

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
CONTRACT REVIEW ROUTING FORM**

INSTRUCTIONS: This form must be completed in its entirety and all drafts and Exhibits / Appendices must be attached. If not, the Form and all documents will be returned without review by an attorney. Each submission of a contract or other document to be legally reviewed must be accompanied by a routing form and both a redlined and clean version of the Contract. If submitting a contract for subsequent review, use the same Routing Form which notes prior review dates at bottom. **If this is a renewal, a copy of the original contract and any prior renewals, if applicable, MUST be attached. If an attorney signature is requested, the Agenda Request Form MUST be attached.** Contracts can be sent electronically to contracts-generalcounselreview@browardschools.com.

School District Administrator Referring Contract and Level of Review Requested

Name and Title of Referring Administrator: _____

School/Department of Referring Administrator: _____

Has the Referring Administrator approved the contract? Yes No*

* In order to obtain final legal approval, Contract must have approval of the Referring Administrator

Contract Profile and Approval Timetable

Instructions: (mark which applies)

NOTE: Each category has its own timeline for turnaround. Timelines are estimates for staff's planning purposes.

- Using Approved Template – no changes to standard language.
(3 minimum business days)
- Using Approved Template – changes have been requested to standard language
(5 minimum business days)
Note here which standard Articles have been altered: _____
- Using vendors form contract (Vendor will not use SBBC's template)**
(10 minimum business days)

** See Contract Development Manual for limited circumstances when such will be entertained by the District.

Is this an amendment of a prior contract between the parties? Yes No

If this is an amendment, please provide the Board date(s) and agenda item number(s) for the approval of the original contract and for the approval of prior amendments (if any):

Original Board Meeting Date: _____ Agenda Item #: _____

Amendment Board Meeting Date: _____ Agenda Item #: _____

Amendment Board Meeting Date: _____ Agenda Item #: _____

NOTE: An "amendment" is any change to the language of an original approved contract. This includes, but is not limited to, changes in price (or other numbers / conditions) and/or term (effective dates, including extensions / renewals).

Identification of Other Party to Contract

If other party is a corporation, list state of incorporation: _____

If other party is a corporation, a print-out of the Florida state or out-of-state corporate status MUST be attached. (see: www.sunbiz.org or obtain from other Party)

Name/Title of Other Party's Contact Person: _____

Mailing Address of Other Party's Contact Person: _____

Telephone Number of Other Party's Contact Person: (_____) _____

E-Mail Address of Other Party's Contact Person: _____

SIGNATURE OF CONTACT PERSON

DATE

TELEPHONE

PRINTED NAME AND TITLE

For Use by Office of General Counsel Only:

GCO#

1. Date In: _____ Date Out: _____ Revisions: <input type="checkbox"/> or Final/Signed: <input type="checkbox"/>	2. Date In: _____ Date Out: _____ Revisions: <input type="checkbox"/> or Final/Signed: <input type="checkbox"/>	3. Date In: _____ Date Out: _____ Revisions: <input type="checkbox"/> or Final/Signed: <input type="checkbox"/>
4. Date In: _____ Date Out: _____ Revisions: <input type="checkbox"/> or Final/Signed: <input type="checkbox"/>	5. Date In: _____ Date Out: _____ Revisions: <input type="checkbox"/> or Final/Signed: <input type="checkbox"/>	6. Date In: _____ Date Out: _____ Revisions: <input type="checkbox"/> or Final/Signed: <input type="checkbox"/>