



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 · TEL 754-321-0505 · FAX 754-321-0936

PROCUREMENT & WAREHOUSING SERVICES

MARY CATHERINE COKER, DIRECTOR

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3/3/2020

CENTURION PARTNERS HEALTH AND FITNESS d/b/a FITNESSSMITH

3610 QUANTUM BLVD
BOYNTON BEACH, FL 33426

Reference: 18-117N - Weight Room Equipment Inspection, Maintenance and Repair
Subject: Renewal of Contract

Dear: Sir/Madam

The above-referenced contract expires on 5/31/2020. In accordance with Special Condition 5 – Contract Renewal of the ITB, this contract may, by mutual agreement and upon School Board approval, be renewed for an additional year from 6/1/2020 through 5/31/2021. 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.

- 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.

In accordance with Special Condition 21 – Price Adjustment 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 **3/10/2020**. 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

Karlene Grant
Purchasing Agent III
KG:dg

Cc: Click or tap here to enter text.

VENDOR RESPONSE

Signature/Date - Authorized Representative
<i>FRANK GIANNONE</i>
Printed Name - Authorized Representative