 **Irvine Unified School District**

 **CONTRACT REVIEW FORM**

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| --- | --- | --- | --- |
| **Company Name:** |  | **Vendor No:** |  |
| **Contact Name:** |  | **Email:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone No.:** |  | **SS or Tax ID No. :** |  |

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| **Required Documents**  |
|  | Contract Review Form |  | Agreement |  | Certificate of Liability Insurance |  | W-9 Form |
| **Other Documents (if required)** |
|  | Data Privacy Agreement (Digital Provider/User Log-In Required) |  | Insurance Waiver |  |  |

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| **Description of Services & Objective(s) to be Accomplished:**  |
|  |
| **Has this contract been reviewed by any outside legal counsel?**  | **No:** |  | **Yes:** |  | **Name:** |  |
| **IUSD Template - Unmodified:** |  | **IUSD Template - Modified:** |  | **Other/Custom Agreement:** |  |

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| --- | --- | --- | --- | --- |
| **Is this Contract Associated with a Field Trip:** | ***Yes:*** |  | **No:** |  |
| ***If yes, and Board approval is required per Board Policy 6153, provide Board approval date:***  |  |

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| --- | --- | --- | --- |
| **Term/Date(s):** |  | **to** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fee/Cost *(not to exceed)*:** | **$** | **Budget Category No.:** |  |
| **Select One Budget Category:** |
|  | Community Facilities District – CFD \_\_\_\_\_ |  | Capital Facilities Fund – Fund 25 |  | Self-Insurance Fund – Fund 67 |
|  | County School Facilities Fund – Fund 35 |  | Restricted General Fund – Fund 01 |  | Off-Setting Fee Income |
|  | Building Fund – Fund 21 |  | Unrestricted General - Fund 01 |  | Other: |

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted by/Originator: |  | Ext: |  |
| Department/Site: |  | Submittal Date: |  |

 Printed Name Site Principal/Department Administrator Signature

|  |
| --- |
| ***ALL Contracts MUST be approved by IUSD Board of Education.*** |
| **ORIGINATOR:** Submit this **signed** form along with required documents to Maria Ragas in Business Services for review ***at least 4 weeks prior*** to scheduled Board meeting. Upon Board approval, originals will be filed, Originators notified via email, and copies will be uploaded to **J:\SHARE\CONTRACTS\2019-20**. |

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| **District Approval** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Ready for Board Approval:** |  |  | **Documents Complete:** |  |  |  |

 Approver’s Name & Signature

 Asst. Superintendent, Business Services Board Approval Date

Rev. 10/19