



**Southeast Florida Governmental Purchasing  
Cooperative Group**

**CONTRACT AWARD**

Please complete each of the applicable boxes and submit with bid documents, award notices and tabulations to [lpiper@myboca.us](mailto:lpiper@myboca.us) for placement on the NIGP SEFL website Cooperative contract page.

BID/RFP No. \_\_\_\_\_

Description/Title: \_\_\_\_\_

Initial Contract Term:      Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Renewal Terms of the Contract: \_\_\_\_\_      Renewal Options for \_\_\_\_\_  
(No. of Renewals)      (Period of Time)

Renewal No. \_\_\_\_ Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Renewal No. \_\_\_\_ Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Renewal No. \_\_\_\_ Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

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**SECTION #1                      VENDOR AWARD**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_      Fax: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_      Email Address: \_\_\_\_\_

Website: \_\_\_\_\_      FEIN: \_\_\_\_\_

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**SECTION #2                      AWARD/BACKGROUND INFORMATION**

Award Date: \_\_\_\_\_      Resolution/Agenda Item No.: \_\_\_\_\_

Insurance Required:      Yes \_\_\_\_\_      No \_\_\_\_\_

Performance Bond Required:      Yes \_\_\_\_\_      No \_\_\_\_\_

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**SECTION #3                      LEAD AGENCY**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Contact: \_\_\_\_\_      Email \_\_\_\_\_

Telephone: \_\_\_\_\_      Fax: \_\_\_\_\_