



Attachment A
State Term Contract
No. 43231500-21-STC
For
Electronic Signature Solutions

This Contract is between the State of Florida, Department of Management Services (Department), an agency of the State of Florida and **Insert Contractor Name** (Contractor), collectively referred to herein as the “Parties.”

Accordingly, the Parties agree as follows:

I. Initial Contract Term.

The Initial Contract Term shall be for three (3) years. The Initial Contract Term shall begin on 2/1/2022. The Contract shall expire on 1/30/2025, unless terminated earlier in accordance the General Contract Conditions.

II. Renewal Term.

Upon mutual written agreement, the Parties may renew this Contract, in whole or in part, for a Renewal Term not to exceed the Initial Contract Term, pursuant to the incorporated Special Contract Conditions.

III. Contract.

As used in this document, “Contract” (whether or not capitalized) shall, unless the context requires otherwise, include this document and all incorporated Exhibits, which set forth the entire understanding of the Parties and supersedes all prior agreements. All modifications to this Contract must be in writing and signed by all Parties.

All Exhibits listed below are incorporated in their entirety into, and form part of this Contract. The Contract Exhibits shall have priority in the order listed:

- a) Contract Exhibit A: Scope of Work
- b) Contract Exhibit B: Additional Special Contract Conditions
- c) Contract Exhibit C: Special Contract Conditions
- d) Contract Exhibit D: Contractors submitted Best and Final Offer (BAFO)

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IV. Contract Management.

Department's Contract Manager:

Heather Drymon
Division of State Purchasing
Florida Department of Management Services
4050 Esplanade Way, Suite 360
Tallahassee, Florida 32399-0950
Telephone: 850-487-9847
Email: Heather.Drymon@dms.fl.gov

Contractor's Contract Manager:

[Insert Contractor Manager Name]
[Insert Contractor name]
[Insert Contractor's physical address]
Telephone: [(XXX) XXX-XXXX]
Email: [jane.doe@business.gmail.com]

IN WITNESS THEREOF, the Parties hereto have caused this Contract, which includes the incorporated Attachments, to be executed by their undersigned officials as duly authorized. This Contract is not valid and binding until signed and dated by the Parties.

Insert Contractor Name

**STATE OF FLORIDA,
DEPARTMENT OF
MANAGEMENT SERVICES**

[Name]

**Tammi Fillyaw
Chief of Staff**

Date:

Date: