

**DEPARTMENT OF FINANCIAL SERVICES  
Standard Contract**

Contract Title <b>Accounting, Forensic Accounting Analysis and Expert Witness Testimony</b>	P.O. No. or Solicitation No., if any	Contract Number <b>RLAC-9999-17020</b>
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1. This Contract is entered into between the Department of Financial Services and the Contractor named below:

<b>The Department of Financial Services, 2020 Capital Circle, SE, Suite 310, Tallahassee, FL 32301</b>	(hereinafter called the Department)
Contractor's Name	(hereinafter called the Contractor)

2. Contract to Begin: \_\_\_\_\_ Date of Completion: \_\_\_\_\_ Renewals: \_\_\_\_\_

3. Performance Bond, if any: \_\_\_\_\_ Other Bonds, if any: \_\_\_\_\_

4. Total Value for Contract Term: \_\_\_\_\_ Total Value of Renewal(s): \_\_\_\_\_ Total Value of Contract Term Plus Renewal(s): \_\_\_\_\_

Department's Contract Manager		Contractor's Contract Manager	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	

6. The parties agree to comply with the terms and conditions of the following attachments which are hereby incorporated by reference:

Attachment 1: Standard Terms and Conditions Applicable to All Service Contracts
Attachment 2: Statement of Work
Attachment 3: Completed Price Response Form

7. The parties agree to comply with the terms and conditions of the following addenda which are hereby incorporated by reference:

Addendum A: Public Records Requirements
Addendum B: Data Security Requirements
Addendum C: PUR 1000
Addendum D: PUR 1001

**IN WITNESS WHEREOF, this Contract is being executed by the parties and is effective on the date in the Contract Begin Date above or the last date signed below, whichever is later.**

8. **CONTRACTOR**

Contractor's Name (if other than individual, state whether corporation, partnership, etc.) \_\_\_\_\_

By (Authorized Signature) _____	Date Signed _____
Printed Name and Title of Person Signing _____	

9. Department of Financial Services **DEPARTMENT**

By (Authorized Signature) _____	Date Signed _____
Printed Name and Title of Person Signing _____	

