

Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 2.21.25

Contract/Agreement Vendor: Ignite2Unite

Name of Vendor		
<u>Jason Jedamski</u>		<u>479-366-5517</u>
Contact Person		Phone Number
<u>4720 S 174th E Ave</u>		
Address		
<u>Tulsa</u>	<u>OK</u>	<u>74134</u>
City	State	Zip
<u>kristin@ignite2unite.com</u>		
Email address		
<u>Nov 2025</u>		
Date of services		

IS THIS A NEW VENDOR? IF SO, PLEASE PROVIDE : W9
And
Vendor Registration

Person Submitting Contract/Agreement for Review: Steve Dunn ESC
Name Site

Reason for Review: (New Agreement, Renewal...): NEW

Audience/Group to benefit from Contract/Agreement: _____

Routing Approval: PLEASE SEND TO APPROPRIATE LEADERSHIP TEAM MEMBER BEFORE SENDING TO STACIE CHASE

Principal **and** Director or Administrator: _____
Signature

Does this Contract/Agreement utilize technology? No Yes
 Has it been reviewed by the Chief Technology Officer? No Yes

If yes, Approved by: 

Leadership Team Member: _____
Signature

Funding Source: General Funds 11/Project 104
Description OCAS Coding

- Process: **PLEASE FOLLOW ALL STEPS**
1. The Contract/Agreement is reviewed and approved by site Principal/ Director/Administrator
 2. If Technology related, the Contract/Agreement is reviewed by Ben Stout, Chief Technology Officer
 3. Prepare Board Agenda Memorandum and attach to Contract/Agreement.
 4. Begin the requisition process and place a comment in the Notes section that says, "Please hold req pending board approval on Nov 2025"
Date of Board Meeting
 5. Attach this form with Contract/Agreement and Board Memo
 6. **The appropriate Leadership Team Member will review and submit to the Contract Committee**
 7. Keep copy for your records

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 8:30a.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 Stacie Chase. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.



MEMORANDUM

To: Mr. Chuck Perry

From: Mr. Steve Dunn

Date: March 10, 2025

Re: Ignite2Unite, LLC

SUBJECT

Accept and approve the NEW agreement between Broken Arrow Public Schools and Ignite2Unite, LLC, for a Breaking Down the Walls Program facilitator, November 12-14, 2025 at Broken Arrow High School. Total cost to the District is \$9,300.00 and paid out of General Funds. S. Dunn

ENCLOSURE/ATTACHMENTS

Agreement

SUMMARY

Mr. Jedamski with Ignite2Unite will facilitate two 3 hour workshops per day on 11/12 and 11/14, four workshops total. The program includes a pre-recorded student kick-off video and a staff informational video to be sent two weeks prior to the event.

FUNDING

General Funds, Project 104

RECOMMENDATION

Approve

AGREEMENT FOR THE SERVICES OF IGNITE2UNITE, LLC

SPONSOR: Broken Arrow High School
CONTACT: Crystal Barber
WORK PHONE: (918) 259-4700
EMAIL: cbarber@baschools.org
CELL PHONE:

ADDRESS: 1901 E. Albany
CITY,ST,ZIP: Broken Arrow, OK 74012
ALT CONTACT: Steve Dunn/ Melissa Addison
ALT EMAIL: sdunn@baschools.org/ maaddison@baschools.org
ALT CELL PHONE: (405) 615-8694/ (918) 259-5755

PRESENTATION INFORMATION

SPEAKER: Jason Jedamski
DATE(S): Wednesday, November 12 - Friday, November 14, 2025
PROGRAM NAME: Breaking Down the Walls Program
PROGRAM LENGTH: 3-hour training / 6-hour workshop
ARRIVAL TIME: TBD
AUDIENCE: 40-50 Students for Training / 175 Participants and 25 student leaders per Workshop Day

DETAILS: Jason Jedamski will facilitate a 3-hour student leader training in the PM on 11/12 and facilitate two days of BDW's workshops on 11/13-14. The program includes a pre-recorded student kick-off video and a staff informational video to be sent two weeks prior to the event.

FINANCIAL AGREEMENT

*Program fee is **\$9,300.00**. Checks payable to Ignite2Unite. An Invoice is included with this contract. All fees in US funds only. Ignite2Unite Federal ID 87-1422622.

*A Purchase Order for full balance is requested to hold this date.

*Program fee is all-inclusive, including all fees and expenses.

*In the event of cancellation, four weeks' notice will be needed. If this is not possible, there will be a 50% cancellation fee of speaker's honorarium. If, through events beyond the control of the speaker, the speaker is unable to appear, Ignite2Unite will arrange to send a suitable and qualified replacement, reschedule the engagement, or refund the deposit.

*Please provide a wireless microphone and a quality sound system. Presenter will also need a table.

THE ABOVE INFORMATION IS AGREED AND ACCEPTED BY:

K. Jedamski February 6, 2025
Kristin Jedamski, Ignite2Unite Date

Board Representative, Broken Arrow Public Schools Date

Ignite 2 Unite, LLC
 4720 S. 174th East Ave
 Tulsa, OK 74134
 +14793665517
 kristin@ignite2unite.com

Invoice



BILL TO

Broken Arrow Public Schools
 Broken Arrow High School
 Accounts Payable
 701 S. Main Street
 Broken Arrow, OK 74012

SHIP TO

Broken Arrow High School
 Attn: Steve Dunn/ Crystal Barber
 1901 E. Albany
 Broken Arrow, OK 74012

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1232	02/05/2025	\$9,300.00	12/12/2025	Net 30	

SHIP DATE
 11/12/2025

SHIP VIA
 In Person

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Pre-Recorded Videos and In-Person Training	Breaking Down the Walls Broken Arrow High School Wednesday, November 12 - Friday, November 14, 2025	1	1,900.00	1,900.00
	The program includes a pre-recorded student kick-off video and a staff informational video to both be shown prior to event and a 3-hour student leaders training facilitated by Jason Jedamski on 11/12.			
Breaking Down the Walls - High School	All inclusive fee for two full days of Breaking Down the Walls Workshops facilitated by Jason on 11/13-14.	2	3,700.00	7,400.00

A 3.75% processing fee will be added to credit card payments.
 All fees in US funds only.

BALANCE DUE

\$9,300.00

A Purchase Order for full balance is requested to hold this date.

Thank you.

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. <i>See Specific Instructions on page 3.</i>	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Ignite 2 Unite, LLC
	2	Business name/disregarded entity name, if different from above.
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>
	5	Address (number, street, and apt. or suite no.). See instructions. 4720 S. 174th East Ave.
	6	City, state, and ZIP code Tulsa, OK 74134
7	List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-			-		
or									
Employer identification number									
8	7	-	1	4	2	2	6	2	2

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date January 9, 2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they