

COMMONWEALTH OF VIRGINIA

County of Henrico

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



April 30, 2025

Mr. Cooper Boydston
Soliant Health, LLC
5550 Peachtree Parkway
Peachtree Corners, GA 30092

RE: Contract #2183C-Speech Therapy

Dear Mr. Boydston:

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 29, 2025. Renewal pricing will remain the same for the new contract period. All other terms and conditions of contract #2183C 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.

Sincerely,

Eileen M. Falcone /acw

Eileen M. Falcone, CPPB
Purchasing Manager

EMF/acw



DEPARTMENT OF FINANCE
OSCAR KNOTT, CPP, CPPO, NIGP-CPP, VCO
PURCHASING DIRECTOR

COMMONWEALTH OF VIRGINIA
County of Henrico

April 14, 2025

Mr. Andrew Grant
Soliant Health, LLC
5550 Peachtree Parkway
Peachtree Corners, GA 30092

RE: Contract # 2183C- Speech Therapy Services

Dear Mr. Grant:

The annual contract the County has with your company to provide **Speech Therapy Services** is due to expire on **August 31, 2025**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **September 1, 2025** through **August 31, 2026**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Angie Woodson at wool13@henrico.gov no later than April 30, 2025.

Following the receipt of this information, the County will determine whether it is in our best interest to renew the contract or re-solicit. In addition, if you agree to renew the contract for an additional one-year period, please instruct your insurance agent to provide to my attention a current copy of a certificate of insurance. **Be sure the certificate lists the County as additional insured for the contract work.**

If you have any questions, please call me at (804) 501-5693 or email me at fal51@henrico.gov. Your cooperation and prompt response will be appreciated.

Sincerely,

Eileen M. Falcone ^{g^}/acw

Eileen M. Falcone, CPPB
Purchasing Manager

EMF/acw

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:

X

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)


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

Company Name:

Soliant Health, LLC

Date:

Signature:



Title:

Telephone#:

Nicole Webb
Vice President

Email:

SCC#:

April 29, 2025 17:53 UTC
IP: 38.142.130.219