



**DeKalb County
Department of Purchasing and Contracting
Change Order Request Form**

User Department: Fire Rescue	From: Purchasing & Contracting
RFP No.: 19-500511	Title: Emergency Ambulance Service Provider for DeKalb County (Multiyear)
Effective Date: December 31, 2019	Expiration Date: December 31, 2024
Contract APPROVED Amount: 0	Number of Change Orders to Date: 0

Contractor(s)	Contract No.	Agrees to Extend
Metro Ambulance Services, Inc. dba American Medical Response, Inc.	1200066	Yes

User Department Recommendation: Renew Bid Increase Decrease

Funding for Renewal Term: \$4,892,000.00
 (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 _____ SPLOST Category _____
 CIP Line Item No. (if applicable): _____

Justification:
 To extend contract for 18 months through 06/30/26 and add an annual subsidy payment of up to \$4,892,000.00

Department Director Signature 10-22-2024 Date

For Use by Purchasing and Contracting: Approve Deny

Additional Comments:

 Purchasing and Contracting Signature Date