



November 20, 2024

VIA EMAIL [ktwhitehurst@royalfoodservice.com](mailto:ktwhitehurst@royalfoodservice.com)

**Royal Food Service**

3720 Zip Industrial Blvd.  
Atlanta, GA 30354

ATTN: Katie Whitehurst

**Reference:** ITB 24-17 School Nutrition Fresh Produce

Dear Ms. Whitehurst:

The DeKalb County School District (“DCSD”) desires to renew the award of ITB 24-17, School Nutrition Fresh Produce for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and Royal Food Service. The purpose of this letter is to obtain Royal Food Service’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from July 01, 2025 through June 30, 2026. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Royal Food Service's consideration of this offer to renew the award of ITB 24-17.

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, November 27, 2024, to Latrice Brown at [Latrice\\_Brown@dekalbschoolsga.org](mailto:Latrice_Brown@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

CLS/smg

c: Ms. Teresa Adams  
Ms. Connie Walker  
Mr. Weyman Christopher

**ACKNOWLEDGMENT**

Royal Food Service hereby accepts DeKalb County School District’s offer to renew the award of ITB 24-17 School Nutrition Fresh Produce, as set forth in the Agreement until June 30, 2026. Royal Food Service understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

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

Katie Whitehurst  
\_\_\_\_\_  
Name (Typed or Printed)

11/27/24  
\_\_\_\_\_  
Date

School Director  
\_\_\_\_\_  
Title of Authorized Signatory