



April 21, 2025

VIA EMAIL: [cburkhalter@coreroofing.net](mailto:cburkhalter@coreroofing.net)

Core Roofing Systems  
1385 Union Hill Industrial Court  
Alpharetta, GA 30004  
ATTN: Craig Burkhalter, Sr. Account Manager

Reference: ITB No. 21-752-018, Roofing Contractor Services

Dear Mr. Burkhalter:

The DeKalb County School District ("DCSD") desires to renew the award of ITB No. 21-752-018, Roofing Contractor Services, for one (1) year on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and Core Roofing Systems. The purpose of this letter is to obtain Core Roofing Systems' 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 May 19, 2025, through May 18, 2026. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Core Roofing System's consideration of this offer to renew the award of ITB No. 21-752-018.

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 Monday, April 28, 2025, [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. Eric Hofstetter  
Mr. Bobby Moncrief

**ACKNOWLEDGMENT**

Core Roofing Systems hereby accepts DeKalb County School District's offer to renew the award of ITB No. 21-752-018, Roofing Contractor Services, as set forth in the License and Services Agreement, until May 18, 2026. Core Roofing Systems understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

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

Alex May  
\_\_\_\_\_  
Name (Typed or Printed)

5/12/2025  
\_\_\_\_\_  
Date

Senior Account Manager  
\_\_\_\_\_  
Title of Authorized Signatory