date of services			
	/a	Stove Dung		ESC
Person Submitting Contract	:/Agreement for Review	Name		Site
		Name		3.03
Reason for Review: (New A	greement. Renewal): N	EW		
Ticasoff for the view. (The view rig	Si cerrierra, rioriarra,			
Audience/Group to benefit	from Contract/Agreeme	ent:		
Routing Approval: PLEAS				ORE SENDING TO
STACIE CHASE	L OLINO TO THE THE		***************************************	
Principal and Director or Ac	lministrator:			
<u> </u>	Signatur	е		
		No.	'es 📗	
Does this Contract/Agreem			'es l	
Has it been reviewed by the	E Chief Technology Office	er? NolY	es []	
If yes, Approved by:				
ii yes, Approved by	51	Λ		
Leadership Team Member:	Mand	- Dun		
•	Sign	ature		
_	eneral Funds 11/Projec	t 104	OCAS Coding	
	escription CTCDS		OCAS Couling	
Process: PLEASE FOLI	<u>.OW ALL STEPS</u> eement is reviewed and	annroyed by site Pri	ncinal/Director/Ac	lministrator
i. The Contract/Agr	eement is reviewed and	approved by site in	Bon Stout Chief T	echnology
4	ated, the Contract/Agree	ement is reviewed by	ben stout, chief i	eciniology
Officer	genda Memorandum and	d attach to Contract/	Agreement	
3. Prepare Board Ag	cion process and place a	comment in the Not	es section that save	5 .
4. Begin the requisit	old req pending board a	poroval on 11 6 23	es section that says	••
Please no	nd red pending board a	Date of Board	d Meeting	
5 Attach this form	with Contract/Agreemer		•	
6. The appropriate	Leadership Team Memb	per will review and s	ubmit to the Contr	act Committee
7. Keep copy for you				
The Contract/Agreement sho	ould be received at least 2	weeks prior to a Boa	rd Meeting to ensur	e placement on
the Agenda. The Contract Co	ommittee meets most Tue	esdays at 8:30a.m. Al	Contracts/Agreeme	ents, regardless

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 Stacie Chase. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.

MEMORANDUM

To: Mr. Chuck Perry

From: Mr. Steve Dun

Date: October 11, 2023

Re: Ignite2Unite, LLC

SUBJECT

Accept and approve the NEW agreement between Broken Arrow Public Schools and Ignite2Unite, LLC, for a Breaking Down the Walls Program facilitator, January 10-11, 2024 at Oliver Middle School. Total cost to the District is \$7,000.00 and paid out of General Funds. S. Dunn

ENCLOSURE/ATTACHMENTS

Agreement

SUMMARY

Mr. Jedamski with Ignite2Unite will facilitate two 2.5 hour workshops per day on 1/10 and 1/11, 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.

FUNDING

General Funds, Project 104

RECOMMENDATION

Approve

AGREEMENT FOR THE SERVICES OF IGNITE2UNITE, LLC

SPONSOR: Oliver Middle School **CONTACT**: Steve Dunn **WORK PHONE:** (918) 259-5755 EMAIL: sdunn@baschools.org **CELL PHONE: (405) 615-8694**

ADDRESS: 3100 W. New Orleans CITY, ST, ZIP: Broken Arrow, OK 74011 ALT CONTACT: Melissa Addison ALT EMAIL: maaddison@baschools.org **ALT CELL PHONE: (316) 258-0691**

PRESENTATION INFORMATION

SPEAKER:

Jason Jedamski

DATE(S):

Wednesday, January 10 - Thursday, January 11, 2024

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:

An Ignite2Unite facilitator will facilitate two 2.5-hour workshops per day on 1/10-11, 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 \$7,000.00. 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 balance is requested to hold this date. If final payment cannot be made on the day of the presentation, program fee will be \$7,700.00.

