



**Lee's Summit R-VII School District
Purchasing and Distribution Services
702 SE M-291 Highway
Lee's Summit, MO 64063.**

816-986-2190

October 20, 2021

MYOCORE
Jason Moss
601 SE Melody LN
Lee's Summit, MO 64063

SUBJECT: Contract Renewal

Bid/RFP # and Title	RFP No. 2020-06 Wellbeing Services
Original Contract Term:	November 22, 2019 to November 21, 2020
Number of Renewals for Contract:	3

Dear Mr. Moss;

The current period on the contract referenced above is due to expire on November 21, 2021. There is a provision to renew this contract for an additional (1) one-year period. This renewal period shall be governed by the specifications, pricing, and the terms and conditions set forth per contract executed on November 25, 2019. I am inquiring to see if you would be interested in extending the contract for this additional period of time.


Please complete the appropriate section below indicating your response on renewing the contract no later than October 29, 2021. If pricing needs to be adjusted, please fill out the attached pricing sheet and include the manufacturer/supplier documentation that supports the price increase. The increase will be limited to the current Federal Price Index, "CPI-U, All Items" (Urban Consumers) index CPI rate.

Thanks for your consideration in this matter. If you have any questions, please feel free to contact me at 816.986.2210.

Sincerely,

Jennifer Lalumondier
Purchasing and Distribution Services Administrative Assistant

- I agree to the renewal of RFP No. 2020-06 Wellbeing Services for the period beginning November 22, 2021 to November 21, 2022. All terms and conditions of the original agreement will remain the same.
- I agree to the renewal of RFP No. 2020-06 Wellbeing Services for the period beginning November 22, 2021 to November 21, 2022, but will require adjustments to the price that was included in the original contract. I have included the new price(s) along with the justification of the adjustment.
- No, I do not wish to renew the contract.



Authorized Signature

10/25/2021

Date

Owner/Executive Director

Title

FORM NO. 6: PRICING: Wellbeing Services
 Based on all items included in Specifications

DESCRIPTION OF SERVICE	Onsite
Large Group Hourly Rate: *Please list max/min # of participants, if required*	\$ 0 /per hr
Small Group Hourly Rate: *Please list max/min # of participants, if required*	\$ 0 /per hr
Large Group Flat Rate: *Please list max/min # of participants, if required*	\$ 0
Small Group Flat Rate: *Please list max/min # of participants, if required*	\$ 0
Other:	

Respondent must complete the following section in its entirety and sign and date where indicated. This agreement shall take effect upon the approval of the District.

The undersigned respondent hereby proposes to furnish all transportation, equipment, supplies, materials and perform all necessary labor to complete all work stipulated in, required by, and in conformity with the proposed agreement documents and specifications attached hereto and other documents referred to therein for and in consideration of prices as follows:

- A. **Acceptance of proposal by District:** The District shall have maximum ninety (90) calendar days from the date of the proposal opening to accept respondent's offer.
- B. **Response time/delivery:** As specified in requirements
- C. **District standard payment terms are Net 30 after receipt of invoice. Payment terms are negotiable. Please state any discounts offered:** _____
- D. **Submittals:** The following must be submitted with proposal
 - 1. **References and experience**
 - 2. **Personnel Qualifications**
 - 3. **Certificate of Insurance**
 - 4. **Return all parts of this complete document (respondents to keep copy of proposal submitted)**

Bidder's Initials SO