



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

\$ 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: [Signature]

Does this Contract/Agreement utilize technology (YES/NO) [Signature]
If yes, Technology Admin: [Signature]

Cabinet Team Member: [Signature]

Funding Source: 11/089 11-089-2670-653-000-0000-000-sites
Fund/Project OCAS Coding

☒ **Consent**

☐ **Action**

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 is \$16,966.00 and will be paid with General Funds. D. Blackburn

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.

School Safe ID Contract Agreement

DISTRICT ID# /SSID #		DATE
		05/21/24
CUSTOMER		
Broken Arrow Public Schools		
STREET ADDRESS (physical address)		
701 S. Main Street		
CITY	STATE	ZIP
Broken Arrow	OK	74012
MAILING ADDRESS (if different than above)		
CITY	STATE	ZIP
Broken Arrow	OK	74012
PHONE NUMBER		
918-259-5700		
CONTACT PERSON		
Derek Blackburn		
EMAIL ADDRESS OF CONTACT PERSON		
dblackburn@baschools.org		
ALTERNATE CONTACT (IF PRIMARY CONTACT ISN'T AVAILABLE)		
SUPERINTENDENT'S NAME AND/OR PRINCIPAL'S NAME		
FRONT OFFICE SECRETARY'S NAME		

MULTI-YEAR AGREEMENT (Initial or check each year applicable)



2024-2025 SCHOOL YEAR

software subscription always ends on July 1

NUMBER OF SCHOOL SAFE ID KITS (SYSTEM)

Kiosk Color(s)

Gray

SCHOOL TYPE

TYPE ORDER

Annual Renewal Contract for dates 7/1/2024- 6/30/2025

SHIP KIT TO (if different than above address)

SHIP DATE FOR KIT

schoolSAFEid

By signing below, Customer authorizes School Safe ID to begin processing the school safe id system. The system includes the hardware and software described below and for the effective Term of the Agreement.

In the event that the customer changes the number of kiosk system totals, the purchase price is subject to change. You will receive an invoice when the order has been completed and shipped. Payment should be made within 15 days after the invoice is received.

X

BOARD OF EDUCATION PRESIDENT SIGNATURE (complete name) DATE

X

CUSTOMER'S AUTHORIZED SIGNATURE (complete name, no initials) DATE

X

CUSTOMER'S AUTHORIZED SIGNATURE (PRINT)

SSID'S AUTHORIZED INDEPENDENT REPRESENTATIVE'S SIGNATURE DATE

SSID'S AUTHORIZED INDEPENDENT REPRESENTATIVE'S SIGNATURE (PRINT)

Bart Baker

Additional Notes:

34 kiosks x \$499 annual software subscription

Annual Renewal Contract for dates 7/1/2024 - 6/30/2025

Total Contract Price \$ \$16,966.00