

FOLLOW ALL PROCEDURES ON BACK OF THIS FORM

Contract # 240108
 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: 01/02/2024
 Name of Contract Initiator: Lance Addison Telephone #: 66852
 School/Dept Submitting Contract: Operations Cost Center # 9023

Vendor Name: Penney Retirement Community
 Contract Title: Resolution and Sale of Relocatable from CEB

Contract Type: New Renewal Amendment Extension Previous Year Contract #
 Contract Term: n/a Renewal Option(s):

Contract Cost: \$9,000 Estimated Cost to Move Portable/Stairs/Ramp

BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT
 Funding Source: Budget Line # Operation Dept. Budget
 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
 JAN - 2 2024
 PURCHASING

RECEIVED
 1/05/24
 SBAO

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

CONTRACT REVIEWED BY:	COMMENTS BELOW BY REVIEWING DEPARTMENT
Purchasing Department <u>BTS</u> Review Date <u>1/3/2024</u>	<u>Not a purchase but Cost to move for District</u>
School Board Attorney <u>JS</u> Review Date <u>1/2/24</u>	<u>There should be an "As-is" provision in the contract. Added sample. send back to Lance for review.</u> <u>Need to see title disposition. DONE</u>
Other Dept. as Necessary Review Date	

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

FINAL STATUS **APPROVED** [Signature] DATE: 1/17/24