



Clint Independent School District Professional Services Contract Routing Form

SBITA For Internal Use Only		
Yes	No	N/A

INTERNAL USE ONLY: Please remove this page before sending contract to the vendor for review.

NOTE: ALL PROPOSED CONTRACTS MUST BE FORWARDED TO THE PURCHASING DEPARTMENT FOR REVIEW, PRIOR TO APPROVAL BY THE SUPERINTENDENT.

Requestor Information

Name: _____ Phone: _____ Date: _____
Dept./Campus: _____ E-mail: _____

Contractor Information

Vendor/Company: _____ Phone: _____
Name: _____ Contact Name: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____

Contract Questionnaire

Will the contractor be paid for their travel costs?

If so, review the 'Travel Procedures' to verify the maximum amount of payment for travel costs. Or, the contractor may offer a total cost of professional services including their costs. Yes No

Construction Services: Will the contract exceed \$25,000 and/or \$100,000 (NTP required)?

If so, a payment bond is required in excess of \$25,000; performance bond is required over \$100,000. Yes No N/A
Additionally, the project may require an engineer if over \$8,000/\$20,000 or an architect if over \$50,000/\$100,000 (CV Legal Policy).

Will this contract be funded with federal grant funds?

If so, all federal grant documentation must be included within the contract, to include EDGAR Certifications and Federal Addendum Contract Provisions Page. Yes No

Will the contractor perform services on-site Clint ISD?

- Yes No N/A
- Have you discussed campus and building requirements (i.e. heating/air conditioning, security, contact with students, networks, etc.) with the appropriate dept.? Yes No
 - Background Check: If no, the contractor must be supervised at all times: Yes No
Campus Admin/Supervisor Name: _____

Is this contract for Amusement/Inflatable Devices (COL), Performance (COL/T&C), Guest Speaker (T&C), Catering (T&C), or Professional Development (T&C)?

Certificate of Liability (COL) must be attached for Amusement/Inflatable devices with \$1,000,000 minimum coverage and Clint ISD named as additional insured. (Review by COO is required). Yes No
Additional Terms & Conditions (T&C) must be attached for all other services. COL Exp.: _____ T&C Signed: _____
Reviewed By: _____

Is this contract for software?

If so, the Student Data Privacy Agreement must be included. Yes No

Account: _____ - _____ Contract No.: _____ Commodity Code: _____
Notes: _____ Not to Exceed _____
Contract Amount: \$ _____

Contract Approval Routing

Instruction Lead

Name: _____ Signature: _____ Date: _____

Director of Federal Programs

Name: Melissa Williams Signature: _____ Date: _____

Chief Operations Officer

Name: Anthony Prado Signature: _____ Date: _____

Chief Technology Officer

Name: Gisela Lucero Signature: _____ Date: _____

Director of Procurement

Name: Veronica Campbell Signature: _____ Date: _____

Chief Financial Officer

Name: Dr. Jessie Cline Signature: _____ Date: _____

Superintendent

Name: Dr. Juan I. Martinez Superintendent will sign execution section if approved.