## RESOLUTION/BUSINESS OFFICE AGENDA ITEM CHECKLIST

ALL RESOLUTION PACKET ARE DUE IN THE BUSINESS OFFICE ON THE THIRD TUESDAY OF EACH MONTH-

## **NO EXCEPTIONS**

Yes	No	N/A	From the District	Signature
			Scope of Services – this is an explanation of the services that are to be provided. It should include specific goals and objective; to whom and what and where.	
			Contract – terms of the agreement; compensation; insurance; indemnification; certifications and licenses.	
			NJ Business Registration Certificate	48,557.61
			Affirmative Action Certificate	
			Political Disclosure	
			Recommendation – narrative – a short paragraph explaining why you are recommending this service/goods or materials for the District. Show the alignment with NJ State Core Curriculum if applicable.	
			Professional Service Contract – Proof that you received quotes if over <u>\$6000.00</u> in value or if over <u>\$40,000</u> and Bid/RFP is required.	
			Appropriate Account Number for Service is provided.	
			Compensation – this the cost not to exceed for the service ( not the amount in the budget)	
			Grants	
			Provide Name of Grant	
			Purpose of the Grant- briefly describe the purpose of the grant and how the grant relates to district goals	
			Grant Duration – date beginning and ending and /or multi-year period.	
			Funding Source – federal, state. Local or private grant.	
			Funding Amount(s)- state funding amount applying and /or accepting and if multi- year the amount for each period.	
			Budget/Budget Narrative – provide the budget documents.	
		-	Assessment/Evaluation	
			Grant Administrator –provide the name and title of person responsible for administering the grant.	19110

Date of the expected implementation _	
Signate	ure Date

## CAMDEN CITY SCHOOL DISTRICT CONTRACT/RESOLUTION FACT SHEET

Firm/Vend Address:	lor Name:			Requesting School/Department:			
				Name/Title of Person Completing Form:			
Contract:	□New	□Renewal	□Modification				
Scope of Wo	ork: (Attach add	itional sheets i	f needed)				
Effective Da	te—Expiration	Date (if applica	able)				
Pricing:							
Contract Typ							
Is bidding re	equired? Bids Received		□Yes □No	If Yes,			
Is this the lo			□Yes □No	If No, explanation.			
If bidding n	ot required, exp	lain reason:					
Extraordinas	y Unspecifiable	Sarvicas	□Ves □No	If Yes, explanation.			
LAMOUTHIN	y Onspectitable	ocivices	Gies Eino	11 Tes, explanation.			
Professional	Services		□Yes □No	If Yes, explanation.			
Have done on		diataint1-/2	V				
now aoes co	ntract support	district goals/3-	Year Plan? (Attach	proposal/contract)			
To he compt	eted by Busines	os Office	Account Niver	hor Vouitiod.			
ro pe combi	cica by busines	os Office		Account Number Verified:  Resolution Number:			
			Expected date	for BOE review			