

CONTRACT REVIEW CHECKLIST**Consistency with Law and School Board Policy:**

Comments

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|-------------------------------------------------|-----|
| Consistent with School Board Policy | YES |
| Consistent with Florida, federal and local laws | YES |

Contract Terms:

Comments

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|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Term (Duration of Contract) | September 21, 2006- June 30, 2007; Please refer to Section 1. |
| Termination Clause | Board may terminate without cause upon giving thirty (30) days notice to other party. If the consultant is in default, the Board may cancel contract upon five (5) days notice to the other party. Please refer to Section 16. |
| Insurance /Liability Issues/ Indemnification | Risk Management should review and approve all insurance clauses. Please refer to Section 11. |
| Regulatory issues | None |
| Confidentiality Provision | Yes (Consultant will receive student information). Please refer to Section 7 and Addendum Concerning Student Information. |
| 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 County; Please refer to Section 15. |

Business Principles:

Comments

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|---------------------------------------------------------------------------------|----------------------------------------------------|
| Sound Business Principles | Yes. |
| Reasonableness of Fees | \$32,004.00; Please refer to Section 6. |
| Payment Terms --Lump sum, installments --Payment Due dates --Late fees | Hourly Rate of \$18.00; Please refer to Section 6. |

Other Issues:

Comments

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|-----------------------------------|------|
| Conflict of Interest Disclosures | None |
| Non-Negotiable Issues | None |
| Miscellaneous Issues | |
| 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)