



Attachment A – Draft Contract

**State Term Contract
No. 76111500-21-STC
for
Custodial 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 five years. The Initial Contract Term shall begin on _____. The Contract shall expire on _____ unless terminated earlier in accordance with the Special Contract Conditions.

II. Renewal Term.

Upon mutual written agreement, the Parties may renew this Contract, in whole or in part, 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 document and Exhibits shall have priority in the following order:

- a) Exhibit X, Scope of Work
- b) Exhibit X, Price Sheet
- c) Exhibit X, Special Contract Conditions
- d) Exhibit X, Regional Map
- e) Exhibit X, Preferred Pricing Affidavit

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IV. Contract Management.

Department's Contract Manager:

Thomas Bower
Division of State Purchasing
Florida Department of Management Services
4050 Esplanade Way, Suite 360
Tallahassee, Florida 32399-0950
Telephone: (850) 488-6904
Email: Thomas.Bower@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]

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.

Insert Contractor Name

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

[Name]

[Name]

Date:

Date: