Contract Committee Review Request MUST BE COMPLETED IN FULL

Summary

Date: 5/1/2024 Emerson-Copeland - Miguel Agamata Contract/Agreement Vendor: Name of Vendor & Contact Person miguel.agamata@copeland.com Vendor Email Address Notifeye Hosting Services. Freezer & Cooler monitoring system. 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. CN Reason/Audience to benefit 6/3/2024 \$ 383.56 mount of agreement **BOE** Date

Person Submitting Contract/Agreement for Review: Jesse Cole PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK Principal &/or Director or Administrator Does this Contract/Agreement utilize technology? YES/NO If yes, Technology Admin: NO Cabinet Team Member: 000-3140-530-0000-000-022 Funding Source: 022 Fund/Project Accept and approve the RENEWAL agreement between Broken Arrow Public Schools and Emerson-Copeland to provide the Notifeye system to all sites for the 2024-2025 fall semester. The approximate cost to the District will be \$383.56 and will be paid with Consent Child Nutrition Funds. 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 full explanation of contract

# **MEMORANDUM**

To: Mr. Perry

From: Emily McNally

Date: June 3, 2024

Re: Emerson - Copeland

#### **SUBJECT**

Accept and approve the RENEWAL agreement between Broken Arrow Public Schools and Emerson-Copeland to provide the Notifeye System that monitors the freezer & cooler temperatures for all sites for the 2024-2025 fall semester. The approximate cost to the District will be \$383.56 and will be paid with Child Nutrition Funds. E.McNally

#### **ENCLOSURES**

Renewal Letter & Price List

#### **SUMMARY**

#### **FUNDING**

**Child Nutrition Fund** 

#### RECOMMENDATION

Approve

#### Cole, Jessica E

From:

coldchain, foodservice <foodservice.coldchain@copeland.com>

Sent:

Wednesday, May 1, 2024 12:05 PM

To:

Cole, Jessica E; Sabaricos, Mico [COMRES/COLDCHAIN/QUEZ]; Agamata, Miguel

[COMRES/COLDCHAIN/QUEZ]

Cc:

coldchain, foodservice

Subject:

RE: 2024-2025 Renewal

Attachments:

Credit Card Authorization Form - Copeland Cold Chain LP dba Cooper-Atkins.docx;

NOTIFEYE SERVICE AGREEMENT\_2023 (Electronic)34v4.pdf

CAUTION: This email originated from outside of the district. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Jessica,

Thank you for reaching out to us. Attached are the files that need to be filled out.

Below is your current sensor and gateway reading and computation for your NotifEye hosting service.

Please note that the computation for the prorated price is as follow: (Renewal Price / 365 days ) \* Days till shutdown = Prorated Price

Account Name	Gateways	Sensors	Expiry Date	Days till Shutdown		Renewal Price		Prorated Price	
Broken Arrow	28	58	11/11/2024	50	\$	2800	\$	383.56	
Public School						والمتعدد المتعدد	J		

Let me know if you have any questions.

Thank you!

Kindest Regards, Miguel



Miguel Agamata

Associate Engineer Inside Sales

T +1 833 409 7507 ext. 5465 – Direct E miquel.agamata@copeland.com

copeland.com

We are now Copeland, the sustainable climate solutions leader. Learn more at copeland.com.

Your finalback is important to us. For any comment and suggestions, places click below link; as applicable for Internal Emerson Business Partners, click here.
For External Customers, click here



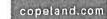


### NOTIFEYE™ SOFTWARE SERVICE AGREEMENT

Name as entered in Sy	stem: Broken	Arrow Public	Schools		Date: 5	1/24
Buyer (Full Name Of Individu	ral (S) Name If Appropria	te TRADE NAME (D	ORA IF ANY)	FEDERAL TAX	ID (IF STATE (	DF ORGANIZATION
- VX	<b>_</b> 3 5 − 0 ← 1	595 976 M H H 41		REQUIRED)	Okla	
PRIMARY ADDRESS (NUM	Public Schi	epls Child N	COUNTY STA	TE ZIP	PHONE NUMBER	FAX NUMBER
THINAIT ADDITION	SER & OTREET,	Broken			918-259-	
701 S Ma	in St	Ann.	ulsa 0	K 7401	2 4565	
CUSTOMER LOCATION (IF	NOT PRIMARY	_ CITY,	COUNTY	STATE	ZIP	PURCHASE ORDER #
ADDRESS)	St	Broken	Tulsa	OK	74012	
INVOICING ADDRESS (Nur		CITY	STATE	ZIP	AP CONTACT	email ADDRESS a emanally a
701 5 1	Main St	Broken Arna	DK_	74012		g baschools. O
HOSTING INFORMATION			-			
# of Sensors	<u> </u>	oftware Hosting Annual Pricing			À 202 51	
58	28	Per Sensor \$25	Prora	ted tric	e \$383.50	P
PAYMENT METHOD	☐ ACH		☐ CREDIT CARD	☐ CHE	CK	
All payments must include sale costs associated with fulfilling the		law. Buyer is responsible for any	and all collection	System version:	☐ Legacy ☐	Gen 3 or higher
cceptance of this NotifEye Sof <u>plutions Terms and Conditions</u> e order. Any different or add nerson applicable to this Agre	s of Service, incorpora itional terms are here	ated by this reference. We a	are proceeding und eded by these Term	er the assumption	that you concur with the	leze ferms to Rovern
			Buyer:			
Type of Business			<b>6</b> :			
<b>_</b>			Signature:			
Foodservice			Name			
Food Processor			Name:			
☐ Industrial and HVAC			<b>T</b> 11			
_			Title:			<b>—</b>
Other:		_	Date:			_

Please email completed form to: Coldchain.Sales@Emerson.com

Payment is required in advance before the renewal is processed.



## COPELAND

Copeland Cold Chain LP dba Cooper-Atkins 1065 Big Shanty Rd NW Suite 100 Kennesaw, GA 30144

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Copeland Cold Chain LP dba Cooper-Atkins to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:							
Iaut	thorize Copeland Colo	d Chain LP dba Coo	per-Atkins to charge				
(Full name) account indicated below for(amount	on or after	(date)	This payment is for				
(Description of goods/services)							
Billing Address		Phone#					
City, State, Zip		Email					
Account Type: 🗌 Visa 🔲 🗈	MasterCard	] AMEX					
Cardholder Name							
Account Number							
Expiration Date							
CVV2 (3-digit number on back of Visa	/MC 4 digits on front	of AMEX)					