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) with its principal place of business located at <insert address>, collectively referred to herein as the “Parties.”

Accordingly, the Parties agree as follows:

1. **Initial Contract Term.**

The Initial Contract Term shall be for (insert number) years. The Initial Contract Term shall begin on Insert a Date. The Contract shall expire on Insert a Date unless terminated earlier in accordance with the Special Contract Conditions.

1. **Renewal Term.**

Upon mutual written agreement, the Parties may renew this Contract, in whole or in part, pursuant to the incorporated Special Contract Conditions.

1. **Order of Precedence.**

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:

* + 1. This Contract document
    2. Exhibit X, Scope of Work
    3. Exhibit X, Additional Special Contract Conditions
    4. Exhibit X, Special Contract Conditions
    5. Exhibit X, Contractor’s submitted Price Sheet
    6. Exhibit X, Preferred Pricing
    7. Include other contract Exhibits as needed

1. **Contract Management.**

**Department’s Contract Manager:**

(Insert name)

Division of State Purchasing

Florida Department of Management Services

4050 Esplanade Way, Suite 360

Tallahassee, Florida 32399-0950

Telephone: (850) XXX-XXXX

Email: [(insert](mailto:Jeffery.dykes@dms.fl.gov) [name)@dms.fl.gov](mailto:name@dms.fl.gov)

**Contractor’s Contract Manager:**

[Insert Contractor Manager Name]

[Insert Contractor name]

[Insert Contractor’s physical address]

Telephone: [(XXX) 555-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:**