

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 19-214-ITB  
AMENDMENT NUMBER 11**

This Amendment Number 11 is made on 4/8/2022, by the County and amends Agreement Number 19-214-ITB dated March 18, 2019, ("Main Agreement") between **ADT, LLC, 6931 Vista Parkway, N., Suite 16, West Palm Beach, FL 33411** ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend the Contract Amount and Contract Number as follows:

1. Section 4., **CONTRACT TERM** is hereby renewed for the term of May 1, 2022, through April 30, 2023. **THERE IS ONE RENEWAL OPTION YEAR REMAINING.**
2. Section 61., **COVID-19 Vaccination Policy & Certification Forms for Contractors is hereby added:**

**61. COVID-19 Vaccination Policy for Contractors**

Due to the COVID-19 pandemic, the County has taken various steps to protect the welfare, health, safety and comfort of the workforce and public at large. As part of these steps, the County has implemented various requirements with respect to health and safety including policies with respect to social distancing, the use of face-coverings and vaccine mandates. All County Contractors, entering County owned, controlled, or leased facilities or facilities operated by a contractor if the services provided at that location are exclusive to Arlington County Government or contractors with public facing responsibilities must adopt these policies for implementation with their employees and subcontractors working on County contracts.

Contractors are required to obtain and maintain the COVID-19 vaccine status of employees or subcontractors, require any unvaccinated or not fully vaccinated employees to follow a weekly testing protocol established by the Contractor to submit to weekly testing, and provide any accommodations as required by law. Contractor should submit the certification of compliance to the Purchasing Agent at the time of contract execution and within five working days of the end of each quarter (see Exhibits A & B). In addition, all Contractor and subcontractor employees subject to the requirements of this section must also comply with the County COVID-19 masking and social distancing protocols, as signed at each County location.

It is recognized that the COVID-19 pandemic is an ongoing health crisis. As such, requirements with respect to health and safety, including vaccines and face-coverings may change over time. Contractors are expected to adhere to the County requirements as they evolve in response to the crisis.

For questions, Contractor may email [contractorvaccineinfo@arlingtonva.us](mailto:contractorvaccineinfo@arlingtonva.us).

All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

ADT, LLC

AUTHORIZED DocuSigned by:  
SIGNATURE: *Meloni Hurley*  
524905892406494...

AUTHORIZED DocuSigned by:  
SIGNATURE: *Lisa Ciappetta*  
C50F95598F8648C...

NAME: Meloni Hurley

NAME: Lisa Ciappetta

TITLE: Assistant Purchasing Agent

TITLE: VP National Account Strategy

DATE: 4/8/2022

DATE: 4/8/2022

Certification forms following:

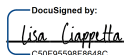
**EXHIBIT A**

**CONTRACTOR COVID-19 VACCINATION CERTIFICATION**

I hereby certify that all ADT, LLC employees and subcontractors who will be working on Contract No. 19-214-ITB are fully vaccinated against COVID-19, or being tested on a weekly basis, or are exempt pursuant to a valid reasonable accommodation under state or federal law.

**Please do not include any of your employees' medical documentation, including vaccination records or test results.**

Date: 4/8/2022

Signature:  \_\_\_\_\_  
DocuSigned by:  
Lisa Ciappetta  
C50F95598F8648C...

Printed Name: Lisa Ciappetta

Title: VP National Account Strategy

**EXHIBIT B**

**CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION**

**By Email:** Please complete the report below and return it to: [contractorvaccineinfo@arlingtonva.us](mailto:contractorvaccineinfo@arlingtonva.us).

I hereby certify that all ADT, LLC employees and subcontractors who will be working on Contract No. 19-214-ITB are fully vaccinated against COVID-19, or being tested on a weekly basis, or are exempt pursuant to a valid reasonable accommodation under state or federal law.

**Please do not include any of your employees' medical documentation, including vaccination records or test results.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_