THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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PROCUREMENT & WAREHOUSING SERVICES MARY CATHERINE COKER, DIRECTOR

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The School Board of Broward County, Florida

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Robert W. Runcie Superintendent of Schools

9/10/2019 Herff Jones, LLC 4501 West 62n Street Indianapolis, IN 46268

Reference:

ITB 17-040B Printed Diplomas and Certificates of Completion

Subject:

Renewal of Contract

Dear:

Ms. Knight:

The above-referenced contract expires on 12/31/2019. In accordance with Special Condition #8 – Contract Renewal of the ITB, this contract may, by mutual agreement and upon School Board approval, be renewed for an additional year from 1/1/2020 Through 12/31/2020. This letter does not constitute the actual renewal or contract offer.

Please indicate below your willingness to renew this ITB award, which shall be considered by the School District for renewal of your award premised upon your combined agreement to all terms and conditions of the awarded ITB and your agreement maintain.

X. Yes, I offer to renew the current contract award at the current awarded price(s).
Yes, I offer to renew the current contract award at a lower price(s) contained on the attached page(s).
Yes, I offer to renew the current contract award at a higher price(s) contained on the attached page(s).
□ No, I do not wish to renew the current contract award.
n accordance with Special Condition #14 – Price Adjustments of the ITB, this contract may, by mutual agreement and upon School Board approval, renewed with a price adjustment.
Percent of increase request:%
Please sign and date this document in the space provided and return it to my attention no later than

Please sign and date this document in the space provided and return it to my attention no later than 9/18/2019. If you fail to respond by this date, the School District will not consider renewal of your award. The School District will notify you if, and when, your contract is renewed by the School Board. Thank you for your prompt attention to this matter.

Sincerely,

Karlene Grant Purchasing Agent III

Karlene Grant

KG:dg

Cc: Click or tap here to enter text.

Signature/Date - Authorized Representative

Printed Name - Authorized Representative