ARLINGTON COUNTY, VIRGINIA

AGREEMENT NO. 20-777-EP AMENDMENT NUMBER 9

This Amendment Number 9 is made on the date of execution by the County and amends Agreement Number 20-777-EP ("Main Agreement") dated May 22,2020 between Arlington Free Clinic, Inc. ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor agree to amend the main contract called for under the Main Agreement as follows:

- 1. PURSUANT TO PROVISION 4. CONTRACT TERM, THIS AGREEMENT IS HEREBY RENEWED FROM JULY 1, 2023 TO JUNE 30, 2024.
- 2. REPLACE PROVISION 44. NOTICES WITH THE FOLLOWING:

44. NOTICES

Unless otherwise provided in writing, all legal notices and other communications required by this Contract are deemed to have been given when either (a) delivered on person; (b) delivered by an agent, such as a delivery service; (c) deposited in the United States mail, postage prepaid, certified or registered and addressed as follows:

TO THE CONTRACTOR:

Diana Namugenyi, Director of Finance 2921 11th Street S Arlington, Virginia 22204

Phone: (703) 979-1425 ext. 111

Email: dnamugenyi@arlingtonfreeclinic.org

TO THE COUNTY:

Yvette Wright, County Project Officer 2100 Washington Blvd, 2nd Floor Arlington, Virginia 22204

Phone: 703-228-1275

Email: ywright@arlingtonva.us

AND

Dr. Sharon T. Lewis, LL.M, MPS, VCO, CPPB Purchasing Agent Arlington County, Virginia 2100 Clarendon Boulevard, Suite 500 Arlington, Virginia 22201

Phone: (703) 228-3294

Email: slewis1@arlingtonva.us

TO COUNTY MANAGER'S OFFICE (FOR PROJECT CLAIMS):

Mark Schwartz, County Manager Arlington County, Virginia 2100 Clarendon Boulevard, Suite 318 Arlington, Virginia 22201

- 3. REMOVE PROVISION 50. COVID-19 VACCINATION POLICY FOR CONTRACTORS.
- 4. REMOVE EXHIBIT C. CONTRACTOR COVID -19 VACCINATION CERTIFICATION.
- 5. REMOVE EXHIBIT D. CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON

AUTHORIZED Docusigned by:

SIGNATURE: Dr. SHIKON T. LEWIS

NAME: DR. SHARON T. LEWIS

TITLE: Purchasing Agent

DATE: 7/5/2023

AUTHORIZED Docusigned by:

SIGNATURE: Namy White

NAME: Nancy White

TITLE: President/CEO

DATE: 7/3/2023

ARLINGTON FREE CLINIC, INC.