ARLINGTON COUNTY, VIRGINIA AGREEMENT NO. 18-096-RFP-LW AMENDMENT NUMBER 3

This Amendment Number 3 is made May 31, 2022, and amends Agreement Number 18-096-RFP-LW ("Main Agreement") dated May 22, 2018, between ServiceSource, 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:

- <u>Contract Renewal:</u> Pursuant to contract clause 4. Contract Term, the contract is hereby renewed for its final subsequent contract term for not more than 12-month period, from June 1, 2022 to May 31, 2023.
- <u>Contract Price Increase:</u> Pursuant to contract clause 6. Contract Price Adjustments, the contract amount/unit price(s) is hereby increased by 4.1% (negotiated), a decrease of 4.4% of the 8.5% of change in the U. S. Department of Labor Consumer Price Index, All Items, Unadjusted, Urban Areas (CPI-U) for the 12-month period ending March 2022.
- 3. <u>Contract Documents</u>: The following contract documents are **ADDED**:

Exhibit H– Contractor COVID-19 Vaccination Certification Exhibit I – Contractor COVID-19 Vaccination Quarterly Compliance Certification

 Incorporation of COVID-19 Vaccination Policy For Contractors is hereby incorporated in the Contract Terms and Conditions as follows:

55. 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 H and I). 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, the Contractor may email <u>contractorvaccineinfo@arlingtonva.us</u>.

- <u>Attachment B Contract Pricing</u> is hereby replaced in its entirety with the attached <u>Revised</u> <u>Attachment B – Contract Pricing</u>
- <u>Attachment F Living Wage Forms</u> is hereby replaced in its entirety with the attached Revised Attachment F – Living Wage Forms.
- <u>Attachment G- Living Wage Report</u> is hereby replaced in its entirety with the attached Revised Attachment G- Living Wage Quarterly Compliance Report.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA SERVICESOURCE, INC.

AUTHORIZED	r Docusigned by: Jomeka D. Price
	5950D4E0ACC0472 ka D. Price

AUTHORIZED: DocuSigned by: SIGNATURE: <u>kunneth (num</u> 93B3D78D4F5C4C2... NAME: <u>Kenneth Crum</u>

TITLE: Procurement Officer

DATE: <u>6/9/2022</u>

TITLE: EVP, Regional Operations

DATE: ____

REVISED ATTACHMENT B CONTRACT PRICING

Woodmont CIC CPI 2022 Pricing increase v 6 bw comparison

1		Number of	% of time	Annual Salary	Annual fringe	FY23 Annual			
	Job Title	employees within job title	dedicated to CIC	(for all in job title)	(for all in job title)	Cost	FY22Cost		
1	DIV MGR	1	100	\$91,733	\$29,355	\$121,088	\$ 140,217		
2	PROGRAM MGR	0	100	\$0	\$0	\$0	\$ -		
3	ASSISTANT PROGRAM MGR	1	100	\$50,786	\$16,251	\$67,037	\$ 69,286		
4	QUALITY IMPROVEMENT MGR	0.75	100	\$53,311	\$17,060	\$70,371	\$ 58,669		
5	NURSE	1	100	\$86,678	\$27,737	\$114,414	\$ 122,926		
6	COMM INTEGRATION SPECIAL	18	100	\$761,542	\$243,693	\$1,005,235	\$ 955,398		
7	COMM INTEGRATION COORDINATOR	1	100	\$40,866	\$13,077	\$53,943	\$ 52,687		
		\$ 1,399,183							
	1					Annual Cost	FY22Cost		
1	Staff Training					\$5,779	\$ 5,549		
2	Cell Service (14 Phones @ \$55 per month)					\$10,679	\$ 5,593		
		Total				\$16,457	\$ 11,142		
L		Total					\$ 11,142 FY22Cost		
		ies (please list)				Annual Cost			
1	Facility Expense (cleaning supplies, paper pr			other)		\$4,507	\$ 4,661		
2	Habilitative supplies, material (includes food	purchase/cooking	g class)			\$4,854	\$ 3,995		
3	Office Supplies					\$8,321	\$ 7,991		
		Total				\$17,682	\$ 16,647		
		Total				\$17,082	5 10,047		
	Equipn	nent (please list)				Annual Cost	FY22Cost		
1	Desk Top Computers (4 @ \$1,000 each with 3	/ear Life)				\$1,156	\$ 2,959		
2	Lap Tops (15 @ \$1,500 each with 3 Year Life)					\$8,668	\$ 4,661		
3	Cell Phone (14 phone @ \$150 each with 3 Year	Life)				\$809	\$ 1,750		
4	Printers (3 @ \$300 each with 3 Year Life)					\$173	\$ 333		
5	Participant Computers (4 @ \$700 each with 3)	(ear Life)				\$514	\$ 1,036		
6	Photocopier - Leased	rear cirej				\$3,370	\$ 4,528		
7						\$997	\$ 4,520		
	A/C Charging Chart					2007			
<u> </u>		Total				\$15,686	\$ 15,267		
L		Total				\$15,686	\$ 15,267		
Vehicle	Vehic	le type			Vehicle year	Annual Cost			
1	TOYOTA Sienna				2020	\$7,762	\$ 7,991		
2	TOYOTA Sienna				2020	\$7,762	\$ 7,991		
3	TOYOTA Sienna				2019	\$7,431	\$ 7,991		
4	TOYOTA Sienna				2015	\$6,837			
5	TOYOTA Sienna				2014	\$6,579			
6	TOYOTA Sienna				2014	\$6,455			
7	Chevro Astro				2005	\$0			
8	Chevro Astro				2003	\$0			
9	Ford E350 w/Lift				2004	\$0			
10	Ford E350 w/Lift				2000	\$0			
		10 Pora ESSO W/LIR 2000							
		Total				\$42,827			
	Other Transportation		st)						
1	Other Transportati		st)			Annual Cost	\$ 3320		
1	Vehicle Travel (gas, tolls, pkng)		st)			Annual Cost \$12,484	\$ 3,329		
2	Vehicle Travel (gas, tolls, pkng) Vehicle tags, lic, insur (\$968 per vehicle)	on costs (please lis	st)			Annual Cost \$12,484 \$14,386	\$ 3,141		
2	Vehicle Travel (gas, tolls, pkng) Vehicle tags, lic, insur (\$968 per vehicle) Vehicle Maintenance \$720 per vehicle per year	on costs (please lis	st)			Annual Cost \$12,484 \$14,386 \$8,322	\$ 3,141 \$ 5,549		
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2	Vehicle Travel (gas, tolls, pkng) Vehicle tags, lic, insur (S968 per vehicle) Vehicle Maintenance 5720 per vehicle per year Vehicle GPS monitoring (S19 per vehicle per mo	on costs (please lis) »s.)				Annual Cost \$12,484 \$14,386 \$8,322 \$2,629	\$ 3,141 \$ 5,549 \$ 2,530		
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REVENUE									
Type of Service		Funding Source Rate		Utilization	Number of Participants	Annual Revenu			
1	Day_Support_Non_Medicaid	Arl CSB ID	\$ 166.00	80.5%	18	S601,584			
2	Day_Support_Non_Medicaid	ICF-MR/CRI	\$ 166.00	94.0%	5	\$195,050			
3	Group Day Tier 2	Arl CSB Med Wvr	\$ 13.12	92.6%	7	\$127,264			
4	Group Day Tier 3	Arl CSB Med Wvr	\$ 15.55	89.5%	18	\$368,636			
5	Group Day Tier 4	Arl CSB Med Wvr	\$ 20.29	81.9%	4	\$99,86			
	· · · · · · · · · · · · · · · · · · ·								
		L	-!	Total	52	\$1,392,401			

