Contract Committee Review Request MUST BE COMPLETED IN FULL

| MUST BE COMPLETED IN FULL | Date: 5/10/24 |
|---|--|
| Contract/Agreement Vendor: | XAP Simone Swett |
| contract/rigidement vendor | Name of Vendor & Contact Person SSWett@xap.com Vendor Email Address |
| | Licenses for college and career exploration program |
| | 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. |
| | Secondary Students |
| | Reason/Audience to benefit |
| | 6/3/24 \$ 3,500.00 |
| | BOE Date Amount of agreement |
| | greement for Review: Sharon James APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK |
| Principal <u>&/or</u> Director or Adr | ninistrator: Sharn Carney |
| Does this Contract/Agreemen If yes, Technology Admin: | t utilize technology?(YES)NO 13 |
| | 11 0 10 |
| Cabinet Team Member: | Kark Nyos |
| Funding Source: 11/122 | 122-2560-653-000-0000-000-sites |
| i dildilg oddice. | |

Consent

Accept and Approve the RENEWAL agreement between Broken Arrow Public Schools and XAP who will provide licenses for the college and career exploration program for the 2024-2025 school year. The cost to the district is \$3,500.00 and paid for with Pathway instructional funds./S. James

Action

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.



Renewal Quote for: Broken Arrow Public Schools

| Address: | Independent School District I-3, 701 South Main Street | Quote Date: | 06-May-24 4:19 PM |
|----------------|--|---------------|------------------------|
| | Broken Arrow, OK 74012 United States | Quote Number: | 00001739 |
| Contact Name: | Sharon James | Inquiries to: | Simone Swett |
| Contact Phone: | 918-259-5700 | Email: | sswett@xap.com |
| Contact Email: | sjames@baschools.org | Phone | 800-468-6927, option 2 |

| Additional Information: | Renewal Term: 07/01/2024 - 06/30/2025 | 1 |
|-------------------------|--|---|
| | Includes No Charge continuation of SAML SSO services | |

| Site Name | Product | Sale Price | Quantity | Total Price |
|-----------------------------|-----------------------------|------------|----------|-------------|
| Broken Arrow Public Schools | SIS - Auto-Created Accounts | \$500.00 | 7.00 | \$3,500.00 |
| Broken Arrow Public Schools | SAML SSO | \$0.00 | 1.00 | \$0.00 |

| Subtotal | \$3,500.00 |
|-------------|------------|
| Discount | 0.00% |
| Total Price | \$3,500.00 |
| Tax | \$0.00 |
| Grand Total | \$3,500.00 |

STANDARD TERMS:

Taxes Taxes are based on the Purchasing organization address. Tax exempt customers must provide tax exemption # on PO/order or provide copy of tax-exempt certificate with PO/order to qualify for exemption.

Term Pricing is quoted on a 12-month term basis, unless otherwise indicated in the Additional Information section above.

Delivery Upon processing your order, instructions on how to access the licensed product(s) will be emailed to the contact(s) shown on your order. Please provide a name and email address for email delivery of access instructions.

Product Product and company information may be found at: https://www.xap.com

THREE EASY WAYS TO PURCHASE:

- 1. Send a Purchase Order to salesadmin@xap.com (or fax to 888-349-3437).
- Complete the quote acceptance section below, scan and email to salesadmin@xap.com (or fax to 888-349-3437).
- 3. Reply to this email with your acceptance indicating the quote number.

For all orders, please provide billing address and billing email address.

If you wish to pay by credit card, please return the signed quote (per #2 above). We will process the order and email the invoice, which will include the Pay Now link for secure, online payment by credit card.

| Quote Acceptan | ce Information |
|----------------|----------------|
| Signature | |

| Name | e e |
|-----------------|-----|
| Title | |
| Date | |
| Date | |
| Billing Email | |
| Billing Address | |
| | |