

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

NOTICE OF CONTRACT AMENDMENT

TO:	DATE ISSUED:	June 22, 2017
Resources for Independence of Virginia, Inc.	AGREEMENT NO:	517-12
9040 Sunset Drive	AGREEMENT TITLE:	Residential Support Services For Individuals With Intellectual Disabilities
Miami, Florida 33173		

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

The contract term covered by this Notice of Amendment is effective July 1, 2017 thru June 30, 2018.

This is the SEVENTH year award notice of a possible TEN year contract.

All other terms and conditions remain the same.

Contract Documents

The contract documents consist of the terms and conditions of Agreement No. 517-12, including exhibits and attachments.

EMPLOYEES NOT TO BENEFIT:

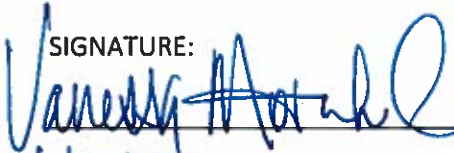
NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: Ana Robinette	TELEPHONE NO.:	(305) 273-3035
	EMAIL ADDRESS:	arobinette@sunrisegroup.org
COUNTY CONTACT: Jim Baker	TELEPHONE NO.:	703-228-1713
	EMAIL ADDRESS:	jbaker@arlingtonva.us

CONTRACT AUTHORIZATION

NAME: Vanessa Moorehead

TITLE: Procurement Officer

SIGNATURE: 
6/22/17 Date

Distribution: Contractor: 1 Contract Folder: 1 Administrative Officer: 1 Purchasing Admin: 1

ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 517-12
AMENDMENT NUMBER 7

This Amendment Number 6 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 517-12 dated June 30, 2011 ("Main Agreement"), as amended by Amendment No. 1 - 6, and made between Resources For Independence of Virginia, Inc. ("Contractor") and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the contract amount and contract term to be paid under the Main Agreement, the Contractor and the County, in consideration of the promises and other good and valuable consideration specified in this Amendment, amend the Main Agreement as follows:

A. THE "CONTRACT TERM" PARAGRAPH IS HEREBY DELETED IN ITS ENTIRETY AND THE FOLLOWING IS SUBSTITUTED THEREFORE:

The Work shall continue from July 1, 2017, and be completed no later than June 30, 2018 ("Sixth Subsequent Contract Term"), subject to any modifications as provided for in the Contract Documents. Upon satisfactory performance by the Contractor and with the concurrence of the Contractor, the County may authorize continued operations of the Contractor under the same contract unit prices for not more than seven (7) additional twelve (12) month periods from July 1, 2014 to June 30, 2021 (Each such period shall be referred to as a "Subsequent Contract Term"). The Contract Amount and the hourly rate for each Subsequent Contract Term shall be in an amount mutually agreed upon but which will in no event exceed the funds appropriated for the service by the County Board of Arlington County. The total Contract Amount may be increased or decreased during the Initial and Subsequent Contract Terms if available funds exceed or, in the alternative, are not sufficient to maintain then current service levels.

B. EXHIBIT B SHALL BE AMENDED WITH THE CONTRACT AMOUNT NOT TO EXCEED \$28,000.00

All other terms and conditions of the Main Agreement, as amended, shall remain in full force and effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

SIGNED BY: Vanessa M. Bevis

PRINT NAME: MICHAEL E. BEVIS
AND TITLE: PURCHASING AGENT

DATE: 6/22/17

RESOURCES FOR INDEPENDENCE OF VIRGINIA
INC.

SIGNED BY: Karen Davidson

PRINT NAME: KAREN DAVIDSON
AND TITLE: CFO

DATE: 6/15/17

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 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 BB&T Insurance Services, Inc. PO Box 4927 Orlando, FL 32802-4927 407 691-9600	CONTACT NAME: PHONE (A/C, No, Ext): 407 691-9600		FAX (A/C, No): 888-635-4183
	E-MAIL ADDRESS:		
INSURED Sunrise Community Inc See List of Additional Named Insureds 9040 Sunset Drive Miami, FL 33173-3432	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Evanston Insurance Company		35378
	INSURER B : Pennsylvania Manufacturers Inde		41424
	INSURER C : Lloyds		
	INSURER D : Markel Insurance Company		38970
	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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:50000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FITGL336942017	06/01/2017	06/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/OP AGG \$3,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		1002MT4285672 FITAU336942017FL	06/01/2017 06/01/2017	06/01/2018 06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	FITWC336942017FL 2017000458091	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL, EACH ACCIDENT \$1,000,000 EL, DISEASE - EA EMPLOYEE \$1,000,000 EL, DISEASE - POLICY LIMIT \$1,000,000
C	D&O/EPLI		W1EDFD170101	06/01/2017	06/01/2018	\$5,000,000 Each Claim \$5,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract Number (517-12).

****Certificate Holder Continued: Arlington Virginia, Department of Management and Finance, Arlington County, and its officers, elected and appointed officials, employees, and agents
 Additional Insured status is granted as respects to General Liability if required by written contract per Coverage Part A Commercial General Liability Coverage Form.
 (See Attached Descriptions)**

CERTIFICATE HOLDER CANCELLATION

The County Board of Arlington County, VA c/o The Purchasing Agent Room 500, 2100 Clarendon Blvd. Arlington, VA 22201	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 

DESCRIPTIONS (Continued from Page 1)

Named Insured Schedule:

The Phineas Corporation dba Sunrise Group
Regional Properties, Inc.
Sunrise Community Foundation, Inc.
The Haven Center
Sunrise Northeast, Inc.
Sunrise Opportunities, Inc.
Sunrise Community, Inc.
Sunrise Community Promotions, Inc.
United Cerebral Palsy of Southwest Florida, Inc.
(formerly known as United Cerebral Palsy of Sarasota-Manatee, Inc.)
Sunrise Community of Southwest Florida, Inc.
United Cerebral Palsy of Tallahassee, Inc.
Resources for Independence
Cape Coral Home, Inc.
Tech of Collier County, Inc.
Sunrise 2000, Inc.
Sunrise Community of Georgia, Inc.
United Cerebral Palsy & the Golden Isles, Inc.
United Cerebral Palsy of Kentucky, Inc.
Sunrise Community of Maryland, Inc. dba UCP on the Potomac
Sunrise Community of New Mexico, Inc.
Sunrise Community of North Carolina, Inc.
Sunrise Community of Polk County, Inc.
Sunrise Community Services, Inc.
United Cerebral Palsy Association of Greater Hartford, Inc.
Sunrise Community of Tennessee, Inc.
Sunrise United Cerebral Palsy of East Tennessee, Inc.
Resources for Independence of Virginia, Inc.
Log Cabin Enterprises, Inc.
Work Oriented Rehabilitation Center, Inc.