



October 2, 2024

VIA EMAIL: [kellytours@kellytours.com](mailto:kellytours@kellytours.com) [david@kellytours.com](mailto:david@kellytours.com)

Kelly Tours, Inc.  
2788 US Hwy 80 W  
Garden City, GA 31408  
ATTN: David Chason, Vice President

**Reference:** RFP 20-472, Charter Bus Services

Dear Mr. Chason:

The DeKalb County School District (“DCSD”) desires to extend the originally based award of RFP 20-472 Charter Bus Services for three (3) months on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and Kelly Tours, Inc., dated January 23, 2020. The purpose of this letter is to obtain Kelly Tours, Inc.’s acceptance of DCSD’s offer to extend the License and Services Agreement.

The extension is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from January 1, 2025, through March 31, 2025. Of course, we will notify you once the Board has approved the extension. DCSD appreciates Kelly Tours, Inc.’s consideration of this offer to extend the award of RFP 20-472.

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 no later than Wednesday, October 9, 2024, to [sharmaine\\_greenland@dekalbschoolsga.org](mailto:sharmaine_greenland@dekalbschoolsga.org). 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/smg  
c: Mr. Erick Hofstetter  
Mr. Bernardo Brown  
Ms. Mona Gerren

**ACKNOWLEDGMENT**

Kelly Tours, Inc., hereby accepts DeKalb County School District’s offer to extend the award of RFP 20-472, Charter Bus Services from January 1, 2025, through March 31, 2025. Kelly Tours, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

  
\_\_\_\_\_  
Authorized Signatory

*David Chason*  
\_\_\_\_\_  
Name (Typed or Printed)

*10-2-24*  
\_\_\_\_\_  
Date

*Vice President*  
\_\_\_\_\_  
Title of Authorized Signatory