Contract Committee Review Request MUST BE COMPLETED IN FULL

Summary

MUST BE COMPLETED IN FULL	•	Date: February 24, 2025	
Contract/Agreement Vendor:	McJak Lollipops Name of Vendor & Contact Person		
		②borenfundraising.com	
	School fundraiser.		
	Describe Contract (Technology, progr	am, 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.		
	All BAPS sites		
	Reason/Audience to benefit		
	March 10, 2025	\$ 0.00	
	BOE Date	Amount of agreement	
		¥.	
Person Submitting Contract/A	greement for Review: Jan	et Brown	
PLEASE SEND THROUGH A	PPROPRIATE APPROVAL	ROUTING BEFORE SENDING TO BOARD CLERK	
Principal &/or Director or Adn	ninistrator:		
<u> </u>			
Does this Contract/Agreemen	t utilize technology? YES/	NO.	
f yes, Technology Admin:			
_			
Cabinet Team Member: \Box	ara Thompson	an In	
A otivity fun	4		
Funding Source: Activity fun		OCAS Coding	
Schools and site, students	McJak Lollipops who will p and staff, during the 2025	ster agreement between Broken Arrow Public provide fundraising opportunities for any BAPS i-2026 school year. Boren Fundraising cing. There is no cost to the District. J. Brown	
processes the	s saids and doos are involved	sing. There is no soot to the Element of Element	
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

Boren Fundraising	Kick Off:/					
7329 S. 231 st East Ave. Broken Arrow, OK 74014	Planning Period:					
Dwain Boren : 918-688-7725						
dwain@borenfundraising.com Soni Brown: 918-688-2675	No. of Sellers Profit % $\frac{45\%}{}$					
office@borenfundraising.com	Parent Letter: YesNo					
AGREEMENT FORM						
Seller Information						
Broken Arrow Public Schools	Bill To:					
	Attention:					
701 South Main Street	Street:					
Broken Arrow OK - 7	74012 City:State:Zip:					
	Email;					
Phone:	Phone:					
Payment Contact: Email:	Phone:					
Pro	ogram Information					
Brochure: McJak Lollipops						
1 Case Minimum Orde	er = 480 Lollipops (8 bags of 60 count)					
Cost \$264 no freight cost	= \$216 Profit					
Special Notes: Cost \$264 no freight cost = \$216 Profit						
Invoiced from Boren Fundraising						
Agreement Approval						
Sponsor Signature:	Date:					
Representative Signature: Hoyt Dwain Boren Dig	gitally signed by Hoyt Dwain Boren tel: 2025.02.04.09:28:02 -06'00' Date:					



Tessa's Kitchen Gourmet Lollipops for Fundraising

45% Profit \$1 Award Winning Lollipop

- 1 Case Minimum Order = 8 clear bags of 60 count (480 lollipops)
- 1.1 oz. Old Fashion Gourmet lollipop
- Case cost is \$264 or (\$.55) a lollipop
- \$480 retail = \$216 profit
- Freight Paid to one location in USA
- MADE IN THE USA CONSISTENT GOURMET QUALITY
- Assorted Flavor Pack Includes:
 - Cherry Cheesecake, Cotton Candy, Blue Raspberry, Strawberry Banana,
 Watermelon, Wild Cherry, Candy Apple, Bubble Gum, Grape Soda, Blueberries &
 Cream, Orange Creamsicle and Strawberry Shortcake.



Soni Brown ● Office Manager ●918-688-2675 ● office@borenfundraising.com

Dwain Boren ● 918-688-7725 (text only) ● dwain@borenfundraising.com

Hunter Boren ● 918-644-9725 ● sales@borenfundraising.com

Family Owned and Operated Since 1972

This registration form to be completed by any person or company requesting payment from Broken Arrow Schools.

This includes: reimbursements, refunds, payments for goods and/or services, etc.



