

**CONTRACT INFORMATION SUMMARY FORM**

PREFIX CODE: \_\_\_\_\_

DATE: \_\_\_\_\_

Department: \_\_\_\_\_

Contractor: \_\_\_\_\_

Project Name: \_\_\_\_\_

\_\_\_\_\_ Project#: \_\_\_\_\_

Surety: \_\_\_\_\_ Bond#: \_\_\_\_\_

Surety: \_\_\_\_\_ Bond#: \_\_\_\_\_

BCC Date: \_\_\_\_\_ Agenda#: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

District #: \_\_\_\_\_ Renewal Options (if any): \_\_\_\_\_

FY: \_\_\_\_\_ Monitor: \_\_\_\_\_ Fund/Department/Unit/Object: \_\_\_\_\_

Original Amount: \_\_\_\_\_ C/R/G NTE Amount: \_\_\_\_\_

SBE: \_\_\_\_\_ DBE: Y/N Multiplier: \_\_\_\_\_ E-Verify: Y/N Insurance Required: Y/N

**CORRECTIVE ACTION NEEDED? YES / NO**

*If YES, please describe corrective action needed below.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL NOTES / MISCELLANEOUS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE REQUIREMENTS**

Contractor: \_\_\_\_\_ Original Contract Amount: \_\_\_\_\_

GENERAL LIABILITY	REQUIRED	LIMITS	EXPIRES
	\$500,000	\$500,000	
	\$1,000,000	\$1,000,000	
<i>Other</i>	\$	\$	

COMPREHENSIVE AUTO	REQUIRED	LIMITS	EXPIRES
	\$500,000	\$500,000	
	\$1,000,000	\$1,000,000	
<i>Other</i>	\$	\$	

PROFESSIONAL LIABILITY	REQUIRED	LIMITS	EXPIRES
	\$500,000	\$500,000	
	\$1,000,000	\$1,000,000	
<i>Other</i>	\$	\$	
If Claims Made – Retro Date:			
		<i>Excess Liability: \$</i>	

WORKERS COMPENSATION	REQUIRED	LIMITS	EXPIRES
	<input type="radio"/> Yes <input type="checkbox"/> No	\$100 / \$500 / \$100	
		\$500 / \$500 / \$500	
		\$1mil / \$1mil / \$1mil	

**OTHER INSURANCE REQUIREMENTS**

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**OEBO/CDC ROUTING FORM**

TO: Office of Equal Business Opportunity

FROM: Contract Development &

Control/OFMB

BCC Agenda Item: \_\_\_\_\_

BCC Meeting Date: \_\_\_\_\_

Contractor/Vendor: \_\_\_\_\_

\_\_\_\_\_

SBE/MWBE Participation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes/Comments: \_\_\_\_\_

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**CONTRACT REVIEW CHECKLIST - Rev. 5/23/24**

	<b>DESCRIPTION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1	Is Agenda Summary Sheet information correct and complete?			
2	Are parties correctly identified? Must use vendor's correct legal name as shown in SunBiz; all contracts are with <b>PBC, NOT</b> the Department.			
3	Is vendor on County's suspended/debarred list? Or on the State's convicted vendor list?			
4	Has the other party signed? If not, why? (BCC policy requires other party's signature prior to approval, unless it is a higher governmental entity).			
5	Are titles of signing parties and signature lines entered? (Witnessed with a corporate seal, where applicable).			
6	Is there a certificate/affidavit from vendor indicating who had the authority to execute the contract for the vendor or signature authority verified in SunBiz?			
7	Has the Terms & Conditions block been executed by Dept.?			
8	Are all attachments/exhibits appropriately labeled and referenced in the body of the contract?			
9	Do individual amounts in the contract/attachments collectively match the totals in the contract?			
10	Is there a cap on the total amount of the contract? Reimbursable costs identified and capped?			
11	Has the Budget Division indicated sufficient budget availability?			
12	Are the payment provisions acceptable? (Be sure there are no advance payments).			
13	Beginning and ending dates correct/specified? Schedule of events and milestones for completion?			
14	If contract is for more than 2 years and ad valorem funds are involved, is there an annual appropriation clause?			
15	Does the termination clause allow for termination at the convenience of the County?			
16	Are the indemnification clauses included? (For non-standard contracts verify with Risk Management).			
17	Does contract contain a clause addressing the Public Entity Crime Statute FS 287.133(2)(a)?			
18	Does the item comply with the EBO Ordinance?			
19a	Are insurance requirements adequate? (This should be verified with Risk management).			
19b	Is proof of insurance attached? Palm Beach County named as additional insured?			
19c	Is expiration date of policy equal to or longer than the contract period?			
20	If liquidated damages clause included, what is the daily assessment? \$ _____/day.			
21	If early completion bonus/incentive included, what is the daily amount \$ _____/day			
22	Is performance/payment bond included? Is surety verified against U.S. Treasury listing?			
23	Is bond sealed? Does Bond match Contract amount? Bond #			
24	Is there an access and audit clause?			
25	Is there a notification/address identifying provision in the contract?			
26	Inspector General language?			
27	Criminal history records check clause?			
28	Regulations/laws/ordinances clause?			
29	Does the contract contain a clause addressing Public Records Statute 119.0701?			
30	E-verify language			
31	No Third Party Beneficiaries clause.			
32	Non-discrimination clauses?			
33	Federally funded?			
34	State Funded?			
35	Scrutinized Companies Provision?			
36	Do bid documents/RFPs contain a clause addressing FS 287.0570: Prohibition against Considering Social, Political or Ideological Interests in Government Contracting? (Effective 7/1/23)			
37	Non-governmental Entity Human Trafficking Affidavit (Effective 7/1/24)			