

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT RENEWAL

DELTA-T GROUP VIRGINIA, INC.	DATE ISSUED:	JULY 24, 2019
1952 GALLOWS ROAD, SUITE 100	CURRENT REFERENCE NO:	18-032-3-R
VIENNA, VIRGINIA 22182	CONTRACT TITLE:	TEMPORARY MEDICAL WORKER SERVICES

THIS IS A NOTICE OF RENEWAL OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

This is your notice that the above referenced contract has been renewed. The contract documents consist of the terms and conditions of AGREEMENT No. 18-032-3-R including any attachments or amendments thereto.

EFFECTIVE DATE: JULY 1, 2019

EXPIRES: June 30, 2020

RENEWALS: TWO (2) ONE (1) YEAR RENEWAL OPTIONS FROM JULY 1, 2020 TO June 30, 2022

COMMODITY CODE(S): 96269

LIVING WAGE: N

ATTACHMENTS:

AGREEMENT No. 18-032-3-R

ATTACHMENT A - COMMONWEALTH OF VA., DPS CONTRACT E194-75647-MA2333, MODIFICATION # 5

ATTACHMENT B - CERTIFICATE OF INSURANCE

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: RACHANA PATEL

VENDOR TEL. NO.: (484) 919-7152

EMAIL ADDRESS: CONTRACTADMIN@DELTATG.COM

COUNTY CONTACT: YANBIN GE (DHS - PUBLIC HEALTH DIVISION)

COUNTY TEL. NO.: (703) 228-5581

COUNTY CONTACT EMAIL: YGE@ARLINGTONVA.US



COMMONWEALTH OF VIRGINIA
DIVISION OF PURCHASES & SUPPLY (DPS)
1111 East Broad Street, Richmond, Virginia 23219

MODIFICATION #5
TO
CONTRACT NUMBER E194-75647-MA2333
BETWEEN THE
COMMONWEALTH OF VIRGINIA
AND
DELTA-T GROUP VIRGINIA, INC.

This MODIFICATION #5 is an Agreement between the Commonwealth of Virginia, hereinafter referred to as "State" or "Commonwealth," and Delta-T Group Virginia, Inc., a Virginia corporation, hereinafter referred to as the "Contractor", relating to the renewal and modification of Contract E194-75647-MA2333 effective July 1, 2017, as amended, hereinafter referred to as the "Contract" or "Agreement."

The purpose of this modification is to document both parties' agreement to A) renew the Contract and B) make changes to the contract. All changes are effective July 1, 2019 through June 30, 2020 and shall be included in any subsequent modifications.

A. Reference: Contract E194-75647-MA2333, "Renewal of Contract" (Section 5 page 2)."

Both parties hereby agree to renew the above-referenced Contract for an additional one (1) year period, beginning July 1, 2019 through June 30, 2020. There are two (2) renewal options available.

B. Reference: Contract E194-75647-MA2333, "Changes to Contract" (Section 19, page 6), Both parties hereby agree:

6. PRICE ESCALATION-DE-ESCALATION

Price adjustments may be permitted for changes in the contractor's cost of providing services not to exceed the increase in the following index/indices: Medical Care Services, Table 1. Consumer Price Index for All Urban Consumers (CPI-U), Unadjusted Percent Change, Bureau of Labor and Statistics, <https://www.bls.gov/news.release/cpi.t01.htm>

No price increases will be authorized for 365 calendar days after the effective date of the contract. Price escalation may be permitted only at the end of this period and each 365 calendar days thereafter and only where verified to the satisfaction of the purchasing office. However, "across the board" price decreases are subject to implementation at any time and shall be immediately conveyed to the Commonwealth.

Contractor shall give not less than 30 days advance notice of any price increase to the purchasing office. Any approved price changes will be effective only at the beginning of the calendar month following the end of the full 30 day notification period. The contractor shall document the amount and proposed effective date of any general change in the price of materials. Documentation shall be supplied with the contractor's request for increase which will: (1) verify that the requested price increase is general in scope and not applicable just to the Commonwealth of Virginia; and (2) verify the amount or

percentage of increase which is being passed on to the contractor by the contractor's suppliers.

