

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

Contract # 240017  
 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: 9/27/2023

Name of Contract Initiator: Lance Addison Telephone #: 66852

School/Dept Submitting Contract: Operations Cost Center # 9023

Vendor Name: Board of County Commissioners, Clay County, FL

Contract Title: Interlocal Agreement for Low Priced Diesel Fuel in Keystone Heights, FL

Contract Type: New  Renewal  Amendment  Extension  Previous Year Contract # 230019

Contract Term: 3 years - 9/30/26 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
- \_\_\_\_\_ 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)

RECEIVED  
 SEP 27 2023  
 PURCHASING

RECEIVED  
 10/4/2023  
 SBAO

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

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department <i>BFS</i>	<i>No Cost (Same Contract as last year)</i>
Review Date <i>10/2/23</i>	<i>Board Date? ↖ ? how about 11-2-23</i>
School Board Attorney <i>SB</i>	
Review Date <i>10/5/23</i>	
Other Dept. as Necessary	
Review Date	
PENDING STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR</b>
FINAL STATUS	<input checked="" type="checkbox"/> <b>APPROVED</b> <i>[Signature]</i> DATE: <i>10-10-23</i>