

**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:

1. **Contract Renewal:** 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.
2. **Contract Price Increase:** 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. **Contract Documents:** The following contract documents are **ADDED**:

Exhibit H– Contractor COVID-19 Vaccination Certification
Exhibit I – Contractor COVID-19 Vaccination Quarterly Compliance Certification
4. **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 contractorvaccineinfo@arlingtonva.us.

5. **Attachment B – Contract Pricing** is hereby replaced in its entirety with the attached **Revised Attachment B – Contract Pricing**
6. **Attachment F – Living Wage Forms** is hereby replaced in its entirety with the attached **Revised Attachment F – Living Wage Forms**.
7. **Attachment G– Living Wage Report** 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

AUTHORIZED: DocuSigned by:
SIGNATURE: Tomeka D. Price
5950D4E0ACC0472...
NAME: Tomeka D. Price
TITLE: Procurement officer
DATE: 6/9/2022

SERVICESTRONG, INC.

AUTHORIZED: DocuSigned by:
SIGNATURE: Kenneth Crum
93B3D78D4F5C4C2...
NAME: Kenneth Crum
TITLE: EVP, Regional Operations
DATE: 6/3/2022

REVISED ATTACHMENT B CONTRACT PRICING

Woodmont CIC CPI 2022 Pricing increase v 6 bw comparison

Job Title		Number of employees within job title	% of time dedicated to CIC	Annual Salary (for all in job title)	Annual fringe (for all in job title)	FY23 Annual 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	\$243,893	\$1,005,235	\$ 955,398
7	COMM INTEGRATION COORDINATOR	1	100	\$40,866	\$13,077	\$53,943	\$ 52,687
Total						\$1,432,087	\$ 1,399,183

		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

Supplies (please list)		Annual Cost	FY22Cost
1	Facility Expense (cleaning supplies, paper products, gloves, first aid, medical, other)	\$4,507	\$ 4,661
2	Habilitative supplies, material (includes food purchase/cooking class)	\$4,854	\$ 3,995
3	Office Supplies	\$8,321	\$ 7,991
Total		\$17,682	\$ 16,647

Equipment (please list)		Annual Cost	FY22Cost
1	Desk Top Computers (4 @ \$1,000 each with 3 Year 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 Year Life)	\$514	\$ 1,036
6	Photocopier - Leased	\$3,370	\$ 4,528
7	A/C Charging Chart	\$997	
Total		\$15,686	\$ 15,267

Vehicle	Vehicle type	Vehicle year	Annual Cost
1	TOYOTA Sienna	2020	\$7,762
2	TOYOTA Sienna	2020	\$7,762
3	TOYOTA Sienna	2019	\$7,431
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
Total			\$42,827

Other Transportation costs (please list)		Annual Cost	
1	Vehicle Travel (gas, tolls, pkgng)	\$12,484	\$ 3,329
2	Vehicle tags, lic, insur (\$968 per vehicle)	\$14,386	\$ 3,141
3	Vehicle Maintenance \$720 per vehicle per year)	\$8,322	\$ 5,549
4	Vehicle GPS monitoring (\$19 per vehicle per mos.)	\$2,629	\$ 2,530
Total		\$37,821	\$ 14,549

Other Expenses (please list)		Annual Cost	
1	Recreation and other participation fees (\$30 per participant per month)	\$22,009	\$ 17,313
2	Computer Software license - Desktop	\$936	\$ 1,798
3	Computer Software license - Laptop	\$4,074	\$ 2,157
4	Internet Service	\$4,091	\$ 2,837
5	Art Therapy Expense (\$45 per hr. @ 6 hrs. per month)	\$3,744	\$ 3,596
6	Dance Therapy (\$155 per sesion @ 4 sessions per week)	\$8,598	\$ 9,655
7	Music Therapy Expense (\$68 per hr @ 3 hrs per month)	\$2,029	\$ 3,622
8	Behavioral Support (\$90 per hr x 20 hrs)	\$24,963	\$ 23,972
9	Speech therapy consultation (\$65 per hr. @ 2 hrs. per month)	\$1,731	\$ 1,731
10	Occupational therapy consultation (\$85 per hr @ 2 hrs per month)	\$2,358	\$ 1,332
11	Physical Therapy Expense (\$45 per hr @ 6 hrs per month)	\$3,744	\$ 2,264
Total		\$79,079	\$ 70,277

Start up Expenses		\$0	\$0
On-Going Operating Expenses:		\$1,641,639	\$1,610,418
TOTAL EXPENSES		\$1,641,639	\$1,610,418
Projected Funding Need		\$161,355	\$1,610,418
Projected annual funding needed		161,355	

REVENUE						
Type of Service		Funding Source	Rate	Utilization	Number of Participants	Annual Revenue
1	Day_Support_Non_Medicaid	Arl CSB ID	\$ 166.00	80.5%	18	\$601,584
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	\$99,867
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

\$17.00 PER HOUR

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

AVISO de SALARIO

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

\$17.00 POR HORA

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 THIS QUARTER	HOURLY 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: contractorvaccineinfo@arlingtonva.us.

- ☐ 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: _____