



November 15, 2023

VIA EMAIL cjunqers@midwesttechnology.com

Midwest Technology Products
PO Box 3717
Sioux City, IA 51102
ATTN: Sarah Cruz, Sales Associate

Reference: Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment

Dear Ms. Cruz:

As a result of the excellent service provided by Midwest Technology Products, the DeKalb County School District (“DCSD”) desires to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment for one (1) year on the same terms, conditions and pricing as stated in the bid. The purpose of this letter is to obtain Midwest Technology Products’ acceptance of DCSD’s offer to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from January 12, 2024, through January 12, 2025. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Midwest Technology Products’ consideration of this offer to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment.

As outlined in the bid specifications, you are required to send three (3) published catalogs, CD or website identification to the Facilities Maintenance Department. Your catalog(s) must be addressed as follows:

**ATTENTION: DeKalb County School District – Career Technology & Agricultural Education Department
1701 Mountain Industrial Blvd, Stone Mountain, GA 30083**

If you provide paper catalogs, each catalog must have a brightly colored 3” x 5” (or larger) label affixed to the outside front cover. Your front cover label must adhere to the following format:

<p>DeKalb County School District Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment _____% DISCOUNT</p> <p>Valid through January 12, 2025 only. Quotation Number _____</p> <p>Exclusions Are: _____ _____ _____</p> <p>Company Name _____ Company Address _____ Company Representative _____ E-Mail _____ Company Webpage URL _____</p>
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If accepted, please submit a copy of your company's proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below and email both documents to lakesia_watkins@dekalbschoolsga.org no later than Monday, November 27, 2023. Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

Carla L. Smith

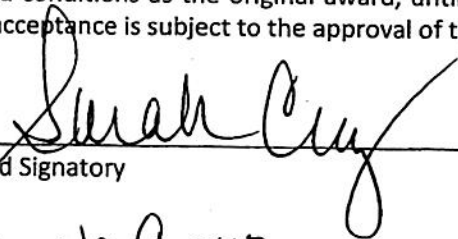
Carla L. Smith
Executive Director, Vendor Services

Enclosure: 1 – Insurance Requirements

c: Doryiane Gunter
CLS/smg

ACKNOWLEDGMENT

Midwest Technology Products hereby accepts DeKalb County School District's offer to renew the award of Bid No. 20-519, Catalog Discount – Career Technical & Agricultural Materials, Supplies and Equipment at the same prices, terms, and conditions as the original award, until January 12, 2025. Midwest Technology Products understands that this acceptance is subject to the approval of the DeKalb County Board of Education.



Authorized Signatory

Sarah Cruz

Name (Typed or Printed)

11-16-2023

Date

Contract Manager

Title of Authorized Signatory

Our items can be found online at
www.midwesttechnology.com.

We are not doing any paper catalogs at this time.
Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 4280 Sergeant Road Suite 200 Sioux City IA 51106	CONTACT NAME: Steve Schultz	
	PHONE (A/C, No, Ext): 712-252-4026 FAX (A/C, No): 712-252-3421 E-MAIL ADDRESS: steve_schultz@ajg.com	
INSURED Midwest Shop Supplies Inc Midwest Technology PO Box 3717 Sioux City, IA 51102	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic States Insurance company	22586
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER: 1206223565

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	CPA8880890	9/28/2023	9/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:		CAA8880890	9/28/2023	9/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CWA8880890	9/28/2023	9/28/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	1000004795	9/28/2023	9/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The certificate holder is listed as an additional insured in regards to the General Liability Policy per form AI SB146932E.

CERTIFICATE HOLDER**CANCELLATION**

DeKalb County School District
 1701 Mountain Industrial Blvd
 Stone Mountain GA 30083
 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE