| of Contract: <u>Habilitation Center f</u>                     |  |
|---|--|
| 200 Alba B B  | Board Meeting Dat  |
|   | TRACT REVIEW CHECKLIST   |
| Consistency with Law and Scho                                 | ool Board Policy: Comments   |
|   | Comments   |
| Consistent with School Board<br>Policy                        | YES  |
| Consistent with Florida, federal and local laws               | YES  |
| Contract Terms:   | Comments   |
|   | Confinence   |
| Term (Duration of Contract)                                   | 12 Months (July 1, 2006- June 30, 2007)  |
| Termination Clause  | Either party may terminate the agreement for convenience upon 30 days written notice to the other party.       |
| Insurance /Liability Issues/<br>Indemnification               | Risk Management should review and approve all insurance clauses. Please refer to Page 3, Paragraphs 15 and 16. |
| Regulatory issues   | No.  |
| Confidentiality<br>Provision                                  | Please refer to Page 3, Paragraph 14 and Addendum Concerning Student Records.                                  |
| Warranties  | N/A  |
| Labor Issues  | The Labor Relations Department should review any issues.   |
| Disclaimers   | N/A  |
| Governing Law & Venue   | Governing Law: Florida; Venue: Palm Beach  |
| Business Principles:  | Comments   |
| Sound Business Principles                                     | Yes.   |
| Reasonableness of Fees  | Please refer to Page 2, Paragraph 2.   |
| Payment TermsLump sum, installmentsPayment Due datesLate fees | Please refer to Page 2, Paragraph 2.   |
| Other Issues:   | Comments   |
|   |  |
| Conflict of Interest Disclosures                              | None   |

| Other issues.                     | Comments |
|-----------------------------------|----------|
| Conflict of Interest Disclosures  | None     |
| Non-Negotiable Issues             | No.      |
| Miscellaneous Issues              | None     |
| Appropriate Departmental Sign-off |          |

Special Considerations:

The issues noted above were explained to the appropriate District staff and/or Division Chief YES 

NO

By: Attorney (Name and Date)