

COMMONWEALTH OF VIRGINIA

**County of Henrico**

DEPARTMENT OF FINANCE  
Oscar Knott, CPP, CPPO, NIGP-CPP, VCO  
Purchasing Director



April 21, 2025

Ms. Debra Powell-Roberts  
Therapy Resources Inc.  
11030 Richardson Road, Suite B-13  
Ashland, VA 23005

RE: Contract #2183D-Speech Therapy

Dear Ms. Powell-Roberts:

The County of Henrico has agreed to renew the contract with your firm to provide **Speech Therapy** to Henrico County Public Schools when needed and requested. The contract period shall be from September 1, 2025 through August 31, 2026.

This contract renewal is pursuant to Request for Proposal #21-2183-6KMW and your response dated April 17, 2025. Renewal pricing will reflect the requested 3% increase for the new contract period. All other terms and conditions of contract #2183D will remain in effect.

We look forward to working with you for another year. Should you have any questions, please feel free to contact me at (804) 501-5637 or email me at [Fal51@henrico.gov](mailto:Fal51@henrico.gov).

Sincerely,

*Eileen M. Falcone* /acw

Eileen M. Falcone, CPPB  
Purchasing Manager

EMF/acw

Therapy Resources, Inc.

Contract #2183D

Speech Language Pathology Price Schedule

2025-2026 School Year

Speech Language Pathologist (SLP-CCC)	\$74.80 per hour
Clinical Fellow (SLP-CF)	\$74.80 per hour with Agency supervision
Clinical Fellow (SLP-CF)	\$75.34 per hour with HCPS supervision
Speech Assistants (SLPA)	\$66.40 per hour

Except for the changes provided herein, all other terms and conditions of this contract remain unchanged and in full force and effect. Please check one of the following:

\_\_\_\_ Yes. Renew the contract for an additional one-year period at current contract pricing.

☒ Yes. Renew the contract for an additional one-year period at new contract pricing.  
(list below or attach new pricing sheet)

Please see attached sheet

\_\_\_\_ No. Do not wish to renew the contract. If no, please provide reason below.

Company Name: Therapy Resources, Inc

Signature: Nyell-Whitely

Telephone#: (804) 798-8043

SCC#: 54-168-7440

Date: 04/17/2025

Title: President

Email: dprtri@gmail.com

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 11220 Assett Loop Suite 304 Manassas VA 20109		<b>CONTACT NAME:</b> Mary Crook <b>PHONE (A/C, No, Ext):</b> (804) 627-1000 <b>E-MAIL ADDRESS:</b> MaryKate.Crook@bbrown.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Therapy Resources Inc 9130 Stephens Manor Dr Mechanicsville VA 23116		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Accident Fund General Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL2512948459 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	100079541	12/27/2024	12/27/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Officer Excluded-Debra Powell-Roberts

<b>CERTIFICATE HOLDER</b> Henrico County Schools 8600 Staples Mill Road Henrico VA 23273	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP

Certificate of Insurance  
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM



Print Date: 03/21/25

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER
018098	970	HPG	0246924739

**Policy Period:**

From: 04/01/25 to 04/01/26 at 12:01 AM Standard Time

**Named Insured**

Therapy Resources Inc  
9130 Stephens Manor Dr  
Mechanicsville, VA 23116-5165

**Program Administered by:**

Healthcare Providers Service Organization  
1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034-3278  
215-509-5437  
www.hpsso.com

**Medical Specialty** **Code**

Occupational Therapist Firm  
Excludes Cosmetic Procedures

80721

**Insurance is provided by:**

American Casualty Company of Reading, Pennsylvania  
151 N. Franklin Street, Chicago, IL 60606

**Professional Liability**

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

**Coverage Extensions**

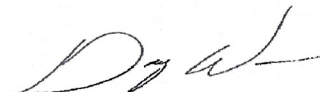
License Protection	\$25,000	per proceeding	\$25,000	aggregate
Defendant Expense Benefit	\$1,000	per day limit	\$25,000	aggregate
Deposition Representation	\$10,000	per deposition	\$10,000	aggregate
Assault	\$25,000	per incident	\$25,000	aggregate
<i>Includes Workplace Violence Counseling</i>				
Medical Payments	\$25,000	per person	\$100,000	aggregate
First Aid	\$10,000	per incident	\$10,000	aggregate
Damage to Property of Others	\$10,000	per incident	\$10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$25,000	per incident	\$25,000	aggregate
Retroactive Date: 04/01/16 - Defense inside limits				
Media Expense	\$25,000	per incident	\$25,000	aggregate
Employment Practices Liability (EPL)	\$25,000	per incident	\$25,000	aggregate
Retroactive Date: 04/01/20 - Defense only				

**General Liability**

General Liability	\$1,000,000 each claim / \$3,000,000 aggregate
Fire and Water Legal Liability	Included in the GL limit above subject to \$250,000 aggregate sublimit
Personal Liability	Excluded

**Total: \$4,122.00**

**Policy Forms & Endorsements** (Please see attached list of policy forms and endorsements)

  
**Chief Executive Officer**

  
**Secretary**

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

**Coverage Change Date:**  
CNA93692 (11-2018)

**Endorsement Date:**

**Master Policy : 188711433**

