

FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 220121
 Number Assigned by Purchasing Dept.



CONTRACT REVIEW

BOARD MEETING/DATE:
5/5/2022
 WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED
 Must Have Board Approval over \$100,000.00

Date Submitted: April 13, 2022

Name of Contract Initiator: Lance Addison

Telephone #: (904) 336-6872

School/Dept Submitting Contract: Operations/Planning

Cost Center # n/a

Vendor Name: City of Keystone Heights

Contract Title: "Bus Loop" SW Pecan Street Improvements Interlocal Agreement

Contract Type: New Renewal Amendment Extension Previous Year Contract #

Contract Term: annually/ automatic renewal

Renewal Option(s):

Contract Cost: 0

BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT

Funding Source: Budget Line # _____

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NO COST MASTER (COUNTY WIDE) CONTRACT - SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT

INTERNAL ACCOUNT - IF FUNDED FROM SCHOOL IA FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO SBAO

REQUIRED DOCUMENTS FOR CONTRACT REVIEW PACKAGE (when applicable):

____ Completed Contract Review Form

____ SBAO Template Contract or other Contract (NOT SIGNED by District / School)

____ SIGNED Addendum A (If not an SBAO Template Contract)*

**This Statement MUST BE Included in the body of the Contract:*

"The terms and conditions of Addendum A are hereby incorporated into this Agreement and the same shall govern and prevail over any conflicting terms and/or conditions herein stated."

____ Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:

COI must list the School Board of Clay County, Florida as an Additional Insured and Certificate Holder. Insurer must be rated as A- or better.

General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.

Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).

Workers' Compensation = \$100,000 Minimum

[If exempt from Workers' Compensation Insurance, vendor/contractor must sign a Release and Hold Harmless Form. If not exempt, vendor/contractor must provide Workers' Compensation coverage].

____ State of Florida Workers Comp Exemption (<https://apps.fldfs.com/boce exempt/>) (If Applicable)

____ COVID-19 Waiver (If Applicable)

____ Release and Hold Harmless (If Applicable)

RECEIVED
 APR 13 2022
 PURCHASING

*****AREA BELOW FOR DISTRICT PERSONNEL ONLY*****

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department <u>B78</u>	_____
Review Date <u>4/13/22</u>	_____
School Board Attorney <u>SB</u>	_____
Review Date <u>4/13/22</u>	_____
Other Dept. as Necessary	_____
Review Date	_____
PENDING STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR
FINAL STATUS	<input checked="" type="checkbox"/> APPROVED <u>[Signature]</u> DATE: <u>4.13.22</u>