

## AGENDA NOTES

<b>Solicitation Name and Number</b>	Salt (Annual Contract with 2 Options to Renew) ITB No. 17-100839
<b>Procurement Technician</b>	Angel Frazier
<b>Vendor(s) agree to renew under the same prices, terms and conditions</b>	YES
<b>Solicitation Name, Number and Contract Number of Expiring Contract (If no previous contract, please indicate N/A)</b>	Salt (Annual Contract with 2 Options to Renew) ITB No. 17-100839  CPA No. 1093514 F. M. Shelton
<b>Expiring Contract Number, Contractor Name and Award Amount (Include increases and Total Award Amount)</b>	\$271,000.00
<b>Previous Amount Spent on Expiring/Expired Contract (If multiple award, List Amount Spent per Contract and include Total Amount Spent)</b>	\$225,000.00
<b>Prime Contractor Information and LSBE-Subcontractor (Prime: Company Name, Owner Name and Title, Number years in business and Number of Years doing business with DeKalb County) (LSBE: LSBE Type (DeKalb or MSA, Participation Percentage, Company Name, Owner Name and Title, Address, Type of Work Provided, Number of years in business and Previous Business/Contracts and Amounts in DeKalb County)</b>	<b><u>F. M. Shelton- Prime-LSBE-MSA</u></b> Owner: Fawn Shelton Years in business: 29 Years doing business with DeKalb: 14
<b>Attachments</b>	Renewal Request Form