

**Contract Committee Review Request**  
**MUST BE COMPLETED IN FULL**

Date: 03/27/2025

Contract/Agreement Vendor:   
Name of Vendor & Contact Person

Vendor Email Address

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.**

Reason/Audience to benefit

BOE Date Amount of agreement

Person Submitting Contract/Agreement for Review:

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

Principal **&/or** Director or Administrator:

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

Leadership Team Member:  

Funding Source:    
Fund/Project OCAS Coding

**Consent**

**Action**

Service Agreement between Jon Vanderkolff Designs, LLC, and Broken Arrow Public Schools for marching band design, Pride 2025. All-inclusive, \$17,000.00.

**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.**

# JON VANDERKOLFF DESIGNS LLC

7432 SHADOW WOOD DR.

INDIANAPOLIS, IN 46254

812-322-2852

[vkolff@me.com](mailto:vkolff@me.com)

## SERVICE AGREEMENT

### PARTIES

*Contractor, Program Designer and Consultant services between Broken Arrow Public Schools Bands and Jon Vanderkolff Designs, LLC.*

### TERMS

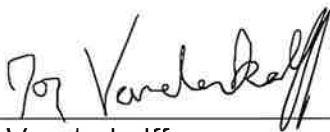
*Contracted Services will be provided by Consultant as Program Designer for the Pride of Broken Arrow 2025 Season. In the event the Consultant fails to perform under the terms of this agreement as a result of events or circumstances outside of the Consultant's control, such as illness, acts of nature, etc., the Consultant agrees to offer services at a later date, providing such can be rescheduled with Broken Arrow Public Schools and the Band Director. Consultant will notify Broken Arrow Public Schools and the Band Director immediately with any circumstances or event that will prevent Consultant from performing under this agreement. Net 30 Payment*

### TERMINATION

*This Agreement shall be in effect from the date of signatures by the Consultant and Broken Arrow Public Schools. The Agreement may be terminated by either party giving at least 15 days advance notice.*

### COMPENSATION

*\$17,000.00, all inclusive.*



Jon Vanderkolff  
Jon Vanderkolff Designs LLC

Broken Arrow Public Schools  
BOE Representative

# CRIMINAL BACKGROUND CHECK

In compliance with Oklahoma Statutes (Title 70, Sections 122, 125, 135, and 140.1) which prohibit public schools from retaining or rehiring an individual with a felony conviction, Broken Arrow Public Schools ("BAPS") requires a criminal background check for purposes of making employment decisions.

I, Jon Vanderkolff , give Broken Arrow Public Schools permission to run a background check to obtain criminal information relating to me (if any) and/or to hire a reporting agency to run a background check to obtain criminal information relating to me (if any) contained in public records. Neither BAPS nor its agent(s) will be violating my right to privacy by conducting this background check, and I hereby release them from all liability whatsoever for actions related to this investigation. I further acknowledge that, if I am hired by BAPS, I may be subject to an annual random selection process for criminal history checks of ongoing BAPS employees, and I grant permission for these additional background checks.

Jon Vanderkolff

Print Name



Signature

3/28/25

Date

# CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

J	o	n							
---	---	---	--	--	--	--	--	--	--

Applicant's First Name

V	a	n	d	e	r	k	o	l	f	f								
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Last Name

I understand that Broken Arrow Public Schools (BAPS) will utilize the services of SELECT FORCE, INC (agent) as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, BAPS may obtain further information through subsequent investigations by designated agent(s) so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and education and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to federal, state, and/or county criminal records without any time limitations subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or whom may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. I further understand that the scope of a consumer report/investigative consumer report may include, but is not limited to, verification of Social Security Number, employment history, references, education attained, motor vehicle records including traffic citations and registration and any other public records.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five (5) days after BAPS receives my request or five (5) days after the investigative consumer report was requested, whichever is later.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act. I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify BAPS within five (5) business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with BAPS/designated agent and advise BAPS as to the basis of my challenge. In exchange for BAPS' consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against designated agent(s) for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against BAPS or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request. I hereby consent to this investigation and authorize BAPS to procure a consumer report and/or investigative consumer report on my background as stated above from designated agent(s). In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information in this packet for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

# CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

J o n

First Name

P e t e r

Middle Name or Initial

V a n d e r k o l f f

Last Name

1 2 3 0 1 9 6 5

Date of Birth (MMDDYYYY)

J o n a t h a n

Other Names Known By

Male

Female

5 3 0 2 3 5 1 4 2

Social Security Number

8 1 2 3 2 2 2 8 5 2

Primary Telephone (no dashes)

7 4 3 2 S h a d o w W o o d D r

Current Address

Apt #

5

# Years at this address

I n d i a n a p o l i s

City

I n

State

4 6 2 5 4

Zip Code

5 1 5 3 A s p e n T a l o n C t

Previous Address

Apt #

1

# Years at this address

I n d i a n a p o l i s I n

City

I n

State

4 6 2 5 4

Zip Code

0 1 3 0 4 5 2 2 2 0

Driver's License Number (no dashes)

I n

License State

1 2 3 0 2 0 3 0

Expiration Date

v k o l f f @ m e . c o m

Email Address



Signature

0 3 2 8 2 0 2 5

Today's Date (MMDDYYYY)