

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

Date: February 24, 2025

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:

Cabinet Team Member: *Tara Thompson*

Funding Source:
Fund/Project OCAS Coding

Consent

Action

Accept and approve the RENEWAL Master agreement between Broken Arrow Public Schools and FTH Stock and Custom Jewelry who will provide fundraising opportunities for any BAPS site, students and staff, during the 2025-2026 school year. Boren Fundraising processes the sales and FTH Stock and Custom Jewelry does their own invoicing. There is no cost to the District. J. Brown

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.

Boren Fundraising

7329 S. 231st East Ave.
 Broken Arrow, OK 74014
Dwain Boren: 918-688-7725
 dwain@borenfundraising.com
Soni Brown: 918-688-2675
 office@borenfundraising.com

Kick Off: _____ / _____

Planning Period: _____

No. of Sellers _____ Profit % 50%Parent Letter: Yes No**AGREEMENT FORM****Seller Information**Ship To: Broken Arrow Public Schools Bill To: _____Attention: Janet Brown Attention: _____Street: 701 South Main Street Street: _____City: Broken Arrow State: OK Zip: 74012 City: _____ State: _____ Zip: _____Email: jlbrown@baschools.org Email: _____

Phone: _____ Phone: _____

Payment Contact: _____ Email: _____ Phone: _____

Program InformationBrochure: FTH Stock & Custom JewelryCustom Information: see position sheet for all guidelines - no minimums - 1 free item per 10 soldSpecial Notes: THIS WILL BE INVOICED BY FTH JEWELRY NOT BORENT-Bar Display of 10 items available @ \$37.50 charge (\$180 retail value)Delay in payment of the T-Bar Program may delay the processing time of the fundraiser orders**Agreement Approval**

Sponsor Signature: _____ Date: _____

Representative Signature: _____ Date: _____



Broken Arrow Public Schools Vendor Registration Form

Independent School District No. 3 | 701 S. Main Broken Arrow, OK 74012

This registration form to be completed by any person or company requesting payment from Broken Arrow Schools. This includes: reimbursements, refunds, payments for goods and/or services, etc.

New
 Update
ID # _____

Vendor Information

FROM THE HEART ENTERPRISES

Name (as shown on your income tax return)

Business Name/disregarded entity name (if different from above):

PO BOX 16384

NORTH LITTLE ROCK, AR 72231

Address (number, street and apt. or suite no.):

City, State

Zip

Check appropriate box for federal tax classification (required):

- Limited liability company: Enter tax classification (C or S corporation, S-S Corporation, Partnership) _____
- Individual/sole proprietor Trust/estate C Corporation Other
- Partnership Exempt payee S Corporation

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided MUST match the name given on the 'Name' line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

Employer Identification Number

83 - 0597983



I acknowledge it is **required** for Commercial Vendors to provide an EIN (*not a Social Security Number*). If a Social Security Number is provided for a Commercial Vendor, this form cannot be processed.

Vendor Questionnaire

1. Under what former name(s) has your business operated under during the past seven years?

2. Are you or any principal or partner of this business a current employee of Broken Arrow Schools or a relative of any employee or BAPS Board of Education member?

- Yes if Yes, please specify relationship _____
- No

3. Are you currently an active or retired member of the Oklahoma Teachers Retirement System?

- Yes No

4. Does your business accept purchase orders?

- Yes No

Purchase Order Contact Information

Amanda Muehlberg

Contact Name for Orders

Phone

888-708-1090

Mailing Address (number, street, and apt. or suite no.)

PO BOX 16384

City, State

Zip

NORTH LITTLE ROCK, AR 72231

Email address to send purchase order

Fax

Remittance Information

Lynda Brimer

Name to be printed on check

Phone

888-708-1090

Remittance Mailing Address (number, street, and apt. or suite no.)

PO BOX 16384

City, State

Zip

NORTH LITTLE ROCK, AR 72231

Accounts Receivable Contact Name / email address

Fax

Payments from Broken Arrow Public Schools

- I/We understand and agree to required payment terms from Broken Arrow Public Schools via a 3rd-party payor / Commerce Bank.

Certification, Compliance and Agreement

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am writing 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.

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 or dividends on your tax return.

By signing this vendor application form, you hereby agree to comply with the provisions of Title 70 O.S. §6-101.48 of the Oklahoma Statute incorporated herein by reference, which states that the vendor will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or another state, of any felony offense unless ten (10) years has elapsed, and is not currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Rippey Violent Crime Offenders Act. Upon conviction for any violation of the provisions of this subsection, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00). In addition, the violator may be liable for civil damages (57 O.S. 589). Vendor acknowledges BAPS is a tobacco-free and weapons-free workplace for all schools, buildings and grounds whether leased or owned by the District. The use of tobacco products or possession of a weapon while on any District grounds, in any District buildings, or in any District vehicle is prohibited.

