

BROKEN ARROW PUBLIC SCHOOLS

Educating Today

Leading Tomorrow



Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 02/08/2022

Contract/Agreement Vendor:

Leon May Visual Design, Inc.

Name of Vendor & Contact Person

lmaydesignvid@aol.com

Vendor Email Address

Consultant - The Pride of Broken Arrow

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.

The Pride of Broken Arrow

Reason/Audience to benefit

3/7/2022

BOE Date

\$ 18,000.00

Amount of agreement

Person Submitting Contract/Agreement for Review: Darrin Davis, Director of Bands

[Handwritten signature: D. Dale]
[Handwritten initials: D.D.]

PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK

Principal &/or Director or Administrator:

Dr. Richard Dale, Director of Fine Arts

Does this Contract/Agreement utilize technology? YES/NO

If yes, Technology Admin: no

Leadership Team Member:

Steve Dunn *[Handwritten signature: Steve L. Dunn]*

Funding Source:

11-039

Fund/Project

22-11-039-1000-337-100-3000-000-720

OCAS Coding

Consulting contract for the Pride of Broken Arrow. \$9,000 down payment to be paid April, 2022, and \$9,000 to be paid in July 2022.

Consent

Action

6-16-22 Resubmitting for payment #2.

RQ 143090

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.

Leon May Visual Design, Inc.

6646 Brigham Bay Drive
Avon, IN 46123
317-501-3500
lmavdesignvid@aol.com
Tax ID: 83-3490402

Service Agreement/Contract for Consultation

Consultant: Leon May Visual Design, Inc.

Host: Broken Arrow Public Schools

Compensation:

\$18,000.00, for July, 2022 through June 30, 2023 for fees incurred.

Terms and Conditions:

Contracted services will be provided to Broken Arrow Public Schools for band consultation. The compensation amount above is all-inclusive, and no expenses will be paid by Broken Arrow Public Schools outside of the compensation listed. Consultant is responsible for all arrangements in coordination with this trip as a natural business expense. Travel arrangements may include airfare or mileage driven, hotel, rental cars and meals. In the event Consultant fails to perform under the terms of this agreement as a result of events or circumstances outside of it's control, such as illness, acts of nature, etc., Consultant agrees to offer services at a later date, providing such can be rescheduled with Broken Arrow Public Schools. Consultant will notify Host immediately with any circumstances or event that will prevent Consultant from performing under this Agreement.

Termination:

This Agreement shall be in effect from the date of signatures by the Consultant and the District Board of Education President. The Agreement may be terminated by either party giving at least 15 days advance notice.



Leon May
Leon May Visual Design, Inc.

Date: 6-21-2022

BAPS Board of Education President

Date: _____

CRIMINAL BACKGROUND CHECK

In compliance with Oklahoma Statutes (Title 70, Sections 122, 125, 135, and 140.1) which prohibit public schools from retaining or rehiring an individual with a felony conviction, Broken Arrow Public Schools ("BAPS") requires a criminal background check for purposes of making employment decisions.

I, Thomas Leon May , give Broken Arrow Public Schools permission to run a background check to obtain criminal information relating to me (if any) and/or to hire a reporting agency to run a background check to obtain criminal information relating to me (if any) contained in public records. Neither BAPS nor its agent(s) will be violating my right to privacy by conducting this background check, and I hereby release them from all liability whatsoever for actions related to this investigation. I further acknowledge that, if I am hired by BAPS, I may be subject to an annual random selection process for criminal history checks of ongoing BAPS employees, and I grant permission for these additional background checks.

Thomas Leon May

Print Name



Signature

6-16-2022

Date

CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

T	h	o	m	a	s				
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Applicant's First Name

M	a	y																
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Last Name

I understand that Broken Arrow Public Schools (BAPS) will utilize the services of SELECT FORCE, INC (agent) as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, BAPS may obtain further information through subsequent investigations by designated agent(s) so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and education and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to federal, state, and/or county criminal records without any time limitations subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or whom may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. I further understand that the scope of a consumer report/investigative consumer report may include, but is not limited to, verification of Social Security Number, employment history, references, education attained, motor vehicle records including traffic citations and registration and any other public records.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five (5) days after BAPS receives my request or five (5) days after the investigative consumer report was requested, whichever is later.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act. I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify BAPS within five (5) business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with BAPS/designated agent and advise BAPS as to the basis of my challenge. In exchange for BAPS' consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against designated agent(s) for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against BAPS or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request. I hereby consent to this investigation and authorize BAPS to procure a consumer report and/or investigative consumer report on my background as stated above from designated agent(s). In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information in this packet for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

T h o m a s

First Name

L e o n

Middle Name or Initial

M a y

Last Name

0 6 1 3 1 9 6 9

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

3 0 5 8 0 4 7 8 3

Social Security Number

3 1 7 5 0 1 3 6 0 0

Primary Telephone (no dashes)

6 6 4 6 B r i g h a m B a y D r

Current Address

Apt #

7 # Years at this address

A v o n

City

I N

State

4 6 1 2 3

Zip Code

8 4 5 W o o d r u f f p l a c e

Previous Address

Apt #

1 5 # Years at this address

I n d i a n a p o l i s

City

I N

State

4 6 3 0 4

Zip Code

8 9 1 7 8 9 3 0 9 7

Driver's License Number (no dashes)

I N

License State

0 6 1 3 2 0 2 8

Expiration Date

L m a y d e s i g n v i d @ a o l . c o m

Email Address

LM

Signature

0 6 1 6 2 0 2 2

Today's Date (MMDDYYYY)