*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:

October 5, 2023 Date Steve-Dunn, Broken Arrow Public Schools Date

Ignite2Unite, LLC 4720 S. 174th East Ave Tulsa, OK 74134 479.366.5517 kristin@ignite2unite.com www.ignite2unite.com

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: Steve Dunn 3100 W. New Orleans Broken Arrow, OK 74011

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1059	10/05/2023	\$7,000.00	01/10/2024	Deposit Due / Balance Prior to Event	
SHIP DATE 01/10/2024			SHIP VIA In Person		

ACTIVITY	DESCRIPTION		QTY	RATE	AMOUNT
BDW MS+PRT	Breaking Down the Walls - Middle Level Program Wednesday, January 10 - Thursday, January 11, 2024		1	7,000.00	7,000.00
	All inclusive fee for a two day Brander Program including two 2.5 hour of facilitated by an Ignite2Unite factorization program includes a pre-recorded and a staff informational video to prior to the event.	workshops per day ilitator on 1/10-11. The d student kick-off video			
A 3.5% processing fee will b	be added to credit card payments.	BALANCE DUE			\$7,000,00

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

Thank you.

\$7,000.00

(Rev October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

- 1	1 Name (as shown on your income tax return). Name is required on this line, do	not leave this line blank				
	Ignite allnite, UC					
	2 Business name/disregarded entity name, if different from above					
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
5	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trustingle-member LLC			E a man and off anyl		
9 2				Exempt payee code (if any)		
Print or type. c Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)			Exemption from FATCA reporting		
를 로	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do no LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member is disregarded from the owner should check the appropriate box for the tax classification of its owner.			code (if any)		
듣흑				code (ii ariy)		
L ś				(Applies to accounts maintained outside the U.S.)		
ě	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	and address (optional)		
g g	4720 S 1744 E Ave.	The man design as				
<i>ي</i> ر	6 City, state, and ZIP code					
	Tulsa, 0x 74134	Tile OV 14124				
	7 List account number(s) here (optional)					
	A TOTAL CONTROL OF A TOTAL CONTR					
Par	Taxpayer Identification Number (TIN)					
Enter	your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avo	10	Social security number		
backu	n withholding. For individuals, this is generally your social security num	nber (SSN). However, to	ra			
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for I s, it is your employer identification number (EIN). If you do not have a n	number, see How to get	a LLL			
TIN, la			or			
Note:	If the account is in more than one name, see the instructions for line 1.	. Also see What Name a	ind Employer	identification number		
Number To Give the Requester for guidelines on whose number to enter.			87	-114aa6aa		
Par						
	penalties of perjury, I certify that: number shown on this form is my correct taxpayer identification numbers.	her for Lam waiting for a	number to be is:	sued to me); and		
2. I an Ser	n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and	ckup withholding or (b).	I have not been r	notified by the internal Revenue		
	n a U.S. citizen or other U.S. person (defined below); and					
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	pt from FATCA reporting	g is correct.			
	testing instructions. You must cross out item 2 above if you have been no	otified by the IRS that you	u are currently sub	eject to backup withholding because		
Control of the se	ave failed to report all interest and dividends on your tax return. For real es sition or abandonment of secured property, cancellation of debt, contributi	tate transactions, item 2	does not apply. F	or mongage interest baid.		
other I	than interest and dividends, you are not required to sign the certification, by	out you must provide you	r correct TIN. See	the instructions for Part II, later.		
Sign	Signature of V		Date > Jan	1		
Ger	neral Instructions	• Form 1099-DIV (div funds)	vidends, including	those from stocks or mutual		
Section references are to the Internal Revenue Code unless otherwise		 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)				
		Form 1099-S (proceeds from real estate transactions)				
Purpose of Form		Form 1099-K (merchant card and third party network transactions)				
		,		t), 1098-E (student loan interest),		
inform	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	1098-T (tuition)				
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		• Form 1099-C (canceled debt)				
		 Form 1099-A (acquisition or abandonment of secured property) 				
(EIN),	to report on an information return the amount paid to you, or other	Use Form W-9 only if you are a U.S. person (including a resident				

amount reportable on an information return. Examples of information returns include, but are not limited to, the following

• Form 1099-INT (interest earned or paid)

alien), to provide your correct TIN.

later.

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,