

**THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA**  
**FINANCIAL SERVICES DEPARTMENT**  
 1960 LANDINGS BLVD. -- SARASOTA, FL 34231-3331  
 PHONE 927-9000 --- FAX 927-4017

**CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTORS**  
 (See reverse side for definition of independent contractor)

NAME **Aon Consulting** ACCOUNTS PAYABLE USE ONLY  
 STREET/BOX **7650 W Courtney Campbell Causeway** VENDOR # \_\_\_\_\_  
 CITY/STATE/ZIP **Suite 1000, Tampa, FL 33607-1462** CONTRACT # **70146**  
 SOCIAL SECURITY # \_\_\_\_\_ FEDERAL IDENTIFICATION # \_\_\_\_\_  
 CONTACT PERSON **Dutch Johnson** CONTACT PHONE **X31300**

**DESCRIPTION - COST STRIP - APPROVAL**

**SERVICES RENDERED:** The School Board of Sarasota County, Florida, hereinafter called the School Board, and the above named Independent Contractor, agree as follows:

The School Board shall pay the Independent Contractor for the following services:  
**Provide an Actuarial Study required by GASB 43 and GASB 45.**

To be performed during the following time period:  
**Fiscal year 2006-07.**  
 Payment shall be made (with submission of request for payment form 006-80-FIN) as follows:  
**As invoiced.**

I have read the reverse side of this document, and I certify that I am not an employee of the School Board of Sarasota County, Florida and that I will perform the duties as indicated above. I shall provide evidence of the services performed to the cost center head indicated below. I agree to release and hold the School Board of Sarasota County, Florida and/or its employees, agents and volunteers harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injuries or property damage resulting from my performance of the services specified in this contract.  
 The State of Florida and its political subdivisions are governed by FS 768.28(18).

*See attached*  
 Signature of Acceptance by Independent Contractor \_\_\_\_\_ Date \_\_\_\_\_

**COST STRIP:**

| Line   | Fund Source * | Function | Object | Cost Center | Project | Amount                      |
|--|---------------|----------|--------|-------------|---------|-----------------------------|
| 1  | 1101          | 7500     | 310    | 9038        | 2007    | \$18,000.00                 |
| 2  |               |          | 310    |             |         |                             |
| [ If more than 2 cost strips attach addendum ] |               |          |        |             |         | <b>Total **</b> \$18,000.00 |

(\*) For fund source 4421 see reverse side for special instructions, provisions & procedures.  
 (\*\*) If total amount is \$25,000 or over please indicate:

**SCHOOL BOARD APPROVAL DATE** \_\_\_\_\_ **AGENDA ITEM #** \_\_\_\_\_

**APPROVALS:**

I certify that this contract is essential and internal resources are not available within the School District.  
 Cost Center Head/Director: *Brigitte* DATE: **9/25/06**  
 Supervisor of Above: *Paul* DATE: **9/28/06**  
 Executive Director of Financial Services: *Brumley* DATE: **9/28/06**

**INSTRUCTIONS**

This contract must be signed and approved by all parties before the services may commence. If the independent contractor is to receive payment for travel, the payment cannot exceed the travel allowances permitted under Florida Statute 112.061. This contract must be approved by the School Board of Sarasota County, if it is in the amount of \$25,000 or greater. The dividing of contracts in order to circumvent the \$25,000 limit will result in notification to the School Board.

**An IRS Form 1099 will be issued for all transactions covered by Federal regulation.**

**INTERNAL USE FOR APPROVAL OR DISAPPROVAL**

**THE FOLLOWING IS BEING APPROVED/DENIED BASED ON THE FOLLOWING:**

\_\_\_\_ ID Numbers \_\_\_\_\_ Budget \_\_\_\_\_ Approval(s)  
 \_\_\_\_ Description \_\_\_\_\_ Cost Strip \_\_\_\_\_ **AUDITED/APPROVED**