Vendor Information					
Boren Fundraising LLC					
Name (as shown on your income lax return)					
Business Name/disregarded entity name (If differen	nt from above)				
7329 S 231st E. Ave		Broken Arrow, OK	74014		
Address (number, street and apt. or suite no.):		City, State	Zip		
Check appropriate box for fe	deral tax classification (regu	ired):			
	tax classification (C=C corporation, S=S C				
	Trust/estate	C Corporation	Other		
Individual/sole proprietor					
Partnership Partnership	Exempt payee	S Corporation			
Taxpayer Identification No	umber (TIN)	TO MICHES TO MICH. T. C.	And who be a little of the		
Enter your TIN in the appropriate box. The	TIN provided MUST match the name giv	ell and a second	loyer Identification Number		
on the 'Name' line to avoid backup with security number (SSN). For other entities,	holding. For individuals, this is your soc , it is your employer identification numb	per la			
(EIN).		I acknowledge it is required for Comr	nercial Vendors to provide an EIN (<u>not</u> a curity Number is provided for a Commercial		
Vendor Questionnaire	_	Vendor, this form cannot be processe			
1. Under what former name(s) has your business	operated under during the past seven years?				
2 Are you or any principal or partner of the	nis business a current employee of Broken	3. Are you currently an active or retired men	nber of the Oklahoma Teachers Retirement System?		
Arrow Schools or a relative of any employee	or BAPS Board of Education member?	Yes No			
Yes if Yes, please specify relationsh	ip	4. Does your business accept purchase ord	ders?		
No		Yes No			
STATE OF THE PARTY					
Purchase Order Contact In	formation	Remittance Information	1		
Sharon Boren	(918) 688-2675	Boren Fundraising	(918) 688-2675		
Contact Name for Orders	Phone	Name to be printed on check	Phone		
7329 S 231st E. Ave.		7329 S 231st E. Ave.			
Mailing Address (number, street, and apt. or suite no.)		Remittance Mailing Address (number, street, and			
Broken Arrow, OK	74014	Broken Arrow, OK	74014		
City, State	Zip	City, State	Zip		
office@borenfundraising.co	om	office@borenfundraising	.com		
Email address to send purchase order	Fax	Accounts Receivable Contact Name / email a	ddress Fax		
Payments from Broken Ari	row Public Schools				
		ow Public Schools via a 3rd-party payor / C	commerce Bank.		
Certification, Compliance	and Agreement		The second secon		
Under penalties of perjury, I certify that the above		70 05 \$4 101 49 of the Oklahoma Statute	ou hereby agree to comply with the provisions of Title incorporated herein by reference, which states that the		
1. The number shown on this form is my correct taxpayer identification number (or lam waiting for a number to be issued to me), and		vendor will not allow any employee of the e contracted services on District premises if s	vendor will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or		
2. I am not subject to backup withholding be or (b) I have not been notified by the Int	cause: (a) I am exempt from backup withholding ernal Revenue Service (IRS) that I am subject t	9 another state, of any felony offense unless te	n (10) years has elapsed, and is not currently registered ration Act or the Mary Rippy Violent Crime Offender		
backup withholding as a result of a failure has notified me that I am no longer subjec	e to report all interest or dividends, or (c) the IR	Act, Upon conviction for any violation of t	he provisions of this subsection, the violator shall be ne not to exceed One Thousand Dollars (\$1,000.00). Ir		
3. I am a U.S. citizen or other U.S. person.	. 5	addition, the violator may be liable for civil	damages (57 O.S. 589). Vendor acknowledges BAPS is		
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 or dividends on your tax return,		a tobacco-free and weapons-free workplace for all schools, buildings and grounds whether leased or owned by the District. The use of tobacco products or possession of a weapon while on any District grounds, in any District buildings, or in any District vehicle is prohibited.			
IT IS A MICHATION OF ON AHOMA STATE	LAW TO PROVIDE ANY GOOD(S) AND	OR SERVICE(S) PRIOR TO THE ISSUANCE	OF A VALID PURCHASE ORDER.		

Signature (Must be authorized to sign an IRS W-9 form)

Printed name of US person and vendor representative

Dwain Boren

Owner

Title

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

02/04/25