Risk Management Contract Review

Contract Name	A =======		1 for On		f DC Ha	alth Dont				
Contract Name	Agreement with State of FL for Operation of PC Health Dept									
Bid/Contract#					PID#			9/22/2015		
Department					n Burns		_			
Contract Mgr	Tim Burn	S		RUSH?	N	Pre-Review	/?	Date Out		
									enter a date.	
Purchasing Contact					Term			Amount	\$	
Type of Contract (select both)		Public Entity to Public Entity			Non-Pu	Non-Purchasing Metho		of Review	E-Review Only	
Limitation of Liability?		Indomnification Langua				ogo) If DE 4		(CATS/Legistar)		
Limitation of Liak	onity?	Indemnification Language								
Required Coverages		Add'l Language / Exclusions				Limits		Justification		
Choose an item.										
Choose an item.										
Choose an item.										
Choose an item.										
Choose an item.										
Choose an item.										
Choose an item.										
Choose an item.										
Discussed scope & suggested insurance requirements with					N/A					
Public Entity to Po		/ - funding								
NOTES:										
Reviewed By						Da	Date			
Virginia E. Holscher							9/25/20)15		
Ready for Signature		Authorized By Virginia F. Holscher, Dir								