



Attachment D
State Term Contract
No. 80111600-21-STC
For
Temporary Staffing Services

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 June 1, 2021. The Contract shall expire on May 31, 2024, unless terminated earlier in accordance with Contract Exhibit B, Special 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 Contract Exhibit B, 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 supersede 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 below:

- a) This Contract document
- b) Contract Exhibit A, Statement of Work
- c) Contract Exhibit B, Special Contract Conditions
- d) Contract Exhibit C, Job Title Descriptions
- e) Contract Exhibit D, Contractor's Submitted Technical Proposal from RFP No. 20-80111600-RFP
- f) Contract Exhibit E, Contractor's Submitted Cost Proposal from RFP No. 20-80111600-RFP

IV. Contract Management.

Department's Contract Manager:

Frank Miller
Division of State Purchasing
Florida Department of Management Services
4050 Esplanade Way, Suite 360
Tallahassee, Florida 32399-0950
Telephone: (850) 488-8855
Email: Frank.Miller@dms.fl.gov

Contractor's Contract Manager:

[Insert Contractor's Contract Manager's Name]
[Insert Contractor Name]
[Insert Contractor's Physical Address]
Telephone: [(XXX) 555-XXXX]
Email: [jane.doe@business.com]

This Contract is executed by the undersigned officials as duly authorized. This Contract is not valid and binding on all Parties until signed and dated by both Parties.

State of Florida:
Department of Management Services

Contractor:
Insert Contractor Name

By: _____
Name:
Title:
Date:

By: _____
Name:
Title:
Date: