



COMMONWEALTH OF VIRGINIA
County of Henrico

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

January 4, 2024

Ms. Lauren Berens
Avertest, LLC dba Averhealth
2916 W. Marshall Street, Suite A
Richmond, VA 23230

RE: Contract # 2269A- Alcohol & Drug Testing Services

Dear Ms. Berens:

The annual contract the County has with your company to provide **Alcohol & Drug Testing Services** is due to expire on **April 30, 2024**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **May 1, 2024** through **April 30, 2025**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Angie Woodson at woo113@henrico.us no later than January 30, 2024.

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) 501-5649 or email me at Kno008@henrico.us. Your cooperation and prompt response will be appreciated.

Sincerely,

Oscar Knott/acw

Oscar Knott, CPP, CPPO, VCO
Purchasing Director

JOK/acw

CONTRACT #2269A- Alcohol & Drug Testing Services

BUYER NAME: Oscar Knott

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)

_____ We would like to propose a 3% increase to our base panels.

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

Company Name: Avertest_____

Date: 1/23/2024_____

Signature:



Title: CEO_____

Telephone#: 804-508-6202_____

Email: LBerens@averhealth.com_____