



May 22, 2024

VIA EMAIL [contracting@kadiant.com](mailto:contracting@kadiant.com)

Kadiant, LLC  
1215 Hightower Trail, B120  
Atlanta, GA 30350  
ATTN: Mr. Craig Mercer, CFO

**Reference: RFP 21-522R1 Behavioral Intervention Services for Students with Disabilities**

Dear Mr. Mercer:

As a result of the excellent service provided by Kadiant, LLC the DeKalb County School District ("DCSD") desires to renew the award of RFP 21 522R1, Behavioral Intervention Services for Students with Disabilities for one (1) year on the same terms, conditions, and pricing as set forth in the License and Services Agreement between DCSD and Kadiant, LLC dated September 21, 2021. The purpose of this letter is to obtain Kadiant, LLC's acceptance of DCSD's offer to renew the License and Services Agreement.

The renewal is subject to the DeKalb County Board of Education's ("Board") approval and will be effective from June 13, 2024, through June 12, 2025. DCSD appreciates Kadiant, LLC's consideration of this offer to renew the award of RFP 21 522R1.

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 [Latrice\\_Brown@dekalbschoolsga.org](mailto:Latrice_Brown@dekalbschoolsga.org) no later than Wednesday, May 29, 2024. 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

CLS/lw  
c: Kiana King  
Rolanda Johnson

**ACKNOWLEDGMENT**

Kadiant, LLC. hereby accepts DeKalb County School District's offer to renew the award of RFP 21 522R1, Behavioral Intervention Services for Students with Disabilities as set forth in the License and Services Agreement, until June 12, 2025. Kadiant, LLC understands that this acceptance is subject to the approval of the Dekalb County Board of Education.

  
\_\_\_\_\_  
Authorized Signatory  
Sam Wallach  
\_\_\_\_\_  
Name (Typed or Printed)

5/30/2024  
\_\_\_\_\_  
Date  
President  
\_\_\_\_\_  
Title of Authorized Signatory