

Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 8/15/2022

Contract/Agreement Vendor: James W. Moore, vendor 39097

Name of Vendor & Contact Person

dancjim1@me.com

Vendor Email Address

Choreography service agreement for the Pride of Broken Arrow 2022-23.

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.

Pride of Broken Arrow

Reason/Audience to benefit

9/12/2022

BOE Date

\$ 12,000.00

Amount of agreement

ok DDD

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

PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK

Principal &/or Director or Administrator: n/a

Does this Contract/Agreement utilize technology? YES/NO

If yes, Technology Admin: no

Leadership Team Member: Steve Dunn

Funding Source: 11/039
Fund/Project

23-11-039-1000-320-100-3000-000-720 RQ147257
OCAS Coding

Consent

Action

Renewal Agreement between James W. Moore and Broken Arrow Public Schools for band choreography for the Pride of Broken Arrow 2022-23. Total compensation \$12,000.

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.

JAMES W. MOORE SERVICE AGREEMENT

Choreography – Pride of Broken Arrow 2022

Between

James W. Moore
134 Kapahulu Ave., Apt. 901
Honolulu, HI 96815
812-340-0227
Dancjim1@me.com

And

Broken Arrow Public Schools
701 S. Main
Broken Arrow, OK 74012

Overview

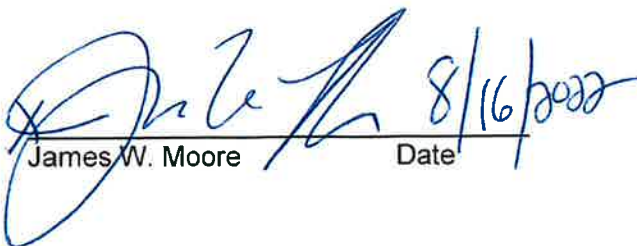
Compensation - \$12,000 all inclusive, paid \$6,000 in October 2022, and November 2022, for band choreography.

Terms and Conditions

Services will be provided as determined by Darrin Davis, Director of Bands for BAPS and James W. Moore. Compensation is all-inclusive and no expenses will be paid by Broken Arrow Public Schools. In the event James W. Moore fails to perform under the terms of this agreement as a result of events or circumstances outside of his control, such as illness, acts of nature, etc., James W. Moore agrees to offer services at a later date, providing such can be rescheduled. James W. Moore will notify BAPS immediately with any circumstances or event that will prevent him from performing under this agreement.

Termination

This agreement shall be in effect from the date of signatures by James W. Moore and BAPS Board of Education President. Either party giving at least 15 days advanced notice may terminate this agreement.


James W. Moore Date 8/16/2022

President,
BAPS Board of Education

Date

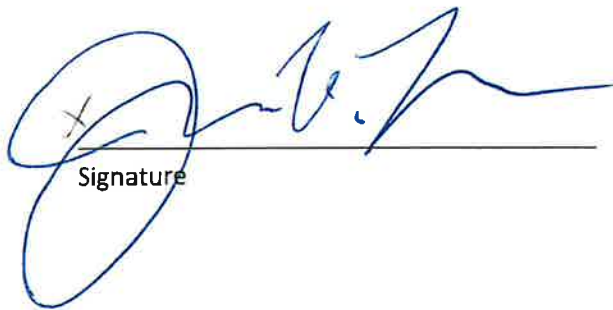
CRIMINAL BACKGROUND CHECK

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, James W. Moore , 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.

James W. Moore

Print Name


Signature

8/15/2022

Date

CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

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Applicant's First Name

M	o	o	r	e														
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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

JAMES

First Name

W

Middle Name or Initial

MOORE

Last Name

04091969

Date of Birth (MMDDYYYY)

JIM MOORE

Other Names Known By

Male

Female

223290317

Social Security Number

8123400227

Primary Telephone (no dashes)

134 KAPAHULU AVE

Current Address

901

Apt #

14

Years at this address

HONOLULU

City

HI

State

96815

Zip Code

Previous Address

Apt #

Years at this address

City

State

Zip Code

HU1302805

Driver's License Number (no dashes)

HI

License State

04-09-28

Expiration Date

DANCJIM1@ME.COM

Email Address



Signature

08152022

Today's Date (MMDDYYYY)


FELONY COMPLIANCE AFFIDAVIT

STATE OF OKLAHOMA }
 }ss.
COUNTY OF TULSA }

The undersigned, under the penalties of perjury, certifies to the Broken Arrow Public Schools ("School District") as follows"

1. The undersigned:
 has a contract with the School District; OR
 _____ is the duly authorized representative of a business ("entity") having a contract with the School District,
 to perform work on School District premises on a full-time or part-time basis.
2. The undersigned hereby certifies that neither the undersigned nor any employee of the undersigned or of the entity, or of any subcontractor of the undersigned or the entity, will perform work on School District premises on a full-time or part-time basis that would otherwise be performed by School District employees if such employee has been convicted in this State, the United States or any other state of any felony offense unless ten (10) years have elapsed since the date of the criminal conviction or the employee has received a pardon for the offense.
3. Neither the undersigned nor any employee of the undersigned, or the entity, or of any subcontractor of the undersigned or the entity, who performs any work on School District property is currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.
4. The undersigned, or the entity: _____ has or has not conducted a felony record search of all employees who will be assigned to work on a full-time or part-time basis on School District property.
5. This Affidavit is made and delivered pursuant to the requirements of **Title 70 O.S. 6-101.48 (Supp. 2000)** and **Title 58 O.S. 589 (Supp. 2004)** (the "Acts"). The undersigned further certifies to the School District that the undersigned and/or the entity are in full compliance with the requirements of the Acts.

EXECUTED AND DELIVERED this 15 day of August, 2022

AFFIANT'S SIGNATURE

Representing:
n/a

(Name of Entity)

Subscribed and sworn to before me this 15 day of August, 2022


Notary Public



(SEAL)
Notary Commission Number: 15011436

My Commission Expires: 12/21/2023