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

www.BrowardSchools.com/PWS

The School Board of Broward County, Florida

Donna P. Korn, Chair Dr. Rosalind Osgood, Vice Chair

> Lori Alhadeff Robin Bartleman Patricia Good Heather P. Brinkworth Laurie Rich Levinson Ann Murray Nora Rupert

Robert W. Runcie Superintendent of Schools

3/4/2020 Capital Microscope Services, Inc. P.O. Box 462

Marietta, GA 30061

Reference:

17-011N - Microscope and Balance Service and Repairs

Subject:

Renewal of Contract

Dear:

Sir/Madam

The above-referenced contract expires on 6/30/2020. 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 7/1/2020 through 6/30/2021. <u>This letter does not constitute the actual renewal or contract offer.</u>

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.

Please sign and date this document in the space provided and return it to my attention no later than **3/11/2020**. 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

Jean Sicret

Printed Name - Authorized Representative

THE SUMUL BUARD OF DRUVVARD COUNTY, FLURIDA 7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 · TEL 754-321-0505 · FAX 754-321-0936 THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA PROCUREMENT & WAREHOUSING SERVICES MARY CATHERINE COKER, DIRECTOR www.BrowardSchools.com/PWS

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Robert W. Runcie Superintendent of Schools

12/14/2018 SEO Enterprises, Inc. 5804 Brannen Rd. South Lakeland, FL 33813

Reference:

17-011N - Microscope and Balance Service and Repairs

Subject:

Renewal of Contract

Sir:

The above-referenced contract expires on 6/30/2019. 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 7/1/2019 through 6/30/2020. 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.

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- ☐ 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.

Percent of increase request: Insert % Number Here

Please sign and date this document in the space provided and return it to my attention no later than 12/28/2018. 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:da

Cc: Click or tap here to enter text.

VENDOR RESPONSE

Signature/Date - Authorized Representative

Printed Name - Authorized Representative