IT IS A VIOLATION OF OKLAHOMA STATE LAW TO PROVIDE ANY GOOD(S) AND/OR SERVICE(S) PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Elizabeth Woolley
Printed name of the person authorized to sign for you
Signature (Must be authorized to sign an IRS W-9 form)

Executive Officer
Title
9/26/23
Date

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
From The Heart Enterprises

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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 FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO BOX 16384

6 City, state, and ZIP code
North Little Rock, AR 72231

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
8	3	-	0	5	9	7	9	8	3

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.

Signature Here Signature of U.S. person  Date ▶ **1/1/20**

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer 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 (EIN), to report on an information return the amount paid to you, or other 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)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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, later.

SCHOOL SPIRIT PROGRAM

FUND34301
MADISON
EARRING



FUND43405
DIANA
EARRING



FUND21690
HEART EARRING



FUND43402
MADISON NECKLACE
RED



FUND43406
DIANA NECKLACE



FUND21691
HEART NECKLACE
SPECIFY INITIAL



FUND43403
MADISON
BRACELET
RED



FUND43407
DIANA BRACELET



FUND21692
HEART BRACELET
SPECIFY INITIAL



FUND57844
BROWN UNISEX LEATHER BRACELET



FUND57843
BLACK UNISEX LEATHER BRACELET



FUND59715
ORNAMENT



FUND61032
VISOR CLIP



FUND43420
WALLET MONEY CLIP



FUND43422
TIE DYE UNISEX SUNGLASSES



ALL ITEMS ARE \$16 EACH

Seller Name: _____ School/Organization: _____ Sponsor Name: _____

Name	Phone #	Item #	Description	Initial (Items 21691 & 21692 Only!)	Qty	Amount Due	Paid

Prize Jewelry Requested: _____

MOM LIFE



Caffeine & Prayer
62553

For this Child
62559

Your First Breath
62557

You are my Sunshine
62554

Mama Bear
62558

Wife Mom Boss
62556



Camel Pave
61293

White Pave
61305

Black Pave
61289

Camel Bolo
61294

White Bolo
61306

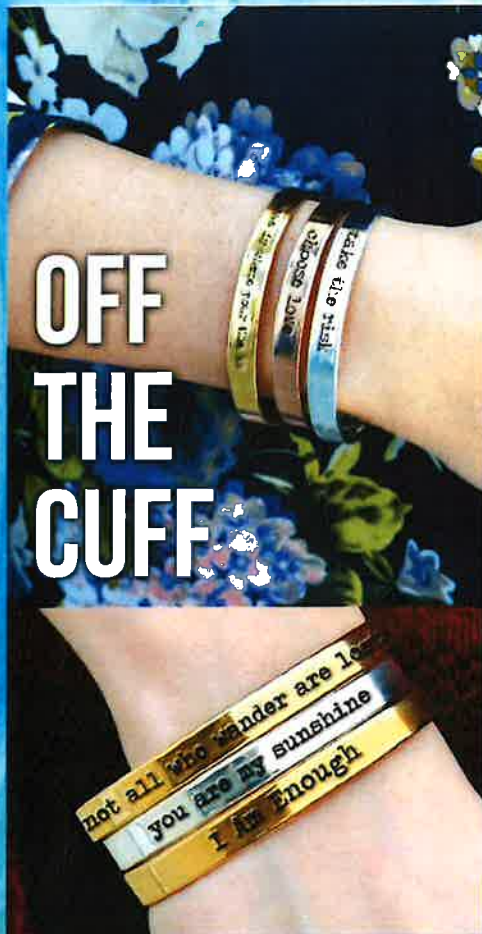
Black Bolo
61290

Camel Chip
61295

White Chip
61307

Black Chip
61291

OFF THE CUFF



- 58838
not all who wander are lost
- 58820
you are my sunshine
- 58827
choose love
- 58903
take the risk
- 58818
I Am Enough
- 58817
have courage and be kind

- 58900
i love you more
- 58833
believe in yourself
- 58823
be still and know
- 58886
love more, worry less
- 58911
P.S. I Love You
- 58851
friends forever

Cuffs flex and adjust to fit all sizes!

ENJOY THE JOURNEY



- 59679
a piece of my heart is in heaven
- 59684
With Faith All Things Are Possible
- 59689
The future belongs to those who believe in the beauty of their dreams.
- 59685
Enjoy the Journey
- 59682
never never never give up
- 60248
Don't wish it more upon a bushel

Celebrate life's journey with a special word of encouragement!

SUPPORT YOUR SPORT

Brag a little about your favorite player or musician!



62742



62745



62746



62740



62743



62741



62739



57426



57427



57422



57429



57423



57428



57425

Best Seller!



I LOVE YOU TO THE MOON AND BACK!

Show your love with a personalized bracelet that she'll cherish forever!

COLOR SPLASH

Stack them, Mix them
Love them!

Grab them in all
your team colors!



Orange- 57504



Navy- 57512



Gold- 57501



Maroon- 57505



Gray- 57514



Purple- 57508



Green- 57739



White- 57498



Blue- 57500



Red- 57499



Black- 57503



Orange- 12337



Navy- 12341



Gold- 12336



Maroon- 12342



Brown- 12338



Purple- 12334



Green- 12335



White- 12331



Blue- 12333



Red- 12332



Black- 12000

