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

### **NOTICE OF CONTRACT RENEWAL**

MELWOOD HORTICULTURAL TRAINING

DATE ISSUED:

JULY 19, 2019

CENTER, INC.

CURRENT REFERENCE NO:

16-323-5-R

5606 DOWER HOUSE ROAD

DAY SUPPORT AND

UPPER MARLBORO, MD 20772

CONTRACT TITLE:

EMPLOYMENT 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. 16-323-5-R including any attachments or amendments thereto.

**EFFECTIVE DATE:** JULY 1, 2019

**EXPIRES: JUNE 30, 2020** 

RENEWALS: ONE (1) ONE (1) YEAR RENEWAL OPTIONS FROM JULY 1, 2020 TO JUNE 30, 2021

COMMODITY CODE(S): 95200

LIVING WAGE: N

### **ATTACHMENTS:**

AGREEMENT NO. 16-323-5-R

ATTACHMENT A - AMENDMENT NUMBER 1

ATTACHMENT B - FAIRFAX COUNTY, VIRGINIA CONTRACT NO. 4400008597, AMENDMENT NO. 5, DATED JUNE

27, 2019

#### **EMPLOYEES NOT TO BENEFIT:**

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

VENDOR CONTACT: CARI DESANTIS

VENDOR TEL. NO.:

(301) 599-4501

EMAIL ADDRESS: CDESANTIS@MELWOOD.ORG

DISABILITY SERVICES)

COUNTY CONTACT: JIM BAKER (DHS - AGING AND

COUNTY TEL. NO.:

(703) 228-1713

COUNTY CONTACT EMAIL: JBAKER@ARLINGTONVA.US

# ARLINGTON COUNTY, VIRGINIA AGREEMENT NO. <u>16-323-5-R</u> AMENDMENT NUMBER 1

This Amendment Number 1 is made on the date of execution by the County and amends Agreement Number 16-323-5-R, dated MAY 13, 2016, ("Main Agreement") between MELWOOD HORTICULTURAL TRAINING CENTER, INC. ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend the CONTRACT TERM called for under the Main Agreement as follows:

## AMENDED CONTRACT TERM

The Contract Term is hereby renewed for the period beginning July 1, 2019 and expires June 30, 2020 ("Third Subsequent Contract Term").

Upon satisfactory performance by the Contractor, and with the concurrence of the Contractor, if the County of Fairfax, Virginia renews their Agreement No. 4400006739,859 the County may elect to renew this Agreement for one (1) additional twelve (12) month period from July 1, 2020 to June 30, 2021 ("Subsequent Contract Term"). However, if the County of Fairfax, Virginia does not renew their Agreement, this Agreement shall automatically expire on the date of the County of Fairfax, Virginia contract expiration date.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA

MELWOOD HORTICULTURAL TRAINING CENTER, INC.

**AUTHORIZED** 

SIGNATURE:

NAME: Vanessa Moorehead

**AUTHORIZED** SIGNATURE:

NAME: RESIDENT 4 (FO TITLE:

DATE: \_7/19/2019

TITLE: Procurement Officer

DATE:

greement No. 16-323-5-R Amendment No. 1



# County of Fairfax, Virginia

# **AMENDMENT**

JUN 2 7 2019

## **AMENDMENT NO. 5**

CONTRACT TITLE: Day Support and Employment Services

CONTRACTOR
Melwood Horticultural Training
Center, Inc.
5606 Dower House Rd.
Upper Marlboro, MD 20772

<u>SUPPLIER CODE</u> <u>CONTRACT NO.</u> 4400008597

By mutual agreement, Contract 4400008597 is hereby amended to include the following:

- 1. Change the title of Section 6, to read: Licensure, Compliance, Reporting and Other Requirements.
- 2. Add the following to Paragraph 6.1:
  - g. Compliance with Incident Reporting consistent with Department of Behavioral Health and Developmental Services (DBHDS) standards. (See DBHDS Guidance at: Virginia Regulatory Town Hall <a href="https://townhall.virginia.gov/l/getfile.cfm?file=c:\townhall\docroot\quidancedocs\720\qdocdbhds 6415 v1.pdf">https://townhall.virginia.gov/l/getfile.cfm?file=c:\townhall\docroot\quidancedocs\720\qdocdbhds 6415 v1.pdf</a>)
  - h. The Contractor must provide proof of required licensure, compliance and operations in "Good Standing". As initial and subsequent licenses and certification, related audits, renewals, and investigations occur, documents supporting the outcome must be provided to the Community Services Board (CSB) Service Director with contract oversight within ten (10) business days of such outcome. This includes, but is not limited to copies of licenses, audit/site review reports, corrective action plans approved/accepted by the regulatory/oversight agency, and investigative reports and outcomes. Should the Contractor's license, certification or other service or operating status change, including such circumstances where capacity or authority to operate may be compromised or affected in anyway, the Executive Director or assigned designated personnel of the Contractor must inform the CSB Executive Director in writing within five business days of its knowledge or the determination of such status.
- 3. Delete the following language in Section 7, Paragraph 7.3b3ii

