



THE SCHOOL BOARD OF MARTIN COUNTY, FLORIDA

2845 SE Dixie Highway • Stuart, Florida 34997-5037 • Telephone (772) 219-1255 Ext: 36204 • Email: bids@martinschools.org

Via Email Transmission: barry@athletictrainerinc.com

April 19, 2023

Athletic Trainer, Inc.
Attn: Mr. Barry O'Rourke, President
P O Box 7807
Port Saint Lucie, FL 34985

RE: Notice of Award
ITB No. 1005-LD-2023, Athletic Trainers/Sports Physical Therapy Services

Dear Mr. O'Rourke,

The Martin County School Board awarded ITB No. 1005-LD-2023, Athletic Trainers/Sports Physical Therapy Services, to your firm on April 18, 2023. Please consider this your formal notice of award. The District requests that you provide all necessary insurance requirements within 10 days as listed below:

"Certificate of Insurance" which reflects all types and levels of coverage as noted in the Invitation to Bid. The insurance certificate must list the **project number and name**, printed in the "Remarks" box, words to the effect: Martin County School Board named as *an additional insured, addressed to:*

1939 SE Federal Highway
Stuart, Florida 34994

The term of this contract shall commence on July 1, 2023, through June 30, 2024, with two (2) one (1) year renewal options. The District reserves the right to exercise the option to renew annually, if mutually agreed upon in writing by both parties subject to the same terms and conditions of the original agreement. Annual renewals shall be subject to the appropriation of funds, vendor's satisfactory performance and determination that the contract renewal is in the best interest of the District.

Please contact the County Athletic Director, Ed Geiger, at 772.219.1840 ext. (35)140 or by email to geigere@martinschools.org with any questions or concerns and to schedule the preinitiation of services meeting. The executed contract will be presented at the meeting.

Thank you for your cooperation. We look forward to a prosperous working relationship with your organization.

Sincerely,

Lenora S. Darden, MCPP, CPPB, CPSM
Purchasing Supervisor

c: Edmund Geiger, County Athletic Director
Renee Hayes, Director of Purchasing
ITB File

Dr. John D. Millay, Superintendent

*School Board Members: Michael DiTerlizzi • Marsha Powers • Amy B. Pritchett • Jennifer Russell • Christia Li Roberts
"To Educate All Students for Success"*



School or Dept. _____ Attn. _____
 Phone: _____ Fax: _____

VENDOR INFORMATION FORM

This form and an executed W-9 form **must** be completed before we can add your company to our vendor files, or update current information on an existing vendor file. **Please return completed form to the School or Department that sent it to you, see above information.** Upon return to the School or Department, it will be forwarded to Purchasing. Once the vendor number is assigned, Purchasing will advise the School or Department. Purchase Orders will be provided in an electronic format.

Purchase orders are required for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order. The School District is not obligated to pay for any goods or services that have not been authorized by purchase order. The only exception would be a P Card purchase.

Type of credit cards accepted if applicable:

Related Party – is any School Board member or employee, or the spouse or child of any School Board member or employee a proprietor, an officer a partner or a director of this business, or do any of the parties individually or in combination have an ownership interest in this business? () YES () NO
If yes, please explain relationship: _____

Vendor requirement for Jessica Lunsford Act and confidentiality of student records, website: <http://martinschools.org>

Beginning January 1, 2021, every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system.

 Print Name/Title

 Signature of Acknowledgement

PLEASE PRINT

Order From: (to be used on Purchase Order)	Date:
Ordering Address:	Phone #:
Email PO to:	Contact Name:
City & State & Zip:	

Remit To: (if different than above, d/b/a must match W-9)	Florida Document #:
Address:	Federal EIN/SSN:
City, State, Zip:	Owner's name if SSN: