Date: 3.11.25

Contract Committee Review Request MUST BE COMPLETED IN FULL

Summary

Contract/Agreement Vendor:	IGNITE2UNITE Kristin J Name of Vendor & Contact Person	ledamski	
	Vendor Email Address		
	kristin@ignite2unite.com		
	Describe Contract (Technology, program	n, consultant-prof Development, etc.) ain the contract purchase , any titles, and details for t	the Roard of
	Please use summary below to jury expit	Education to review.	the bound of
	Reason/Audience to benefit		
	4.14.25 BOE Date	\$ 7,400.00 Amount of agreement	
	BOL Bute	ignered medical enterprised by the Berthall of Product of States	
Person Submitting Contract/A	agreement for Review: Denr	 nv Beach	
renson submitting contracty	igreement for neview.		
PLEASE SEND THROUGH A	APPROPRIATE APPROVAL R	OUTING BEFORE SENDING TO	BOARD CLERK
Principal <u>&/or</u> Director or Adr	ministrator:		
Does this Contract/Agreemer If yes, Technology Admin:	it utilize technology? YES/No	0	
Cabinet Team Member:			
Funding Source: 11.104			
Fund/Pro		OCAS Coding	
llanite2l Inite	for the Breaking Down the V	nt between Broken Arrow Public Valls Program at SMS during th 7,400.00 and paid for with gener	e 2025-2026
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

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

kristin@ignite2unite.com

Invoice



AMOUNT

BILL TO

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

SHIP TO

Sequoyah Middle School 2701 S. Elm Place Broken Arrow, OK 74012

QTY

RATE

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
1243	03/11/2025	\$7,400.00	09/15/2025	Net 30	
SHIP DATE			SHIP VIA		
09/15/2025			In Person		

Breaking Down the Walls - Middle School with Pre-Recorded Videos	Breaking Down the Walls - Middle Leve Monday, September 15 - Tuesday, Sep 2025		1	7,400.00	
	All inclusive fee for a two day Breaking Program including two 2.5-hour worksh facilitated by Jason Jedamski on 9/15 program includes a pre-recorded stude and a staff informational video to be seprior to the event.	nops per day and 9/16. The ent kick-off video			
A 3.75% processing fee	will be added to credit card payments.	BALANCE DUE			\$7,400,00

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

DESCRIPTION

Thank you.

All fees in US funds only.

ACTIVITY

11.104, 2199.323,000,000,000,00,510

AGREEMENT FOR THE SERVICES OF IGNITE2UNITE, LLC

SPONSOR: Sequovah Middle School ADDRESS: 2701 S. Elm Place

CONTACT: Denny Beach CITY,ST,ZIP: Broken Arrow, OK 74012

WORK PHONE: (918) 259-4370

EMAIL: jbeach@baschools.org

CELL PHONE: (918) 269-1144

ALT CONTACT:

ALT EMAIL:

ALT CELL PHONE:

PRESENTATION INFORMATION

SPEAKER: Jason Jedamski

DATE(S): Monday, September 15 - Tuesday, September 16, 2025

PROGRAM NAME: Breaking Down the Walls Program

PROGRAM LENGTH: 2.5-hour workshop

ARRIVAL TIME: TBD

AUDIENCE: 80 students and 10 adults per workshop

DETAILS: Jason Jedamski will facilitate two 2.5-hour workshops per day on 9/15-16, 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.

FINANCIAL AGREEMENT

*Program fee is \$7,400.00. Payment is due Net 30. Program fee is all-inclusive, including all fees and expenses. 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.

*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:

March 11, 2025

Kristin edamski, Ignite2Unite

Date

Representative, Broken Arrow Public Schools

Date



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.

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. က 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to Specific Instructions on page certain entities, not individuals; only one of the following seven boxes. see instructions on page 3): C corporation S corporation Partnership Individual/sole proprietor Exempt payee code (if any) LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Print or type. Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax Exemption from Foreign Account Tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate Compliance Act (FATCA) reporting box for the tax classification of its owner. code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions See Requester's name and address (optional) Address (number, street, and apt. or suite no.). See instructions. 4720 S. 174th East Ave. City, state, and ZIP code Tulsa, OK 74134 7 List account number(s) here (optional) Taxpayer Identification Number (TIN) Part I Social security number 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. Employer identification number Note: If the account is in more than one name, see the instructions for line 1. See also What Name and 2 8 7 2 2 6 2 1 Number To Give the Requester for guidelines on whose number to enter. Certification Part II 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.

General Instructions

Signature of

U.S. person

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

Sign

Here

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).

January 9, 2025

Purpose of Form

Date

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