The purchasing office will notify the using agencies and contractor in writing of the effective date of any increase which it approves. However, the contractor shall fill all purchase orders received prior to the effective date of the price adjustment at the old contract prices. The contractor is further advised that decreases which affect the cost of materials are required to be communicated immediately to the purchasing office.

C. Reference: Contract E194-75647-MA2333, "Changes to Contract" (Section 19, page 6), Both parties hereby agree to remove professional services, Lots 44-47, listed below:

LOT 44	Dentist I	Code 49031	Pay Band 6
Complexity	<ul style="list-style-type: none"> • Applies knowledge of the principles, practices and regulations governing clinical dentistry. • Applies knowledge of principles of supervision. • May have program administration and supervision of staff. 		
Results	<ul style="list-style-type: none"> • Clients receive appropriate and quality dental care. • Dental care is provided in a professional manner ensuring that there are no liable actions. • Ensures a positive impact on oral health. 		
Accountability	<ul style="list-style-type: none"> • As professionals delivering or directing complete dental care, employees are directly accountable for their actions. • Positions administer dental care without supervision. • Exercises sound judgment in effective direction and leadership. • May supervise others in performing of dental services. 		
LOT 45	Dentist II (Dental Manager)	Code 49032	Pay Band 7
Complexity	<ul style="list-style-type: none"> • Applies knowledge of dental treatment procedures, dental hygiene and oral surgical procedures. • Requires additional formal education, certification, or license to practice oral surgery. 		
Results	<ul style="list-style-type: none"> • Clients receive appropriate and quality specialty dental and oral surgery care. • Invasive procedures are administered in a manner resulting in no serious impact on client's health or a liability to the 		
Accountability	<ul style="list-style-type: none"> • Serve as expert practitioners and are directly accountable for their actions. • Act as an authority in dental services and oral surgery to resolve the most severe and significant dental health 		
LOT 46	Pharmacist I	Code 49131	Pay Band 5

Complexity	<ul style="list-style-type: none"> • Applies knowledge of principles, practices, and laws governing pharmacy. • Frequently consults on matters related to administration of drugs with pharmaceutical companies, pharmacy facilities and businesses, clinical and programmatic staff, insurance carriers, customers, and schools of pharmacy. 		
	<ul style="list-style-type: none"> • Adheres to accreditation standards and other regulatory requirements for dispensing and storing drugs. 		
Results	<ul style="list-style-type: none"> • Customer receives prescribed medication/supplies and advice on usage, side effects and interactions of medications. • Drugs are prepared and stored according to prescribed standards. • Pharmacies operate in accordance with regulatory standards. • Exceptions are reported. 		
Accountability	<ul style="list-style-type: none"> • Independently resolves daily pharmacy issues. • Directly responsible for customer consultation. • May supervise paraprofessionals. 		
LOT-47	Pharmacy II (Supervisory)	Code 49132	Pay Band 6
Complexity	<ul style="list-style-type: none"> • Applies knowledge of clinical and administrative practices and laws governing pharmacy. • Supervises administrative, clinical, and operational aspects of a pharmaceutical work unit. • Applies knowledge of the principles of supervising and directing the work of others. 		
Results	<ul style="list-style-type: none"> • Pharmacy operates according to state and federal regulations and within allocated resources. • Customers receive the correct medications and advice on the use of specific drugs. 		
Accountability	<ul style="list-style-type: none"> • Exercises sound judgment in effective direction and leadership; makes administrative and clinical decisions independently. • Provides guidance and training for other staff. • Helps others to resolve technical problems. • Develops on-site programs, monitors quality assurance, and is responsible for administrative as well as clinical functions. 		

