

B
 BROKEN ARROW PUBLIC SCHOOLS  
*Educating Today* R *Leading Tomorrow*

Contract Committee Review Request  
MUST BE COMPLETED IN FULL

Date: 9/26/22

Contract/Agreement Vendor: WeVideo - Robert Catalin Serte  
Name of Vendor & Contact Person  
robert-catalin@wevideo.com  
Vendor Email Address

Dates of Service: 11/21/22 - 6/30/23

Describe Contract (Technology, program, consultant-proj development, etc.)  
Please use Summary below to fully explain the contract purchase, any titles, and details for the Board of Education to review.

**Staff & Students**  
Reason/Audience to benefit  
10/10/2022      \$ 174.42  
BOE Date      Amount of agreement

Person Submitting Contract/Agreement for Review: Brandon Chitty

**PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK**

Principal &/or Director or Administrator:

Does this Contract/Agreement utilize technology? YES/NO NO  
 If yes, Technology Admin:

Cabinet Team Member:

Funding Source: 60/901      901-2230-530-000-0000-000-052  
Fund/Project      OCAS Coding

**Consent**

**Action**

Accept and approve the RENEWAL agreement between Broken Arrow Public Schools and WeVideo. Total cost to the district is \$174.42 for 7 months and will be paid with Chromedesk funds. B.Chitty

WeVideo is an online creation and editing platform. WeVideo allows the Blended Learning Team to continue to make educational technology video tutorials and communication.

**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.*



price quote/proposal

Date: 9/26/2022

Quote Expires: 12/25/2022

remit payment to

WeVideo Inc.
1975 W. El Camino Real - Suite 202
Mountain View, CA 94040
Fax: 408-819-9441
650-800-3403
ar@wevideo.com
po@wevideo.com

customer information:

Broken Arrow Public Schools
701 South Main Street
Broken Arrow, Oklahoma 74012
blchitty@baschools.org
Brandon Chitty

WeVideo Contact:

Robert Serte

robert-catalin@wevideo.com

Notes:

Subscription start date: 11/21/22
Subscription end date: 6/30/2023

Table with 6 columns: Quantity, Product/Description, Unit Base Price, Unit Extended Price, Discount, Line Total. Includes rows for 30 users, storage capacity, and professional development options.

SECTION I - term length and subscription term discount options (CHECK ONE):

- [X] Purchase 7 months subscription for 30 users - PREPAY \$174.42

SECTION II - is a purchase order required to send an invoice to Broken Arrow Public Schools (CHECK ONE):

- [X] Yes, a school/district PO is required to invoice our school or district
[ ] No, this signed quote is sufficient to invoice my school (invoice provides information for credit card payment)

SECTION III - professional services

Yes, we are interested in professional development. Please add to your PO - or ask your sales manager to add to quote

- [ ] Professional Development, full day, on site - \$3000
[ ] Professional Development, two day, on site - \$5500
[ ] Professional Development, 60 minutes, live online, Cohort of 20 - \$350 each

To accept this offer, please complete sections 1 and 2 above, sign this page, fill in the information below (Section 3 on page 2), and sign where it says "Proposal Acceptance." Submit directly via fax or email to sale representative listed above, or to po@wevideo.com or fax to 408-819-9441. Upon acceptance, the entitlements described herein will be made available within 7 days from receipt of this document. You will be invoiced for the total price set forth above once the provisioning process has completed, TERMS: Net 30 days, subject to credit approval. All prices are quoted in U.S. dollars and are exclusive of all taxes and duties imposed by any governmental authority. page 1 of 2



price quote/proposal page 2 of 2

school/district Broken Arrow Public Schools

contact #REF!

WeVideo contact: Robert Serte

ar@wevideo.com

sales@wevideo.com

Fax: 408-819-9441

Quote Expires:

1975 West El Camino Real Suite 202

Mountain View, CA 94040

Ph: 650-800-3403

12/25/2022

SECTION IV - COMPLETE ALL FIELDS:

REQUIRED IN ORDER TO PROVISION THE LICENSE AND SET UP THE ACCOUNT

SUBSCRIPTION ASSIGNMENT (WeVideo account admin at school/district)

This is the person to whom the WeVideo account will be provisioned, whomever will be the active license manager.

School/district name

Broken Arrow Public Schools

WeVideo account admin/owner Name

(who will log-in/manage the WeVideo account)

Brandon Chitty

Admin/owner Email

blchitty@baschools.org

Job title/role

Director of Virtual Programs and Instructional Technology

Phone Number

918-505-5314

BILLING INFORMATION

Accounts Payable Contact

Patti Heck

Accounts Payable Email

accounting@baschools.org

PROPOSAL ACCEPTANCE

School or district purchase approver

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

To accept this offer, please complete sections 1 and 2 above, sign this page, fill in the information below (Section 3 on page 2), and sign where it says "Proposal Acceptance." Submit directly via fax or email to sales representative listed above, or to po@wevideo.com or fax to 408-819-9441. Upon acceptance, the entitlements described herein will be made available within 7 days from receipt of this document. You will be invoiced for the total price set forth above once the provisioning process has completed. By signing, you agree to pay amount on this quote when invoiced. TERMS: Net 30 days, subject to credit approval. All prices are quoted in U.S. dollars and are exclusive of all taxes and duties imposed by any governmental authority.

Print name

Title

Authorized Signature

Date