

230169

AGREEMENT / CONTRACT REVIEW FORM

BOARD MEETING DATE:
06/29/2023
WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE
ITEM ON AGENDA UNTIL REVIEW IS COMPLETED

Date Submitted: 06/07/2023

Contact Name (Person Overseeing the Contract): B. HARVIN / K. WAGER Telephone Number: X 66848

School/Department Submitting Contract: SAFETY + SECURITY

Vendor Name: CLAY COUNTY BOARD OF COUNTY COMMISSIONERS

Contract Title: RE-STATED + CONSOLIDATED ILA FOR EMER. SHELTERS

Contract Type: New Renewal Amendment Extension

Date Original Contract Approved: ORIGINAL 1990 Prior Year's Pricing: N/A

Contract Term: 5 YRS. CURRENT EXPIRES JULY 23, 2023 Renewal Option(s): 5 YR. EXTEN.

Contract Cost: N/A Payment Schedule (Are the payments made monthly, when task is finished, etc):

Funding Source: N/A

Strategic Plan Tie-In Explanation: TO ENSURE EFFECTIVE MANAGEMENT OF DISTRICT OPERATIONS DURING SHELTER OPERATIONS AS WELL, POST SHELTER OPENINGS

Background/Discussion/Research/Alternatives: AGREEMENT BETWEEN THE CCSD AND THE BOC TO OPEN AND PROVIDE SHELTERS AT CERTAIN SCHOOLS DURING TIMES OF CRISIS. ALTHOUGH REIMBURSED FOR ALL SHELTERING RELATED COSTS, THE CCSD ENDORSES THE COSTS UPFRONT

CONTRACT REVIEW REQUIRED DOCUMENTS ATTACHED If more space is needed, please attach Word document.

Completed Contract Review Form

Original Contract and all Terms & Conditions that apply with the Contract

SIGNED SBCC Addendum A *

* This Statement MUST BE written on Original Contract: The terms and conditions included in Addendum A shall be incorporate into this agreement. If there are any conflicts in the language provided in the agreement and that of Addendum A, then the language provided in Addendum A shall prevail.)

Certificate of Insurance (COI) that meet these requirements:

COI must list the School Board of Clay County as Additional Insured and as 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 they must sign a SBCC Release and Hold Harmless Form. If they are not exempt; they must provide Workers' Compensation COI.

Approvals	Comments		
Superintendent: _____	Approved	Denied	
Review Date: _____			
District's Attorney: <i>JB</i>	Approved	Denied	
Review Date: <i>6/12/23</i>			
Information & Technology: _____	Approved	Denied	
Review Date: _____			
Finance: _____	Approved	Denied	
Review Date: _____			
Insurance Certificate: _____	Approved	Denied	
Review Date: _____			
Purchasing: _____	Approved	Denied	<i>BYB</i>
Review Date: <i>6/7/23</i>			