

**DeKalb County
Department of Purchasing and Contracting
Contract Renewal Request Form**

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|---|--|
| User Department: Fire & Rescue | 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, 2021 |
| Contract APPROVED Amount: \$650,000.00 | Number of Renewals to Date: 0 |

| Contractor(s) | Contract No. | Agrees to Extend |
|-------------------------|--------------|------------------|
| Henry Schein, Inc. | 1240826 | Yes |
| Bound Tree Medical, LLC | 1246736 | Yes |

| | | |
|---|--------------------------------|------------------------------|
| <u>User Department Recommendation:</u> | Renew <input type="checkbox"/> | Bid <input type="checkbox"/> |
| Funding for Renewal Term: _____ (Unused funds do not roll over to the next term. Provide the amount of funding necessary for the renewal term.) | | |
| Funding: General <input type="checkbox"/> Enterprise <input type="checkbox"/> 3 Digit Fund Code _____ CIP Line Item No. (if applicable): _____ <input type="checkbox"/> SPLOST _____ | | |
| <u>Justification:</u> | | |
| _____ Department Director Signature | _____ Date | |

| | | |
|--|----------------------------------|-------------------------------|
| <u>For Use by Purchasing and Contracting:</u> | Approve <input type="checkbox"/> | Deny <input type="checkbox"/> |
| <u>Additional Comments:</u> | | |
| _____ Purchasing and Contracting Signature | _____ Date | |