

DeKalb County Department of Purchasing and Contracting Change Order Request Form

| User Department: Fire Rescue | From: Purchasing ar | From: Purchasing and Contracting Department | |
|--|---|---|--|
| ITB No. 20-101261 | | Title: Emergency Medical Supplies (Annual Contract with 2 Options to Renew) | |
| Effective Date: December 15, 2020 | | Expiration Date: December 31, 2024 | |
| Contract APPROVED Amount: \$1,300,000.00 | Number of Change Orders to Date: 1 | | |
| Contractor(s) | Contract No. | Agrees to Extend | |
| Bound Tree Medical LLC | 1246736 | Yes | |
| | | | |
| User Department Recommendation: Funding for Renewal Term: 670,000.00 (Unused funds do not roll over to the next term. Provide to the next term. Pr | the amount of funding necessard Code 270 SPLOST Connew ITB based on revised | ategory | |
| Department Director Signature | | · 3 · 24 | |
| For Use by Purchasing and Contracting: | Approve | Deny | |
| Additional Comments: | | | |
| Purchasing and Contracting Signature | Date | | |