

**Pojoaque Valley School District
Contract Coversheet and Checklist**

Requestor:		Contract Number:	
Name of Contractor:		Amendment No. if Applicable:	
Address of Contractor:			
Contractor Telephone Number:		Contractor Email:	
School Year:	Location:	Account Code:	
Amount of Contract:	Fund Source:	Contract Term:	
		Contract Renewal Date:	
This contract has been reviewed for necessary and appropriate language. YES NO		This contract has had legal review if necessary. YES NO	
Type of Contract <input type="radio"/> Professional Services Agreement <input type="radio"/> Governmental Services Agreement <input type="radio"/> Joint Powers Agreement <input type="radio"/> Construction <input type="radio"/> Cooperative Services (CES) <input type="radio"/> MOU/MOA <input type="radio"/> Other: _____		Describe the Services the Contractor will perform. (Be Specific. Include all details. Write as if you are writing the scope of work paragraph for a contract.) 	
Describe how the contractor will be compensated. (Be Specific. Will the compensation be a lump sum amount for a specific work product, or a lump sum for specific services, or based on time and materials rendered? Write as if you are writing the compensation paragraph of a contract.) 			
The contract and all documents such as applications, narratives, budgets, maps, schedules, etc. are attached. YES NO			

AMENDMENTS ONLY

The amendment must be written within the scope of the original contract. If the amendment is not within the scope of the original contract, an entirely new contract must be created.

The amendments and original contract are attached. YES NO

Will the amendment change the original contract amount? YES NO

If yes what is the amount of the amendment?

Total value of the contract including the amendment.

Will the amendment extend the contract term? YES NO

If yes what is the new expiration date?

Has the original Contract term expired?

If yes, please explain why.

What terms of the contract need to be amended (*Be specific. Include all details.*)

Approvals

I propose the contract and selected the contractor in accordance with the Procurement Code and the current PVSD Policy and rules governing procurement and contracts (if applicable), to the best of my knowledge. I am aware that, depending on the type of contract, the contractor is required to provide proof of insurance and maintain that insurance so long as the agreement is in effect. I am aware of the appropriation period for the funds for this contract and the term does not exceed the appropriation period.

Contract Originator

Date

BUSINESS OFFICE

- I have reviewed the proposed contract and certify that there IS sufficient budget in the stated account code.**
- I have reviewed the proposed contract and certify that there IS NOT sufficient budget in the stated account code**
- This proposal does not involve budget.**

Business Manager

Date

Superintendent of Schools Approval

Date

**Pojoaque Valley School District
Contract Checklist**

Task	Signature of Person Completing Task
<p>This packet will be included in the Board Book for the Board Meeting on _____.</p>	
<p>Board Action taken at the Board Meeting on _____.</p>	
<p>Original signatures obtained on _____.</p>	
<p>Copy of signed contract and PO sent to vendor on _____.</p> <p>Copy of signed contract and PO filed in master file and given to business office on _____.</p>	
<p>Contract entered into master electronic record on _____.</p>	
<p>Copy of signed contract and PO provided to requestor on _____.</p>	