

SLPS CONTRACT RENEWAL FOR

THIS CONTRACT RENEWAL AGREEMENT (“Renewal Agreement”) is made as of the ____ day of _____, 20____, by and between The Board of Education of the City of St. Louis (hereinafter "SLPS" or the “District”) a metropolitan school district organized under the laws of the State of Missouri, with its principal office at 801 North 11th Street, Saint Louis, Missouri, and _____ with its principal office at: _____, (hereinafter referred to as “Provider”).

Whereas, SLPS and Provider entered into a contractual agreement on ____ day of _____, 20____, (Original Contract Date), a true and correct Copy of which is attached thereto as Attachment A and is hereby incorporated by this reference (hereinafter referred to as the “Contract”); and

Whereas, Section _____ of the Contract includes a renewal option; and

NOW, THEREFORE, in consideration of the recitals and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, The Board of Education of the City of St. Louis and Provider agree as follows:

1. **CONTRACT RENEWAL:** SLPS and Provider agree to renew the Contract under the same terms and conditions with the exception of the dates of service.
2. **SCHEDULE OF COMPLETION:** The start date of the Renewal Agreement shall be the ____ day of _____, 20____ and shall end on the ____ day of _____, 20____.
3. **CONTRACT AMOUNT:** The agreed upon contract renewal amount is \$_____.
4. **ALL OTHER TERMS AND CONDITIONS:** All other terms and conditions shall be the same as those set out in the Contract.
5. **AUTHORIZATION:** this Agreement is authorized by:

☐ **Board Resolution #** _____, attached hereto.

or

☐ **Other. Please describe and attach appropriate documentation.**

or

☐ **Emergency Purchase Request: Please describe and attach appropriate documentation.**

IN WITNESS WHEREOF, SLPS and Provider have executed this Renewal Agreement as of the _____ day of _____, 20____.

PROVIDER - CONTRACTOR/VENDOR NAME:_____

SIGNATURE:_____

PRINT NAME:_____

TITLE:_____

DATE:_____

**THE BOARD OF EDUCATION
OF THE CITY OF ST. LOUIS**

SIGNATURE: _____

PRINT NAME:_____

TITLE:_____

DATE:_____

ATTACHMENT A