

November 28, 2017

Kansas City, Missouri, City of
Dr. Sarah Martin
2400 Troost Ave
Kansas City, Missouri 64108

Dear Dr. Martin:

Please consider this letter as Contract Award Extension Notification for the Memorandum of Understanding **Implement PDMP** for use by **Jackson County Missouri**, as detailed below:

Contract No. **03-1559**

Commodity: **Memorandum of Understanding – PDMP**

Resolution No: **19417**

Contract Term: **January 1, 2018 through December 31, 2018**

Jackson County Point of Contact: **Barbara Casamento, 816-881-3253, bcasamento@jacksongov.org**

Kansas City, City of Point of Contact: **Dr. Sarah Martin, 816-513-6244, sarah.martin@kcmo.org**


The following required documents shall be furnished by your firm within ten (10) days after receipt of this agreement in accordance with the bid specifications.

CERTIFICATE OF INSURANCE

NOTE: INDICATE JACKSON COUNTY’S BID NUMBER ON ALL DOCUMENTS

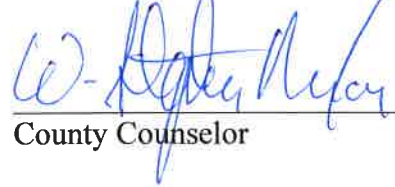
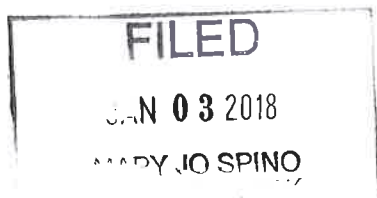
The Jackson County Executive, or designee, shall be the sole judge as to the fact of the fulfillment of this agreement and upon any breach hereof said Executive or designee shall, at their option, declare this agreement void, and for any loss or damage by reason of such breach, whether this agreement is annulled or not, said Supplier and the sureties on said bond shall be liable.

JACKSON COUNTY MISSOURI



X
Interim/Acting Director of Finance and Purchasing

APPROVED AS TO FORM


County Counselor

TO: Barbara Casamento
PURCHASING SUPERVISOR
PURCHASING DEPARTMENT, ROOM G-1
JACKSON COUNTY COURTHOUSE
415 EAST 12TH STREET
KANSAS CITY, MO 64106

RE: EXTENSION OF MEMORANDUM OF UNDERSTANDING AGREEMENT


KANSAS CITY, MISSOURI, CITY OF

AWARDED UNDER RESOLUTION NO:

EXPIRATION DATE OF CURRENT TERM: **12/31/2017**

As a duly authorized representative of the firm indicated below, I hereby ACCEPT / REJECT
(circle one)
Jackson County's offer to extend the above referenced Memorandum of Understanding for an
additional period of 12 month(s) under the same terms, conditions as the original contract, with a
price increase of 0.00 per hour.

This extension period shall run from **1/1/2018 through 12/31/2018.**

Signed: 
(Signature)

Date: 12/29/2017

Printed
Name: Dr. Sarah Martin

REPRESENTING

Name of Firm: Kansas City, Missouri, City of Phone: 816-513-6244

Address of Firm: 2400 Troost Avenue
Kansas City, MO 64108

If rejection, please indicate reason: _____
