Date: February 24, 2025

Contract Committee Review Request MUST BE COMPLETED IN FULL

Contract/Agreement Vendor:	Boren Fundraising			
Contract/Agreement vendor.	Name of Vendor & Contact Perso			
	Soni Brown @ office	e@borenfundraising.com		
	Vendor Email Address			
	School fundraiser. Cheesecakes & Coffee Cakes			
	Describe Contract /Technology pre	ogram consultant-prof Development etc.)		
	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.		
	All BAPS sites			
	Reason/Audience to benefit	Reason/Audience to benefit		
	March 10, 2025	\$ 0.00		
	BOE Date	Amount of agreement		
Person Submitting Contract/A	greement for Review: Ja	anet Brown		
DIEASE SEND THROUGH	ADDRODRIATE APPROVA	AL ROUTING <u>BEFORE</u> SENDING TO B	SOARD CLERK	
PLEASE SEND THROUGH A	AFFROMMATE AFFROMA	<u> </u>		
Duin single / an Dinastor on Ada	ministrator			
Principal <u>&/or</u> Director or Adı	IIIIISti atoi .			
Does this Contract/Agreemer	it utilize technology? YES	5/ <mark>NO</mark>		
If yes, Technology Admin:				
-				
Cabinet Team Member:	ara Thompson	an In		
Funding Source: Activity fur	ıd L			
Fund/Pr	oject	OCAS Coding		
Assent and	approve the DENEWAL N	Master agreement between Broken A	Arrow Public	
Schools and	Roren Fundraising who	will provide fundraising opportunities	s for any BAPS	
site. students	and staff, during the 20	25-2026 school year. There is no co	st to the	
Consent District. J. Br			8	
_				
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

Kick Off: ____/____/ **Boren Fundraising** 7329 S. 231st East Ave. Planning Period: Broken Arrow, OK 74014 No. of Sellers ______ Profit %_30-40% Dwain Boren: 918-688-7725 dwain@borenfundraising.com Soni Brown: 918-688-2675 Parent Letter: Yes office@borenfundraising.com AGREEMENT FORM **Seller Information** Ship To: Broken Arrow Public Schools Attention: Janet Brown Attention: ______ Street: 701 South Main Street _____ Street: ______ City: Broken Arrow State: OK Zip: 74012 City: State: Zip: Email: jlbrown@baschools.org Email: _____ Phone: ______ Phone: _____ Payment Contact: _____ Email: _____ Phone: _____ **Program Information** Boren Cheesecakes & Coffee Cake Custom Information: _____see position sheet for all information pertaining to minimums and profit percentages Special Notes: Boren Fundraising will pay for prizes Invoiced by Boren Fundraising **Agreement Approval** Sponsor Signature: ___ Representative Signature: Hoyt Dwain Boren Digitally signed by Hoyt Dwain Boren Date: 2025.02.04 09:34:29 -06'00' Date:

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.

