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| --- |
| **Brief Description of Services:** **Click here to enter text.** |
| **Contract Term:**Begins: **MM/DD/YY** Ends: **MM/DD/YY** | **Department Contact: Click here to enter text.** |
| **Vendor: Click here to enter text.** | **Vendor Contact: Click here to enter text.****Phone Number: Click here to enter text.**  |
| 1. **1. Does FSW need to invoice this vendor?** [ ]  **Yes** [ ]  **No** [ ]  **N/A**
2. **Does FSW need to be reimbursed for its services?**  [ ]  **Yes** [ ]  **No** [ ]  **N/A**
3. **Has FSW entered into a similar contract with this company**

**before?**  [ ]  **Yes** [ ]  **No** [ ]  **N/A** 1. **Is this a renewal of an existing contract?** [ ]  **Yes** [ ]  **No** [ ]  **N/A**
2. **Are you requesting Legal review?**  [ ]  **Yes** [ ]  **No** [ ]  **N/A**

**If you check yes, please note that the contract will be forwarded to the General Counsel and may be delayed for further review.**1. **If applicable, has the vendor signed the agreement?**

[ ]  **Yes** [ ]  **No** [ ]  **N/A**  | **7. Conflict of Interest Statement: Prior to submission, please confirm the following:** **Are you aware of a potential financial interest, with any Florida SouthWestern State College employee or a board member of the District Board of Trustees, Florida SouthWestern State College?**[ ]  **Yes** [ ]  **No****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Certificate of Insurance Checklist**1. **Is the College correctly listed on the COI as an Additional Insured**

**and Certificate Holder?** [ ]  **Yes** [ ]  **No** [ ]  **N/A** **COI should read as follows:** ***District Board of Trustees, Florida SouthWestern State College,***  ***Florida, it’s trustees, employees, and officers*** ***Attn: Risk Manager*** ***8099 College Parkway*** ***Fort Myers, Florida 33919***1. **Are the NAIC codes completed for each insurance carrier**

**listed on the COI?** [ ]  **Yes** [ ]  **No** [ ]  **N/A**1. **Has the current version (2016/03) of the Certificate of Insurance**

 **(Acord 25) been submitted by the contracted party?**[ ]  **Yes** [ ]  **No** [ ]  **N/A**   |

 **Are you purchasing technology such as Software/Hardware or Applications/Technology equipment?**

[ ]  **Yes** [ ]  **No** [ ]  **N/A**

 **If yes, this form will need to be routed to Jason Dudley, VP, Information Technology & Digital Strategies/CTIO.**

*All technology and technology related purchases, this includes but is not limited to software, hardware, technology equipment, online software applications, and audio/video equipment must be routed to the CIO for approval*

 **VP, Information Technology & Digital Strategies/CTIO Signature: Date:**

 Jason Dudley

**I or my designee, for whom I am responsible have read the attached Agreement (including all attachments and exhibits) and certify that the contract is an accurate and complete representation of the business/program terms between the parties, that the price terms and the expenditures required by this contract have been examined and that during the initial year of the contract the expenditures required by this contract are within existing Departmental budget.**

**Budget Administrator’s Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designated Approver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**