Contract Committee Review Request MUST BE COMPLETED IN FULL

Date: 05/21/2024

Contract/Agreement Vendor:

SchoolSAFEid/ Bart Baker

Name of Vendor & Contact Person

bart.baker@schoolsafeid.com

Vendor Email Address

Technology for visitor check-in security at school sites.

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.

BAPS Students & staff

Reason/Audience to benefit

06/03/2024

BOE Date

Summary

\$ 16,966.00

Amount of agreement

Person Submitting Contract/Agreement for Review: Derek Blackburn PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK Principal &/or Director or Administrator Does this Contract/Agreement utilize technology (VE If yes, Technology Admin Cabinet Team Member: Funding Source: 11/089 11-089-2670-653-000-0000-000-sites OCAS Coding Fu rd/Pro ect Accept and approve the RENEWAL agreement between Broken Arrow Public Schools and SchoolSAFEid to purchase the annual software subscription for 34 school site check-in kiosks beginning July 1, 2024 and ending June 30, 2025. Cost to the District Consent is \$16,966.00 and will be paid with General Funds. D. Blackburn Action

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.

This area must be complete with LIB grollangs on of contract

School Safe ID Contract Agreement

DISTRICT ID# /SSID # DATE	O5/21/24 CUSTOMER Broken Arrow Public Schools STREET ADDRESS (physical address)	By signing below, Customer authorizes School Safe ID to begin
STREET ADDRESS (physical address) 701 S. Main Street CITY STATE 2IP Broken Arrow OK 74012 MALING ADDRESS (if different than above) CITY STATE 2IP Broken Arrow OK 74012 MALING ADDRESS (if different than above) CITY STATE 2IP Broken Arrow OK 74012 PHONE NUMBER 918-259-5700 CONTACT PERSON Derek Blackburn EMAIL ADDRESS OF CONTACT PERSON CONTACT PERSON Derek Blackburn EMAIL ADDRESS OF CONTACT PERSON CONTACT PERSON CONTACT PERSON DERENTIENDENT'S NAME AND/OR PRINCIPAL'S NAME FRONT OFFICE SECRETARY'S NAME MULTI-YEAR AGREEMENT (initial or check each veor applicable) MULTI-YEAR AGREEMENT (initial or check each veor applicable) ACTIVE AGREEMENT (initial or check each veor applicable) Contract person Derek Blackburn MULTI-YEAR AGREEMENT (initial or check each veor applicable) ACTIVE AGREEMENT (initial or check e	CUSTOMER Broken Arrow Public Schools STREET ADDRESS (physical address)	By signing below, Customer authorizes School Safe ID to begin
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SHIP DATE FOR KIT

Total Contract Price \$ \$16,966.00