



## **Attachment A – Draft Contract**

**State Term Contract  
No. 80101507-21-STC-ITSA**

**For  
Information Technology Staff Augmentation**

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 two years. The Initial Contract Term shall begin on October 1, 2021. The Contract shall expire on October 1, 2023, unless terminated earlier in accordance with the Special Contract Conditions or Additional Special Contract Conditions.

### **II. Renewal Contract 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 Contract 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) This Contract document
- b) Contract Exhibit A, Scope of Work
- c) Contract Exhibit B, Additional Special Contract Conditions
- d) Contract Exhibit C, Special Contract Conditions
- e) Contract Exhibit D, Contractor’s submitted Executive Summary and Staff Resource Management Plan
- f) Contract Exhibit E, Contractor’s submitted Price Sheet

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For

**Insert Name**

- g) Contract Exhibit F, Resume Self-Certification Form
- h) Contract Exhibit G, Contractor Selection Justification Form
- i) Contract Exhibit H, Contractor Performance Survey
- j) Contract Exhibit I, Preferred Pricing Affidavit
- k) Contract Exhibit J, Job Family Descriptions

**IV. Contract Management.**

**Department's Contract Manager:**

[Insert Department Manager Name]

Division of State Purchasing

Florida Department of Management Services

4050 Esplanade Way, Suite 360

Tallahassee, Florida 32399-0950

Telephone: [(XXX) XXX-XXXX]

Email: [john.doe@mydms.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]

\_\_\_\_\_  
J. Todd Inman, Secretary

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: