FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 260012
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: 7/14/2025

Name of Contract Initiator: Melissa Moree Telephone #: 904-336-6879

School/Dept Submitting Contract: Climate & Culture Cost Center # 9004

Vendor Name: Clay Behavioral Health Center

Contract Title: Clay Behavioral Health Center - In School Therapists 25-26

Contract Type: New ☒ Renewal ☐ Amendment ☐ Extension ☐ Previous Year Contract #

Contract Term: Mental Health Provider EVERGREEN Agreement w/ Attachment A-2 as need per specified School Year

Contract Cost: $250,000

☐ **BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT**

Funding Source: Budget Line # 100-6100310-9004-1176-0000-000-0

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*):

RECEIVED
By Bertha Staefe at 9:03 pm, Jul 30, 2025

_____ Completed Contract Review Form
_____ SBAO Template Contract or other Contract (NOT SIGNED by District / School)
_____ SIGNED Addendum A (if not an SBAO Template Contract) - **When using the Addendum A, *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)
_____ Release and Hold Harmless (If Applicable)

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

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department **REVIEWED** *By Bertha Staefe at 9:05 pm, Jul 30, 2025*	FLDOE 6A-1.012 (11)(a) Professional Service We need to talk about what Service Agreement you want to use. You have the general ICSA but MHPSA attachments. I attached Contract 250000 MHPSA with Clay Behavioral that was negotiated in 6/2024 so there are T&C that are not in the general ICSA. See highlights/comments.
School Board Attorney JPS 8/20/25 Review Date	I agree with Ms. Staefe, using the mental health services template would be more appropriate here ✓
Purchasing Department - Continued **REVIEWED** *By Bertha Staefe at 12:43 pm, Sep 05, 2025*	Per our conversation & the recommendation by the Attorney attached is the Mental Health Provider Services Agreement. Clay Behavioral requested the wording in red that we agreed to on their current MHPSA. ✓ Revise as needed and send back to us for final review/approval. ✓
PENDING STATUS: ☐YES ☐NO	**IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR**
FINAL STATUS **TENTATIVELY APPROVED**	Date on Attachment A-2 will need to be correct after Board signature