Critical incident report copies sent as incidents occur (as per DBHDS licensure standards and CSB policies).

and Replace with the following language:

Department of Procurement and Material Management
12000 Government Center Parkway, Suite 427
Fairfax, VA 22035-0013
Website. <a href="https://www.tairfaxcounty.gov/procurement">www.tairfaxcounty.gov/procurement</a>
Phone 703-324-3201, TTY: 711, Fax: 703-324-3228

# AMENDMENT NO. 5 4400008597 Page 2

Incident Reports must be faxed to the Fairfax – Falls Church Community Services Board (CSB) within 24 hours of an incident occurring. Reports shall be faxed to the fax number provided by the CSB Service Director with contract oversight. Serious incidents (i.e. abuse/neglect allegations, serious injuries/accidents, incidents involving police or other community members, deaths, missing persons, acts that would be crimes whether or not police are involved, etc.) require a phone call from the Contractor's Executive Director or assigned designated personnel to the CSB's Executive Director within 24 hours, and the corresponding incident report must be faxed to (703) 653-7137. Program staff must also call the CSB Service Director or designated Contract Manager within 24 hours of a serious incident occurring and fax the corresponding incident report to the Service Area identified fax number.

4. Contract 4400008597 is renewed for one-year, effective July 1, 2019 through June 30, 2020, to include FY20 funding for Program Enhancement in the amount up to \$35,000.00.

Contractor shall submit updated certificate of insurance in accordance with Section 19, CONTRACT INSURANCE PROVISIONS, of Request for Proposal #2000001704 within ten (10) days after receipt of this executed amendment.

All other prices, terms and conditions remain the same.

**ACCEPTANCE:** 

ov. ( Air./

(Signature)

(Printed)

Steve Pierson, CPPB
-Contracts Manager

Cathy A. Muse, CPPO

**Director/County Purchasing Agent** 

**DISTRIBUTION** 

Finance – Accounts Payable/e
DPMM – Contract Analyst – Tamir Enkhjargal
CSB – Kevin Lafin/e

Contractor – <u>CDeSantis@melwood.org</u> DPMM – Contract Specialist – Linda Williams CSB – Robyn Fontaine/e



# CERTIFICATE OF LIABILITY INSURANCE

7/1/2020

7/17/2019

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 have ADDITIONAL INSURED provisions or 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	Lockton Companies 1801 K Street NW, Suite 200 Washington DC 20006 (202) 414-2400		-	CONTACT NAME: PHONE [A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	(202) 414-2400			INSURER(S) AFFORDING COVERA	NAIC#	
				INSURER A: Selective Way Insurance Company		26301
INSURED 1430891	Melwood Horticultural Training Center Inc			INSURER B: Trumbull Insurance Compa	iny	27120
	5606 Dower House Road			INSURER C :		
	Upper Marlboro MD 20772			INSURER D :		
				INSURER E :		
	<u> </u>			INSURER F :		
COVERA	GES CE	RTIFICATE NUMBER:	16180263	REVISION	NIMBER:	YYYYYY

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.

	NSR ADDISÜBR POLICY EFF POLICY EXP						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	N	N	1731636	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED
							MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER.				1		5
Α	AUTOMOBILE LIABILITY	N	N	1731636 MD	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT \$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXX
ı	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ XXXXXX
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXX
							s XXXXXXX
Α	X UMBRELLA LIAB X OCCUR	N	N	1731636	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 15,000,000
	DED RETENTION \$				00		s XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N	42 WN S30201	7/1/2019	7/1/2020	X PER OTH-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N (Mandatory in NH)						EL EACH ACCIDENT \$ 1,000,000
1							E L DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				2.1		EL DISEASE - POLICY LIMIT \$ 1,000,000
Α	Leased/Rented Equipment	N	N	1731636	7/1/2019	7/1/2020	Replacement Cost
l							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED
RE: Contract Number: 16-323-5-R - is a bi-lateral contract.

CERT	IFIC	ATF	HOL	DFR

### 16180263

Arlington County, Virginia Office of the Purchasing Agent 2100 Clarendon Boulevard, Suite 511 Arlington VA 22201

### CANCELLATION

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

Meno Joseph /

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