FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 220087

Number Assigned by Purchasing Dep



CONTRACT REVIEW

BOARD MEETING DATE:

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: 1 17 2022			
Name of Contract Initiator: LANC	E ADDISON	Telephone #: 💈	336-6852
School/Dept Submitting Contract: 🕳	PERATIONS	Cost Center #	
Vendor Name: DAULS DENO	GRADHICS AND F	بالم الدوسية	
Contract Title: LUDEAENDENT	CONTRACTOR SE	EVICES AGREE	HENT
Contract Type: New 🕦 Renewal 🗆 🗚		Previous Year Contra	
Contract Term: 3 YEAR		Renewal Option(s):	Annual for Lyrs Peris
Contract Cost: 3 56,000.	C CHOIL	o. == subsequ	LENT YEARS.
■ BUDGETED FUNDS – SEND CONTR	ACT PACKAGE DIRECTLY TO	PURCHASING DEPT	
Funding Source: Budget Line #	: '	######################################	
Funding Source: Budget Line #			
☐ NO COST MASTER (COUNTY WIDE		100,000	
☐ INTERNAL ACCOUNT - IF FUNDED			KAGE DIRECTLY TO SBAO
REQUIRED DOCUMENTS FOR CONTR.	ACT REVIEW PACKAGE (wher	1 applicable):	
Completed Contract Review Form SBAO Template Contract or other Contract	(NOT SIGNED by District / School)		·
SIGNED Addendum A (if not an SBAO Temple	ate 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 te	erms and/or conditions herein stated."		
Certificate of Insurance (COI) for General Li	ability & Workers' Compensation that m	neet these requirements:	the veted as A or better
COI must list the School Board of Clay Coun General Liability = \$1,000,000 Each Occu	ty, Florida as an Additional Insured and rrence & \$2,000,000 General Agaregate	Certificate Holaer. Insurer musi 2.	t be rated as A- or better.
Auto Liability = \$1,000,000 Combined Sin	gle Limit (\$5,000,000 for Charter Buses)	j.	,
Workers' Compensation = \$100,000 Minis	num		F Mt overnet verider/contractor
[If exempt from Workers' Compensation co must provide Workers' Compensation co	n Insurance, vendor/contractor must sig	ın a Release and Hold Harm less	Form. If not exempt, vendor/contractor
State of Florida Workers Comp Exemption	(https://apps.fldfs.com/bocexempt/) (lf	f Applicable)	
COVID-19 Waiver (If Applicable)			
Release and Hold Harmless (If Applicable)			St. Company of the St.
THE PROPERTY OF A STATE OF THE	**AREA BELOW FOR DISTRIC		
CONTRACT REVIEWED BY:	71 / / 7	ITS BELOW BY REVIEW	ING DEPARTMENT
Purchasing Department B	Contract Ko	evised per	prone (all w bickle
Review Date 1/12/22			
Review Date ///2/22	•		_ <
School Board Attorney, 1	This was	delence	e a collections
$\langle \langle \rangle \rangle$			
Review Date (-12-22	_ Suggeste	e to he	te, 1-12-22(a)
Other Dept. as Necessary	17:30 p.m.	1	
Review Date	22.5	lector's lector's	Section 1. The Commission of t
PENDING STATUS: □YES □NO		IMMENTS ABOVE MI	UST BE CORRECTED BY INITIATOR
FINAL STATUS		awca	DATE: 1/13/2022