

**FOLLOW ALL PROCEDURES ON BACK OF THIS FORM**

Contract # 240191  
 Number Assigned by Purchasing Dept.



# 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: 5/21/2024

Name of Contract Initiator: Lance Addison Telephone #: 66852

School/Dept Submitting Contract: Operations Cost Center # 9023

Vendor Name: Creekview GP, LLC

Contract Title: 1st Amendment to PSMA, Creekview Trail (Hyland Trail)

Contract Type: New  Renewal  Amendment  Extension  Previous Year Contract #

Contract Term: N/A Renewal Option(s):

Contract Cost: \$0

**BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT**  
 Funding Source: Budget Line # \_\_\_\_\_  
 Funding Source: Budget Line # \_\_\_\_\_

**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 Rec'd May 23, 2024 / BFS

\_\_\_\_\_ 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/bocexempt/>) (If Applicable)

\_\_\_\_\_ COVID-19 Waiver (If Applicable)

\_\_\_\_\_ Release and Hold Harmless (If Applicable)

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

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department 6/4/2024 BFS Review Date <span style="border: 1px solid blue; padding: 2px; color: blue; font-weight: bold;">REVIEWED</span> <i>By Bertha Staefe at 12:01 pm, May 23, 2024</i>	No cost _____ _____ _____
School Board Attorney JPS 6/6/24 Review Date	Approved. _____ _____ _____
Other Dept. as Necessary Review Date	_____ _____ _____

PENDING STATUS:  YES  NO **IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR**

FINAL STATUS APPROVED  
*By Elaine at 12:47 pm, Jun 10, 2024*