

DeKalb County  
 Department of Purchasing and Contracting  
 Change Order Request Form

**User Department: Fire Rescue**

**From: Purchasing & Contracting**

**ITB No.: 20-101219**

**Title: Self Contained Breathing Apparatus  
 Purchase, Repair & Maintenance**

**Effective Date: August 1, 2020**

**Expiration Date: Jul 31 ,2022**

**Contract APPROVED Amount: \$2,921,003.90**

**Number of Renewals to Date: 1**

Contractor(s)	Contract No.	Agrees to Extend
Municipal Emergency Services, Inc	1218886	yes - 2 months

**User Department Recommendation:** Increase  | Decrease  | Bid

Funding for Term: \$30,000.00

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

Funding: General  Enterprise  SPLOST \_\_\_\_\_ 3 Digit Fund Code 270 Fire Rescue  
 CIP Line Item No. (if applicable): \_

**Justification:**

To extend contract for 2 months in order to allow time for collecting needed information related to extension of 2<sup>nd</sup> renewal term.



\_\_\_\_\_  
**Department Director Signature**

06/13/2022

**Date**

**For Use by Purchasing and Contracting:**

Approve

Deny

**Additional Comments:**

\_\_\_\_\_  
**Purchasing and Contracting Signature**

\_\_\_\_\_  
**Date**