Date: 2.21.25

# Contract Committee Review Request MUST BE COMPLETED IN FULL

than an individual.

Cambra at / A sua ama ant \ / anda	Janite 21 Inite			IS THIS A NEW
Contract/Agreement Vendo	Name of Vendor			VENDOR? IF SO,
	Jason Jedamski		479-366-5517	PLEASE PROVIDE:
	Contact Person 4720 S 174 <sup>th</sup> E Ave	Pł	none Number	W9
	Address			And
	Tulsa	OK	74134	
	City	State	Zip	Vendor
	kristin@ignite2unite	e.com		Registration
	Email address			-
	Sept 2025 Date of services			
	Date of Services			
Person Submitting Contract/	Agreement for Review	Steve Dunn		ESC
,	o .	Name		Site
Reason for Review: (New Ag	reement, Renewal):N	EW		
Audience/Group to benefit f	rom Contract/Agreeme	ent:		
Routing Approval: PLEASE			M MEMBER BEFO	ORE SENDING TO
STACIE CHASE	JEND TO THE METERS			
Principal <b>and</b> Director or Adr	ministrator:			
Principal <u>and</u> Director of Adi	Signatur	re		
Does this Contract/Agreeme Has it been reviewed by the			es	
If yes, Approved by:				
	5/ 4	0.		
Leadership Team Member:		, pur		
5 P Saura & Ca	•	ature		
	eneral Funds 11/Project	L 104	OCAS Coding	
	OW ALL STEPS		3 3 13 33 2 11 3	
	eement is reviewed and	approved by site Prin	ncipal/ Director/Ac	dministrator
If Tank a large we let	ted, the Contract/Agree	mont is reviewed by	Ren Stout Chief T	echnology
4	ted, the Contract/Agree	ement is reviewed by	Dell'Stout, Chief i	ссиноюву
Officer	1.84	-1 -44b 4- Combus at /	Agraamant	
3. Prepare Board Age	enda Memorandum and	a attach to Contract/	Agreement.	•
	on process and place a			٥,
"Please hol	d req pending board ap	pproval on Sept 202	25	
		Date of Board	ivieeting	
5. Attach this form w	ith Contract/Agreemen	nt and Board Memo	L	and Committee
	eadership Team Memb	er will review and su	ubmit to the Contr	act Committee
7. Keep copy for you	r records			
The Contract/Agreement show	uld be received <u>at least 2</u>	weeks prior to a Boar	d Meeting to ensur	e placement on
the Agenda. The Contract Con	mmittee meets most Tue	sdays at 8:30a.m. All	Contracts/Agreeme	ents, regardless
the amount, must be first app	proved by the Contract C	Committee and then pi	resented to the Boa	rd 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

# **MEMORANDUM**

To: Mr. Chuck Perry

From: Mr. Steve Dunn

Date: March 10, 2025

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, September 25-26, 2025 at Broken Arrow Freshman Academy. Total cost to the District is \$7,400.00 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 9/25 and 9/26, 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:** Broken Arrow Freshman Academy

CONTACT: Malinda Silva WORK PHONE: (918) 259-4330 EMAIL: msilva@baschools.org

**CELL PHONE:** 

ADDRESS: 301 W. New Orleans CITY,ST,ZIP: Broken Arrow, OK 74011 ALT CONTACT: Steve Dunn/ Melissa Addison

ALT EMAIL: sldunn@baschools.org/ maaddison@baschools.org

ALT CELL PHONE: (405) 615-8694/ (918) 259-5755

# PRESENTATION INFORMATION

SPEAKER:

Jason Jedamski

DATE(S):

Thursday, September 25 - Friday, September 26, 2025

PROGRAM NAME:

**Breaking Down the Walls Program** 

PROGRAM LENGTH:

2.5-hour workshop

ARRIVAL TIME:

TBD

AUDIENCE:

Broken Arrow Freshman Academy Students

**DETAILS:** 

Jason Jedamski will facilitate four 2.5-hour workshops of Breaking Down the Walls at Broken Arrow Freshman Academy on 9/25-26. 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 \$7,400.00. 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 full balance is requested to hold this date

\*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:

Kristin Jedamski, Ignite2Unite Date

Board Representative, Broken Arrow Public Schools Date

## Ignite 2 Unite, LLC

4720 S. 174th East Ave

Tulsa, OK 74134 +14793665517

kristin@ignite2unite.com

## **BILL TO**

Broken Arrow Public Schools Broken Arrow Freshman Academy Accounts Payable 701 S. Main Street Broken Arrow, OK 74012

# Invoice



## SHIP TO

Broken Arrow Freshman Academy Attn: Steve Dunn/ Malinda Silva 301 W. New Orleans Broken Arrow, OK 74011

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1231	02/05/2025	\$7,400.00	10/27/2025	Net 30	
SHIP DATE			SHIP VIA		
09/25/2025 In Person					

ACTIVITY	DESCRIPTION	QIY	HATE	AMOUNT
Breaking Down the Walls - High School	Breaking Down the Walls Broken Arrow Freshman Academy Thursday, September 25 - Friday, Septembe	1 er 26, 2025	7,400.00	7,400.00
	All inclusive fee for Jason Jedamski to facilitate 2.5-hour workshops of Breaking Down the Warden Arrow Freshman Academy on Septe 26, 2025.	/alls at		
A 3 75% processing fee	will be added to credit card payments. BA	LANCE DUE		27 400 00

A 3.75% processing fee will be added to credit card payments. All fees in US funds only.

AMOUNT

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

Thank you.

Form W-9
(Rev. March 2024)
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.

Befor	еу	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.												
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)									ded				
		Ignite 2 Unite, LLC												
	2	Business name/disregarded entity name, if different from above.												
Print or type. See Specific Instructions on page 3.	3a	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
	Individual/sole proprietor C corporation S corporation Partnership Individual/sole						Exempt payee code (if any)							
	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)					- E> C(	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)							
in in		Other (see instructions)				-↓~	Juc (	,,,,,	"		-		_	
P Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions					]	(Applies to accounts maintained outside the United States.)							
ee	5	Address (number, street, and apt. or suite no.). See instructions.	Reques	ster's	nam	e and	add	ress	(option	al)				
0)		4720 S. 174th East Ave.												
	6	City, state, and ZIP code												
	Tulsa, OK 74134													
	7	List account number(s) here (optional)												
Par	tΙ	Taxpayer Identification Number (TIN)									Ξ			
Enter	VΩL	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	So	cial	securi	ty n	umb	er					
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.				er ide	er identification number									
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.			7	_	1	4	2 2	6	2	2				
Par	Ш	Certification												
Under	ре	nalties of perjury, I certify that:												
1. The	nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numb	er to	be	issue	d to	me	); and					
Ser	vice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of the subject to backup withholding; and	I have r or divide	not b ends	een , or	notif (c) the	ied e IR	by th S ha	ne Inte is notif	rnal ied	Rev	enue hat i	am	
		U.S. citizen or other U.S. person (defined below); and												
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting												
becau	se y	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or spendonment of secured property, cancellation of debt, contributions to an individual ret	ons, iten	n 2 d	oes	not a	pply	. Fo	r morto	age	inte	rest	paid, nts	

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.

# **General Instructions**

U.S. person

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.

#### What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

January 9, 2025

## **Purpose of Form**

Date

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they