

# AGREEMENT / CONTRACT REVIEW FORM

BOARD MEETING DATE:

WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE  
ITEM ON AGENDA UNTIL REVIEW IS COMPLETED

Date Submitted: \_\_\_\_\_

Contact Name (Person Overseeing the Contract): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School/Department Submitting Contract: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Contract Title: \_\_\_\_\_

Contract Type: New  Renewal  Amendment  Extension   
 Date Original Contract Approved: \_\_\_\_\_ Prior Year's Pricing: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Renewal Option(s): \_\_\_\_\_

**Contract Cost:** \_\_\_\_\_ **Payment Schedule (Are the payments made monthly, when task is finished, etc):** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_

Strategic Plan Tie-in Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Background/Discussion/Research/Alternatives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACT REVIEW REQUIRED DOCUMENTS ATTACHED** If more space is needed, please attach Word document.

- \_\_\_\_\_ **Completed Contract Review Form**
- \_\_\_\_\_ **Original Contract and all Terms & Conditions that apply with the Contract**
- \_\_\_\_\_ **SIGNED SBCC Addendum A \***
- \*This Statement MUST BE written on Original Contract: The terms and conditions included in Addendum A shall be incorporate into this agreement. If there are any conflicts in the language provided in the agreement and that of Addendum A, then the language provided in Addendum A shall prevail.)*
- \_\_\_\_\_ **Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:**
- COI must list the School Board of Clay County as Additional Insured and as 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 they must sign a SBCC Release and Hold Harmless Form. If they are not exempt; they must provide Workers' Compensation COI.*

**Approvals** **Comments**

	Approved	Denied	
<b>Superintendent:</b>			
Review Date:			
<b>District Attorney:</b>			
Review Date:			
<b>Information &amp; Technology:</b>			
Review Date:			
<b>Finance:</b>			
Review Date:			
<b>Insurance Certificate:</b>			
Review Date:			
<b>Purchasing:</b>			
Review Date:			