



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF  
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY  
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: [www.kenton.kyschools.us](http://www.kenton.kyschools.us)

Dr. Henry Webb, Superintendent of Schools

**KCSD ISSUE PAPER**

**DATE:**

8/13/2020

**AGENDA ITEM (ACTION ITEM):**

**Consider/Approve the Apple Single Purchase Facilitation Request Agreement providing facilitation rights to Notre Dame Academy for devices in their possession.**

**APPLICABLE BOARD POLICY:**

01.1 Legal Status of the Board

**HISTORY/BACKGROUND:**

The CARES Act is a federally funded program that provides relief for the impact of the Novel Coronavirus Disease 2019 (COVID-19) on educational services across the nation. Any private school in existence on or prior to March 13, 2020 is eligible to receive services under this act, administered by the local public school district. This Apple Single Purchase Facilitation Request will provide facilitation rights to the private school allowing them to load programming supporting identified needs. The Facilitation Request has been reviewed by our Director of Technology and our Board Attorney.

**FISCAL/BUDGETARY IMPACT:**

**No impact to district funding.**

**RECOMMENDATION:**

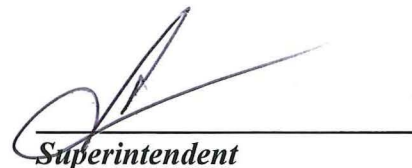
**Approval of the Apple Single Purchase Facilitation Request Agreement providing facilitation rights to Notre Dame Academy for units in their possession.**

**CONTACT PERSON:**

**Ellen Zimmer**

  
Principal/Administrator

  
District Administrator

  
Superintendent

*Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.  
Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.*

**Kenton County Board of Education**

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn  
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"



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**Apple Single Purchase Facilitation Request**

This Single Purchase Facilitation Request (“**SPF Request**”) is provided to Apple Inc., a California corporation located at 1 Infinite Loop, Cupertino, CA 95014 (“**Apple**”) by the parties listed below, each of whom agrees to be bound by and comply with all terms and conditions contained in this SPF Request.

Purchase Facilitator (Payer) Legal Name: The Kenton County School District

DBA Name: Kenton County Schools

Address: 1055 Eaton Drive

Recipient (Customer) Legal Name: Notre Dame Academy

DBA Name: Notre Dame Academy

Address: 1699 Hilton Dr. Park Hills KY 41011

**Order Information:**

Purchase Order Number: \_\_\_\_\_

Approved Amount: \$38,360.00 estimated

Customer’s Apple Purchase Agreement Number (CCN): 621288

Customer’s (Sold-to) Account Number: 39946

Purchase Facilitator’s (Payer) Account Number: 57041

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**1. Background**

Payer hereby commits to pay Apple’s invoice on behalf of Customer for products on the Purchase Order Number referenced above, pursuant to the terms of this SPF Request. Capitalized terms used in this SPF Request will have the same meaning as given in the Agreement.

**2. Terms and Conditions**

The parties agree to the following:

**2.1** Payer is submitting a Purchase Order on behalf of Customer for Customer’s end use and is acquiring products under Customer’s existing Agreement with Apple.

**2.2** This SPF Request in no way alters or reduces any of the Customer’s rights and obligations under the Agreement which remains in full force and effect between Customer and Apple.

**2.3** Apple will invoice Payer and Payer will pay the invoiced amount on or before the date it becomes due. The invoiced amount will not exceed the approved amount plus all applicable taxes. In the event Payer does not pay invoiced amount in full within the stated invoice terms, Customer acknowledges and agrees that it shall be solely responsible for payment of Apple’s invoice in accordance with the terms of their Agreement with Apple.

**2.4** Payer agrees that management of products purchased on this purchase order will pass to Customer. Payer will retain title of Ownership of the products.

The duly authorized representatives of the parties execute this SPF Request as of the date stated below.

**Payer**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Customer**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

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