Solicitation Name and Number **Elevator Maintenance Services** U.S. Communities Cooperative Agreement Contract No. EV2516 Beverly D. Williams **Procurement Agent** Date Solicitation bid prices expires. N/A (Indicate if vendor has agreed to extend bid date/prices. Include new date.) Solicitation Name, Number and N/A **Contract Number of expiring/expired** contract (If no previous contract, please indicate N/A) **Contract Number, Contractor Name** \$596,993.76 and Award Amount (Include increases and Total Award Amount) CPA: 1147259 KONE, Inc. Amount Spent to Date on \$0.00 **Expiring/Expired Contract** (If multiple award, List Amount Spent per Contract and include Total **Amount Spent**) **Prime Contractor Information and** KONE, Inc. – (US Communities) LSBE – Subcontractor (Prime: Larry G. Wash, CEO **Company Name, Owner Name and** Years in Business: 56 Title, Number years in business and Years Doing Business with DeKalb: 0 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 and Number of years in business) Attachments • SPLOST Project Initiation Package Form

AGENDA NOTES