

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

Contract # 240073  
 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: 10/09/2023

Name of Contract Initiator: Lance Addison

Telephone #: 66852

School/Dept Submitting Contract: Operations

Cost Center # 9023

Vendor Name: Clay County Board of County Commissioners

Contract Title: Resolution and Purchase Agreement for the Sale of Relocatables, Ramps, Stairs and Associated Equipment

Contract Type:  New  Renewal  Amendment  Extension  Previous Year Contract #

Contract Term: n/a

Renewal Option(s):

Contract Cost: n/a

BUDGETED FUNDS – SEND CONTRACT PACKAGE DIRECTLY TO PURCHASING DEPT

Funding Source: Budget Line # \_\_\_\_\_

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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  
OCT - 9 2023  
PURCHASING

RECEIVED  
10/11/23  
SBAO

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

| CONTRACT REVIEWED BY:  | COMMENTS BELOW BY REVIEWING DEPARTMENT  |
|--|---|
| Purchasing Department<br><i>BFS</i>                                      | <i>NO Cost</i>  |
| Review Date<br><i>10/11/23</i>   |   |
| School Board Attorney<br><i>JB</i>                                       |   |
| Review Date<br><i>10/16/23</i>   |   |
| Other Dept. as Necessary   |   |
| Review Date  |   |
| PENDING STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, HIGHLIGHTED COMMENTS ABOVE MUST BE CORRECTED BY INITIATOR                     |
| FINAL STATUS   | <input checked="" type="checkbox"/> APPROVED <i>[Signature]</i> DATE: <i>10-17-23</i> |