

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

NOTICE OF CONTRACT RENEWAL

MVLE, INC.	DATE ISSUED:	<u>JULY 23, 2019</u>
7420 FULLERTON ROAD, SUITE 110	CURRENT REFERENCE NO:	<u>16-323-6-R</u>
SPRINGFIELD, VA 22153	CONTRACT TITLE:	<u>DAY SUPPORT AND EMPLOYMENT SERVICES</u>

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. 16-323-6-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 THRU JUNE 30, 2021

COMMODITY CODE(S): 95200

LIVING WAGE: N

ATTACHMENTS:

AGREEMENT No. 16-323-6-R

ATTACHMENT A – AMENDMENT NUMBER 1

ATTACHMENT B – COUNTY OF FAIRFAX, VIRGINIA CONTRACT NO. 4400006744, AMENDMENT NO. 5

EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: APRIL PINCH KEELER

VENDOR TEL. NO.: (703) 395-8352

EMAIL ADDRESS: APRIL@MVLE.ORG

COUNTY CONTACT: JIM BAKER (DHS - AGING AND
DISABILITY SERVICES)

COUNTY TEL. NO.: (703) 228-1713

COUNTY CONTACT EMAIL: JBAKER@ARLINGTONVA.US

**ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 16-323-6-R
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on the date of execution by the County and amends Agreement Number 16-323-6-R, dated MAY 13, 2016, ("Main Agreement") between MVLE, 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. 4400006744, 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.

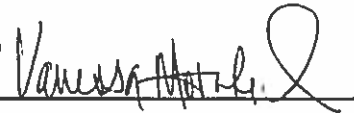
All other terms and conditions of the Main Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

MVLE, INC.

AUTHORIZED
SIGNATURE:



NAME: Vanessa Moorehead
TITLE: Procurement Officer

DATE: 7/23/2019

AUTHORIZED
SIGNATURE:



NAME: MVLE, INC
TITLE: President/CEO

DATE: 07/16/19



County of Fairfax, Virginia

AMENDMENT

JUL 11 2019

AMENDMENT NO. 5

CONTRACT TITLE: Day Support and Employment Services

CONTRACTOR
MVLE, INC.
7420 Fullerton Road
Suite 110
Springfield, VA 22153

SUPPLIER CODE
1000009119

CONTRACT NO.
4400006744

By mutual agreement, Contract 4400006744 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 https://townhall.virginia.gov/l/getfile.cfm?file=c:\townhall\docroot\guidancedocs\720\gdoc_dbhds_6415_v1.pdf)
- 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: www.fairfaxcounty.gov/procurement
Phone 703-324-3201, TTY: 711, Fax: 703-324-3228

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 4400006744 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 \$2,100,000.00.

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:

BY: April Pinch-Keeler
(Signature)

President/CEO
(Title) MVLE, INC

April Pinch-Keeler
(Printed)

7-03-19
(Date)

Cathy A. Muse
Cathy A. Muse, CPPO
Director/County Purchasing Agent
lap

DISTRIBUTION

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

Contractor – april@mvle.org
DPMM – Contract Specialist – Linda Williams
CSB – Robyn Fontaine/e

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2018

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER USI Insurance Services LLC 333 Westchester Ave, Suite 102 White Plains, NY 10604 914 459-6200	CONTACT NAME: Khalil Elaouni
	PHONE (A/C, No, Ext): 914 459-6283 FAX (A/C, No): 610 537-4220 E-MAIL ADDRESS: khalil.elaouni@usi.com
INSURED Mount Vernon-Lee Enterprises, Inc. MVLE, Inc. 633 3rd Avenue, 6th Floor New York, NY 10017	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Berkshire Hathaway Specialty Ins Co. 22276
	INSURER B : Berkshire Hathaway Homestate Companies 20044
	INSURER C :
	INSURER D :
	INSURER E :
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		47SPK25564203	09/30/2018	09/30/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		47RWS14808204	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		47SUM14808304	09/30/2018	09/30/2019	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
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	FEWC9211281	12/11/2018	12/11/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH ER E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab		47SPK25564203	09/30/2018	09/30/2019	\$3mm Agg/\$1mm Occ
A	Abuse & Molest.		47SPK25564203	09/30/2018	09/30/2019	\$3mm Agg/\$1mm Occ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 New York State Workers Compensation Coverage with The New York State Insurance Fund-Certificate to follow
 RE: Contract #16-323-6-RL Vocational/Habitation Services Certificate Holder Is included as Additional Insured
 where required by written contract. Umbrella follow form

CERTIFICATE HOLDER Arlington County Office of Purchasing Agent One Courthouse Plaza 2100 Clarendon Blvd, Ste. 500 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 
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