## **PCS/TGS Critical Emergency Report**

Amend Service **Contract Period Vendor Name** Contract No. Item# **Method of Procurement** No. Type HIGHLAND HEALTHCARE 4600053922 00 TGS Emergency То 11/01/2023 06/30/2024 LLC

Original Contract<br/>AmountCurrent Annual<br/>Contract AmountAmendment AmountOriginal Total<br/>Projected AmountUpdated Total<br/>Projected Amount\$600,000.00\$00,000.00\$00,000.00\$600,000.00

Agency # Agency Name Division

0385 Department of Veteran Affairs

**Contract Summary** Temp Nursing Staffing for Veterans Homes North Little Rock and Fayetteville AR

**Purpose for Amendment** 

**Reason for Amendment** 

Not Applicable