

CONTRACT/AGREEMENT COVER SHEET

Clerk's use only

TO: **CITY MANAGER** (CM signature required)

New Contract

CITY CLERK (City Manager signature not required)

Amendment/Change Order (List #)

VIS Code (if known)

Original Contract CHAD # if known

Basic Information	Name of Contractor: <input style="width: 90%; height: 20px;" type="text"/>	
	Business Tax License # <-click <input style="width: 150px;" type="text"/>	Phone number <input style="width: 150px;" type="text"/>
	Business Contact Email Address <input style="width: 90%; height: 20px;" type="text"/>	
	Term of THIS agreement: Start date: <input style="width: 100px;" type="text"/> End date: <input style="width: 100px;" type="text"/>	Amount of contract now: Different than the original? Yes <input type="checkbox"/> <input style="width: 150px;" type="text"/> Revenue? Yes <input type="checkbox"/>
Dept. Info	Term of ORIGINAL agreement: Start date: <input style="width: 100px;" type="text"/> End date: <input style="width: 100px;" type="text"/>	
	Amount of Original Contract: <input style="width: 90%; height: 20px;" type="text"/>	
	RETROACTIVE Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: <input style="width: 500px;" type="text"/>	
	Department : Choose an item. <-Dropdown Box <input style="width: 150px;" type="text"/>	Dept. Contact Name: <input style="width: 200px;" type="text"/>
Detailed Information	Department Contact Phone: <input style="width: 150px;" type="text"/>	Type of Contract: <input style="width: 150px;" type="text"/>
	Council Date: <input style="width: 100px;" type="text"/>	Council Item # <input style="width: 100px;" type="text"/>
	Resolution # <input style="width: 100px;" type="text"/>	Form 700 Required? <input type="checkbox"/> Yes Attached? <input type="checkbox"/> <small>Check box if YES</small> <input type="checkbox"/> No
	Description of contract: (What work will the contractor accomplish? Be Specific.) 300 Character Max	
Insurance verification	<input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Sole Source? <input type="checkbox"/> RFB Date <input style="width: 100px;" type="text"/> Description of selection process below: <input style="width: 90%; height: 20px;" type="text"/>	
	Vendor Address & Notes	
Approvals	CONTRACT & INSURANCE VERIFICATION (MANDATORY) Please initial and provide description of insurance for ALL contracts valued \$269,999 and less. Risk Management will verify insurance for contracts valued at \$270,000 and above. <input style="width: 100px;" type="text"/> <-sign here <small>I attest that the insurance verification of this contract have been met and all information is correct including policy limits, policy terms and City of San José named as "Additional Insured." [if this contract should be exempt from insurance requirements, please note why in the box below] Contract will not be processed if needed insurance requirements or insurance proof is missing.</small>	
	Description of Insurance exemption <input style="width: 90%; height: 40px;" type="text"/>	
Coordination: <input type="checkbox"/> City Attorney's Office (Required) <input type="checkbox"/> Human Resources <input type="checkbox"/> Risk Management <input type="checkbox"/> Other: _____		Department Head Signature: _____ Date: _____
Office of the City Manager Signature: _____		DATE: _____