REVISED ATTACHMENT F

LIVING WAGE FORMS

WAGE NOTICE

THE HOURLY RATE FOR EMPLOYEES OF THE CONTRACTOR AND ANY SUBCONTRACTORS WORKING ON COUNTY-OWNED, COUNTY-CONTROLLED PROPERTY, FACILITIES OWNED, OR LEASED, AND OPERATED BY A CONTRACTOR IF SERVICES PROVIDED AT THAT LOCATION ARE EXCLUSIVE TO ARLINGTON COUNTY, OR CONTRACTS FOR HOME-BASED CLIENT SERVICES MUST NOT BE LOWER THAN

<u>\$17.00 PER HOUR</u>

REFERENCE: ARLINGTON COUNTY PURCHASING RESOLUTION SECTION 4-103

FOR INFORMATION CONTACT:

ARLINGTON COUNTY

OFFICE OF THE PURCHASING AGENT

2100 CLARENDON BOULEVARD, SUITE 500

ARLINGTON, VA 22201

703-228-3410

<u>AVISO de SALARIO</u>

MINIMO

LA TARIFA HORARIA DE LOS EMPLEADOS DEL CONTRATISTA, Y DE CUALQUIER SUBCONTRATISTA QUE TRABAJE EN PROPIEDADES DEL CONDADO, EN INSTALACIONES PROPIAS/ALQUILADAS Y OPERADAS POR UN CONTRATISTA SI LOS SERVICIOS PRESTADOS EN ESE LUGAR SON EXCLUSIVOS DEL CONDADO DE ARLINGTON, O EN CONTRATOS DE SERVICIOS DOMICILIARIOS A CLIENTES, NO DEBE SER INFERIOR A

<u>\$17.00 POR HORA</u>

REFERENCIA: SECCIÓN 4-103, DE LA RESOLUCIÓN DE LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON. (ARLINGTON COUNTY PURCHASING RESOLUTION SECTION 4-103)

PARA OBTENER MAS INFORMACIÓN, LLAME A:

LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON.

703-228-3410.

PARA INFORMACION EN PERSONA DIRIJASE A:

2100 CLARENDON BOULEVARD, OFICINA No 500

ARLINGTON, VA 22201

REVISED ATTACHMENT G

LIVING WAGE QUARTERLY COMPLIANCE REPORT

By Email: Please complete the report below and return it to: livingwage@arlingtonva.us

Quarter:

Year:

Company Name:

Contract Number:

Contract Name:

In order to audit your firm's compliance with Service Contract Wage (Living Wage) provisions of the Arlington County Purchasing Resolution, please complete the following report and submit to Arlington County, Office of the Purchasing Agent, 2100 Clarendon Boulevard, Suite #500, Arlington, Virginia 22201. This report shall be submitted every (3) months during the Contract Term. All employees of the Contractor and any subcontractors working on County-owned, County controlled property, facilities owned, or leased, and operated by a Contractor if services provided at that location are exclusive to Arlington County, or contracts for home-based client services, shall be listed.

EMPLOYEE NAME	TOTAL HOURS	HOURLY
	THIS QUARTER	WAGE

By signing this form, the above-listed company certifies that the information provided is accurate and complete. If unable to electronically sign this form, then print and sign the fully executed form for submittal by email.

Authorized Signature

Date

EXHIBIT I

CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION

By Email: Please complete the report below and return it to: <u>contractorvaccineinfo@arlingtonva.us</u>.

□ I hereby certify that all ______ (Contractor Name) employees and subcontractors working on Contract No. ______ 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:			

Company Address: ______