

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD
ARLINGTON, VIRGINIA 22201

NOTICE OF CONTRACT RENEWAL

TO: V/BEI JV, LLC 6850 Versar Center, Suite 201 Springfield, VA 22151	DATE ISSUED: October 7, 2019
	CONTRACT NO: 713-13-3
	CONTRACT TITLE: Commissioning and Project Management

THIS IS A NOTICE OF CONTRACT RENEWAL AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER.

This is your notice that the above referenced contract has been renewed. The "Contract Term" covered by this Notice of Contract Renewal is effective **January 1, 2020** and expires **December 31, 2020**, subject to any modifications as provided for in the Contract Documents.

The Contract Documents consist of the terms and conditions of Arlington County Agreement No. 713-13-3, including any exhibits, attachments or amendments thereto.

ALL TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT REMAIN UNCHANGED.

<u>VENDOR CONTACT:</u> Ella O'Brien	<u>TELEPHONE NO:</u> (703) 642-6824
	<u>EMAIL ADDRESS:</u> robrien@versar.com
<u>COUNTY CONTACT:</u> Jesus Almario	<u>TELEPHONE NO:</u> (703) 228-4509
	<u>EMAIL ADDRESS:</u> Jalmario@arlingtonva.us

CONTRACT AUTHORIZATION

Procurement Officer *Tomeka Price*

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 713-13-3
AMENDMENT NUMBER 5**

This Amendment Number 5 is made on the date of execution by the County and amends Agreement Number 713-13-3 dated February 1, 2016, ("Main Agreement") between V/BEI JV, LLC, 6850 Versar Center, Suite 201, Springfield, VA 22151 ("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:

6. CONTRACT TERM

The Work shall commence on January 1, 2020 and shall be completed no later than **December 31, 2020** ("Final Subsequent Contract Term"), subject to any modifications as provided for in the Contract Documents.

Pricing from **January 1, 2020 to December 31, 2020** shall be in accordance with **Revised Attachment B**.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

V/BEI JV, LLC

AUTHORIZED
SIGNATURE: *Tomeka Price*

AUTHORIZED
SIGNATURE: *Raphaela O'Brien*

NAME: TOMEKA PRICE
TITLE: PROCUREMENT OFFICER

NAME AND
TITLE: Raphaela O'Brien, Sr. Contract Manager

DATE: October 7, 2019

DATE: 10.07.19

AGREEMENT NO. 713-13-1

REVISED ATTACHMENT B
2020 CONTRACT RATES

The services under this Contract will be paid for using fully loaded hourly rates for the positions included in the Contractor Staff paragraph of the Scope of Work. Those rates shall include all costs and expenses of providing to the County the services described in this Contract.

No overtime pay will be allowed under this Contract.

The County will pay (or reimburse the Contractor at Contractor's cost, as required) for all required permit and inspection fees.

The below rates are maximum hourly rates allowable under this Contract:

Labor Categories	Base Rate	Overhead	Profit	Fully Loaded
Principal	\$ 99.86	\$ 117.63	\$ 20.93	\$ 238.42
Commissioning Authority	\$ 70.68	\$ 83.26	\$ 14.81	\$ 168.75
Cost Estimator	\$ 64.88	\$ 76.43	\$ 13.60	\$ 154.91
Mechanical Engineer	\$ 64.03	\$ 75.43	\$ 13.42	\$ 152.88
Electrical Engineer	\$ 64.03	\$ 75.43	\$ 13.42	\$ 152.88
Structural Engineer	\$ 64.03	\$ 75.43	\$ 13.42	\$ 152.88
Civil Engineer	\$ 64.03	\$ 75.43	\$ 13.42	\$ 152.88
Geotechnical Engineer	\$ 66.24	\$ 78.04	\$ 13.89	\$ 158.17
Architect	\$ 63.20	\$ 74.45	\$ 13.24	\$ 150.89
Senior Project Manager	\$ 74.71	\$ 88.01	\$ 15.66	\$ 178.38
Senior Project Manager (on-site)	\$ 74.13	\$ 63.64	\$ 13.22	\$ 150.99
Project Manager	\$ 64.90	\$ 76.46	\$ 13.60	\$ 154.96
Project Manager (on-site)	\$ 64.40	\$ 55.29	\$ 11.48	\$ 131.17
Scheduler	\$ 64.55	\$ 76.04	\$ 13.53	\$ 154.12
Technical Support (Drafting & CADD)	\$ 35.71	\$ 42.07	\$ 7.48	\$ 85.26
Clerical Support	\$ 33.14	\$ 39.03	\$ 6.94	\$ 79.11



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/13/2019

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Versar, Inc. 6850 Versar Center Springfield VA 22151-4196 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: The Phoenix Insurance Company		25623
	INSURER B: The Travelers Indemnity Co of America		25666
	INSURER C: Lloyd's Syndicate No. 1458		AA1120102
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570078241517 **REVISION NUMBER:**

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ENVP000026319	07/01/2019	07/01/2020	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$25,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							Pollution Liability	Included
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-0L753684-19-14	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			ENVX000021219	07/01/2019	07/01/2020	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB0L8485071914GC	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
C	E&O-PL-Primary			ENVP000026319	07/01/2019	07/01/2020	Prof. Liability Deductible	\$1,000,000 \$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Arlington County Contract # 713-13-3. Arlington County, and its officers, elected and appointed officials, employees, and agents are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

Arlington County Government Department of Management & Finance 2100 Clarendon Blvd., Suite 500 Arlington, VA 22201 USA	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

Holder Identifier :

570078241517

Certificate No :

