

This is a request for sanctioning by the Applicant to the Board of Education of the Broken Arrow Public Schools pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of Applicant Group: Broken Arrow Softball Booster Club, INC.	
	South Broken Arrow OK 74014
Applicant's Taxpayer I.D. No.: 84-2268963	
Applicant's Representative from whom additional inf Stacey Davis	formation may be obtained:
Applicant's Telephone Number: 918-809-18	327
President	Treasurer
Name: Kristin Lamont	Name: Stacey Davis
Address: 28521 E. 77th St. S.	Address:
Broken Arrow OK 74014	
Phone: 918-809-1827	Phone: 918-261-0848
Email: kristin.lamont@outlook.com	Email: basoftballtreasurer@gmail.com

Has the organization provided any payments to district employees during the past 12 months? ____Yes 🖌 No Have you attached copies of your most recent tax filings & 1099s? ____Yes 🖌 No

We agree, if sanctioned, as per Board Policy #6205, to follow proper bookkeeping procedures, and to ensure the safeguarding of all assets. We, the officers, also agree to annually issue by January 15 all appropriate IRS tax forms including 1099s and W-2s filed with the IRS and the Oklahoma Tax Commission, and to provide copies to the Chief Financial Officer at the same time. We, the officers, agree the organization will not hire or pay employees of Broken Arrow Public Schools. We understand the district prohibits booster club/PTAs from hiring district employees. Applicants certify that the organization does not and will not discriminate with respect to benefits, membership, programs, operation or organization on the basis of race, gender, age, religion, national origin, or disability. We certify that the 'Treasurer' is not an employee of Broken Arrow Public Schools, in any capacity.



Attach the most recent financial audit report, if any, for the Applicant issued by an independent accounting firm.

Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and non-appealable.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by August 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

- 1. Complete this application. Please print or type.
- 2. Attach Applicant's most recent financial audit report, if any.
- 3. Sign and date this application.
- 4. Deliver this application to:

Natalie Eneff, Chief Financial Officer Marsha Janey, Administrative Assistant to CFO 701 S. Main Street Broken Arrow, OK 74012 918-259-5769

Kristin Lamont

(Print Name of Representative of Applicant)

Signature of Representative

08/28/2021

(Date)

Please submit application to CFO by the October 15th deadline.