- D. Reference: Contract E194-75647-MA2333, "Changes to Contract" (Section 19, page 6). Both parties hereby agree to change Authorized Representatives:

Authorized Representatives:

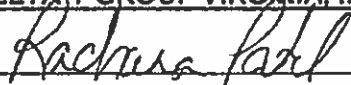
COMMONWEALTH OF VIRGINIA
Elizabeth A. Banks, MS, CPPB, VCO
Statewide Sourcing & Contracting Officer
Division of Purchases and Supply
1111 East Broad Street, 6th Floor
Richmond, VA 23219
Tel.: 804-786-8873
Email: elizabeth.banks@dgs.virginia.gov

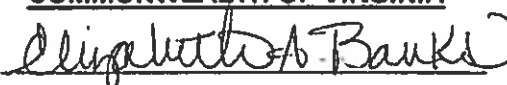
- E. Reference: Contract E194-75647-MA2333, "Changes to Contract" (Section 19, page 6). Both parties hereby agree to change DGS POINT OF CONTACT:

Contract Administration/Compliance
Elizabeth A. Banks, MS, CPPB, VCO
Statewide Sourcing & Contracting Officer
Division of Purchases and Supply
1111 East Broad Street, 6th Floor
Richmond, VA 23219
Tel: 804-786-8873
Email: elizabeth.banks@dgs.virginia.gov

The foregoing is the complete and final expression of the parties' agreement to modify Contract E194-75647-MA2333 and cannot be modified, except by a writing signed by the duly authorized representatives of both parties. All other terms and conditions remain unchanged.

PERSONS SIGNING THIS CONTRACT ARE AUTHORIZED REPRESENTATIVES OF EACH PARTY TO THIS CONTRACT AND ACKNOWLEDGE THAT EACH PARTY AGREES TO BE BOUND BY THE TERMS AND CONDITIONS OF THE CONTRACT.

DELTA-T GROUP VIRGINIA, INC.
BY: 
NAME: Rachana Patel
Printed Name
TITLE: Senior Vice President
DATE: 06/05/2019

COMMONWEALTH OF VIRGINIA
BY: 
NAME: Elizabeth A. Banks, MS, CPPB, VCO
Printed Name
TITLE: Statewide Sourcing & Contracting Officer
DATE: June 5, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/25/2019

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 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).

PRODUCER ACBI Insurance 2 Corporate Drive Suite 335 Shelton CT 06484	CONTACT NAME: Sue Mason PHONE (A/C, No, Ext): 203-254-4518 E-MAIL ADDRESS: smason@acbi-ins.com	FAX (A/C, No): 203-418-4205
	INSURER(S) AFFORDING COVERAGE	
INSURED Delta-T Group Inc 950 Haverford Rd Bryn Mawr PA 19010	INSURER A : Everest Denali Ins. Co. NAIC # 10120	
	INSURER B : Capitol Specialty 10328	
	INSURER C : Valley Forge Insurance Co. 20508	
	INSURER D : National Fire Ins. Co. of Hart 20478	
	INSURER E : Travelers Casualty & Surety 19038	
	INSURER F : Continental Insurance Co. 35289	

COVERAGES **CERTIFICATE NUMBER:** 98798122 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Contractual incl <input checked="" type="checkbox"/> Pers Inj on Prof GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		6018562825	6/29/2019	6/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6018562842	6/29/2019	6/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		6018562839	6/29/2019	6/29/2020	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	8600000365182	6/29/2019	6/29/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B E	Prof Liab incl Sexual Abuse Crime incl Third Party			HS20142123-05 105556836	12/21/2018 12/21/2018	12/21/2019 12/21/2019	Per Claim/Aggregate Employee Dishonesty \$5MM / \$5MM \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re Delta-T Group Virginia, Inc. Re contract #MA E194-75647-MA233,
 Rider Agreement No. 18-032-3-R. The interest of Arlington County and its officers, elected and appointed officials, employees, and agents shall be included as Additional Insureds, atima, as required by written contract. 30 day cancellation notice included, except 10 days notice for non-payment.

CERTIFICATE HOLDER

CANCELLATION

Arlington County, Virginia Office of the Purchasing Agent 2100 Clarendon Blvd., Suite 500 Arlington VA 22201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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