



DEPARTMENT OF FINANCE  
OSCAR KNOOT, CPP, CPPO, VCO  
PURCHASING DIRECTOR

COMMONWEALTH OF VIRGINIA  
COUNTY OF HENRICO

April 10, 2024

Ms. Whitney Gargiulo  
AMN Allied Services, LLC  
11001 W. 120<sup>th</sup> Ave., Suite 310  
Broomfield, CO 80021

**RE: Contract # 2183F- Speech Therapy Services**

Dear Ms. Gargiulo:

The annual contract the County has with your company to provide **Speech Therapy Services** is due to expire on **August 31, 2024**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **September 1, 2024** through **August 31, 2025**.

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.us](mailto:wool13@henrico.us) no later than April 25, 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) 501-5693 or email me at [fal51@henrico.us](mailto:fal51@henrico.us). Your cooperation and prompt response will be appreciated.

Sincerely,

*Eileen M. Falcone* /acw

Eileen M. Falcone, CPPB  
Assistant Division Director

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:

\_\_\_\_\_ 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)

SLP - \$71.02/hr., Clinical Fellow - \$71.02/hr., SLPA - \$63.37/hr.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Company Name: AMN Allied Services, LLC

Date: 4/10/2024

Signature: 

Title: Associate Manager, Proposals

Telephone#: (800) 236-8038

Email: school-dl@amnhealthcare.com

SCC#: T0302721