

DeKalb County
Department of Purchasing and Contracting
Contract Renewal Request Form

User Department: **Juvenile Court**

From: **L. Deneen Walters**

ITB No.: 23-101560

Title: **FAMILY FUNCTIONAL THERAPY (FFT) AND
MULTISYSTEMIC THERAPY**

Effective Date: **October 23, 2023**

ExpirationDate: **October 30, 2024**

Contract APPROVED Amount: **\$383,700.00**

Number of Renewals to Date: **0**

Contractor(s)	Contract No.	Agrees to Extend
Evidence -Based Associates, LLC	1351964	Yes

User Department Recommendation:

X Renew

Bid

Funding for Renewal Term: 383,700

(Unused funds do not roll over to the next term. Provide the amount of funding necessary for the renewal term.)

Funding: General Enterprise 3 Digit Fund Code _____
CIP Line Item No. (if applicable): _____

Award Amount (s) _____

Vendor 1: _____
Name/Amount

Vendor 2: _____
Name/Amount

Vendor 3: _____
Name/Amount

Justification:


Department Director Signature

3/28/24
Date

For Use by Purchasing and Contracting:

Approve

Deny

Additional Comments:

Purchasing and Contracting Signature

Date