	New Update
ID#	

Vendor Information

Velidoi illioilliatioii						
Boren Fundraising LLC						
Name (as shown on your income tax return)						
Business Name/disregarded entity name (If di	fferent from above)	D 1 4 OK	74044			
7329 S 231st E. Ave		Broken Arrow, OK	74014			
Address (number, street and apt. or suite no.):		City, State	Zip			
Check appropriate box for	federal tax classification (required):				
✓ Limited liability company: En	ter tax classification (C=C corporation,	S=S Corporation, P=partnership).				
Individual/sole proprietor	Trust/estate	C Corporation	Other			
Partnership	Exempt payee	S Corporation				
			State by Hilliam C. C. T.			
Taxpayer Identification		Social Security Number Empl	loyer Identification Number			
Enter your TIN in the appropriate box. on the 'Name' line to avoid backup w	The TIN provided MUST match the name vithholding. For individuals, this is you	ne given				
security number (SSN). For other entit	ties, it is your employer identification	number	nercial Vendors to provide an EIN (<u>not</u> a			
(EIN).		Social Security Number). If a Social Se	curity Number is provided for a Commercial			
Vendor Questionnaire		Vendor, this form cannot be processe	d.			
1. Under what former name(s) has your busin	The second secon					
2. Are you or any principal or partner of Arrow Schools or a relative of any emplo	of this business a current employee of B byee or BAPS Board of Education member:		nber of the Oklahoma Teachers Retirement System?			
Yes if Yes, please specify relation	onship	Yes No				
No		4. Does your business accept purchase ord	Jers /			
		Yes No				
Purchase Order Contact	Information	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 a	apt. or suite no.)			
Broken Arrow, OK	74014	Broken Arrow, OK	74014			
City, State	Zip	City, State	Zip			
office@borenfundraising.com		office@borenfundraising.	office@borenfundraising.com			
Email address to send purchase order	Fax	Accounts Receivable Contact Name / email a	Accounts Receivable Contact Name / email address Fax			
Payments from Broken A	Arrow Public Schools					
		n Arrow Public Schools via a 3rd-party payor / C	ommerce Bank.			
Certification, Complian	te and Agreement	42000				
Under penalties of perjury, I certify that the all 1. The number shown on this form is my continuous and the shown on the shown of the shown on the	bove information is correct and that: :orrect taxpayer identification number (or l am	70 O.S. \$6-101,48 of the Oklahoma Statute	ou hereby agree to comply with the provisions of Title incorporated herein by reference, which states that the			
for a number to be issued to me), and		contracted services on District premises if s	ntity, or of any subcontractor, to perform work or othe uch employee is or has been convicted in this state, o			
or (b) I have not been notified by the	g because: (a) I am exempt from backup withle Internal Revenue Service (IRS) that I am su	bject to under the Oklahoma Sex Offenders Regist	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 fa has notified me that I am no longer sul	ilure to report all interest or dividends, or (c) bject to backup withholding, and	quilty of a misdemeanor punishable by a fir	he provisions of this subsection, the violator shall be ne not to exceed One Thousand Dollars (\$1,000.00). In			
3. I am a U.S. citizen or other U.S. person.		a tobacco-free and weapons-free workplace	damages (57 O.S. 589). Vendor acknowledges BAPS in for all schools, buildings and grounds whether leases			
Certification instructions: You must cross out i you are currently subject to backup withhold dividends on your tax return.	tem 2 above it you have been notified by the ling because you have failed to report all int	or owned by the District. The use of tobac	co products or possession of a weapon while on an			

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

Printed name of US person and vendor representative

Dwain Boren

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IT IS A VIOLATION OF OKLAHOMA STATE LAW TO PROVIDE ANY GOOD(S) AND/OR SERVICE(S) PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER. 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



Turtle Each bite de

Each bite delivers a delightful crunch of pecans, smooth caramel, and luscious chocolate, all complementing the cheesecake's creamy texture. 8 servings.

Strawberry Swirl

Made with strawberries picked at their peak ripeness and lightly sweetened to enhance their natural juices, it's infused with the rich flavors of Madagascar vanilla and local cream cheese. 8 servings.

Variety

Try them all with 2 slices of each: New York, Turtle, Strawberry Swirl, and Triple Chocolate. 8 servings.

Cinnamon Cream Cheese Coffee Cake

Layers of luscious cream cheese, cinnamon swirls, buttery cake and crumbly streusel.

16 servings.



		HEESECA	(E	COFFEE CAKE		
School/Organization .	\$26	\$26	\$26	\$33		
First Name						
Last Name		/IRL		EESE	SED	ш
Teacher/Class	쁘	ry sw		AMCHI	# OF	гри
Phone Number — — — — —	TURTLE	STRAWBERRY SWIRL	VARIETY	CINNAMON CREAM CHEESE COFFEE CAKE	TOTAL # OF ITEMS PURCHASED	AMOUNT DUE
Date Orders Due — — —		RAW	>	COF	TO	AM
		ST		ō	=	
Customer Name Phone Number	B601	B602	B603	B604		
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Total Fach Column	B601	B602	B603	B604	Total # of Items Sold	Total Due
BUKEN						
BOREN FUNDRAISING 918.688.2675 www.borenfundraising.com	Like ι	ıs on Fac	ebook	f @Bor	enFundr	aising