



Finance

January 13, 2026

VIA EMAIL [shellie.collier@bordendairy.com](mailto:shellie.collier@bordendairy.com)

New Dairy of Kentucky, dba Borden Dairy  
221 W Hwy 80  
London, KY 40741

ATTN: Shellie Collier

Reference: ITB 24-28 School Nutrition Fluid Milk

Dear Ms. Collier:

The DeKalb County School District ("DCSD") desires to renew the award of ITB 24-28 School Nutrition Fluid Milk, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and **New Dairy of Kentucky, dba Borden Dairy**. The purpose of this letter is to obtain **New Dairy of Kentucky, dba Borden Dairy'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 1, 2026, through June 30, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates New Dairy of Kentucky, dba Borden Dairy's consideration of this offer to renew the award of ITB 24-28.

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 Tuesday, January 20, 2026, to Sharmaine Greenland at [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*

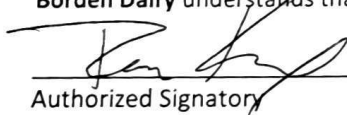
Carla L. Smith  
Executive Director

CLS/smg

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

ACKNOWLEDGMENT

**New Dairy of Kentucky, dba Borden Dairy** hereby accepts DeKalb County School District's offer to renew the award of ITB 24-28, School Nutrition Fluid Milk, as set forth in the Agreement until June 26, 2026. **New Dairy of Kentucky, dba Borden Dairy** understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

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

1/13/26  
\_\_\_\_\_  
Date

Ron Knox  
\_\_\_\_\_  
Name (Typed or Printed)

General Sales Manager  
\_\_\_\_\_  
Title of Authorized Signatory