

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

CONTRACT AMENDMENT COVERPAGE

TO: WESTMART, INC.	ORIGINAL DATE ISSUED:	<u>AUGUST 1, 2021</u>
14499 GEMSTONE DRIVE	CONTRACT NO:	<u>21-DES-ITB-643-LW</u>
WOODRIDGE, VIRGINIA 22191	CONTRACT TITLE:	<u>EMERGENCY GENERATOR AND TRANSFER PUMP MAINTENANCE SERVICES</u>

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

The contract documents consist of the terms and conditions of AGREEMENT No. 21-DES-ITB-643-LW including any attachments or amendments thereto.

EFFECTIVE DATE: October 25, 2021

EXPIRES: JULY 31, 2022

RENEWALS: FOUR (4) ADDITIONAL TWELVE (12) MONTH OPTIONS TO RENEW THROUGH JULY 31, 2026

COMMODITY CODE(S): 93639; 94172; 72067

LIVING WAGE: Y

ATTACHMENTS:

AMENDMENT NO.1

EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: JOE DAVIS

VENDOR TEL. NO.:

(703) 491-1096 EXT 131

EMAIL ADDRESS: JDAVIS@WEMARTINC.COM

COUNTY TEL. NO.:

(703) 228-7593

COUNTY CONTACT: TSEHAY LIGHTFOOT (DES/FMB DIV.)

COUNTY CONTACT EMAIL: TLIGHTFOOT@ARLINGTONVA.US

PURCHASING DIVISION AUTHORIZATION

VANESSA MOOREHEAD

Title PROCUREMENT OFFICER

Date

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 21-DES-ITB-643-LW
AMENDMENT NUMBER 1**

This Amendment Number 1 is made on the date of execution by the County and amends Agreement Number 21-DES-ITB-643 ("Main Agreement") dated August 1, 2021 between Westmart, Inc., 14499 Gemstone Drive, Woodridge, Virginia 22191 ("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:

- **Amend Contract Documents to ADD:**
 - Exhibit E – Contractor COVID-19 Vaccination Certification (separate attachment)
 - Exhibit F – Contractor COVID-19 Vaccination Quarterly Compliance Certification (attached)
- **Amend Terms and Conditions to ADD the County's COVID-19 Vaccination Policy for Contractors:**

67. 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 F**). 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, Contractor may email contractorvaccineinfo@arlingtonva.us.

- **Amend Schedule A Equipment List to ADD THE FOLLOWING EQUIPMENT AND REMOVE SPECIFIED LOCATIONS:**

LOCATION	ANNUAL COST FOR PREVENTATIVE MAINTENANCE	*LUMP SUM COST TO REPLACE ALL GENERATOR HOSES	**LUMP SUM COST TO REPLACE ALL COOLANT WITH 3-YEAR COOLANT
DONALDSON RUN SEWAGE PUMPING STATION	\$3,350.00	\$550.00	\$800.00
DOVER RUN PUMPING STATION	\$1,850.00	\$490.00	\$650.00
FIRE STATION 3	\$2,500.00	\$350.00	\$750.00
ART HOUSE III	\$2,200.00	\$450.00	\$600.00
ARLINGTON MILLS	\$2,200	\$450.00	\$600.00
OAKLAND WAREHOUSE GEN #1	\$2,300.00	\$300.00	\$400.00
OAKLAND WAREHOUSE GEN #2	\$2,800.00	\$300.00	\$600.00
OAKLAND WAREHOUSE GEN #3	\$5,200.00	\$450.00	\$900.00
KIRKWOOD RUN SEWAGE PUMPING STATION	\$3,150.00	\$550.00	\$800.00
PALISADES SEWAGE PUMPING STATION	\$1,750.00	\$490.00	\$650.00
ROACHES RUN SEWAGE PUMPING STATION	\$3,050.00	\$550.00	\$800.00
WINDY RUN SEWAGE PUMPING STATION	\$2,900.00	\$490.00	\$800.00
MARCEY CREEK SEWAGE PUMPING STATION	\$1,850.00	\$490.00	\$650.00
RIVER CREST SEWAGE PUMPING STATION	\$1,850.00	\$490.00	\$650.00
RIVER ESTATES EJECTOR STATION	\$1,850.00	\$490.00	\$650.00
RIVERWOOD PUMPING STATION	\$1,850.00	\$490.00	\$650.00
LEE PUMP STATION	\$2,280.00	\$550.00	\$700.00
MINOR HILL	\$2,900.00	\$550.00	\$800.00
ETHAN ALLEN	\$3,050.00	\$550.00	\$800.00

REMOVE THE FOLLOWING LOCATIONS FROM SCHEDULE A:

OEM GENERATOR INVENTORY LIST

Location/ Service	Address	Size (KW)	Fuel Type	Brand	Model Number	Storage Tank (Gal.)
Shirlington Tower	2900 S Quincy St.	375	diesel	Katolight	SD375FRJ4	105
Ballston Place	901 N. Pollard St. Level B1	100	Diesel	Katolight	SD375FRJ4T2	280
Lee Pumping Station Water Tower	2400 N. Wakefield St.	100	Diesel	Kohler	100R0ZJ71	200
Emergency Communication Center	1425 N. Courthouse Rd	450	Diesel	Cummins	DFEJ19845	unknown

Equipment List added to Schedule A:

FIRE STATION 3 – 4100 OLD DOMINION DRIVE.

#	QTY	Equipment Type	Manufacturer, Model, Serial	Remarks
1	1	Kohler	M/N 400REOZDD Storage tank 2303971 Fuel: Diesel Size (kw) 400	

ART HOUSE III- 2900 S. Eads Street.

#	QTY	Equipment Type	Manufacturer, Model, Serial	Remarks
1	1	Generator	Onsite Energy	

ARLINGTON MILLS- 909 DINWIDDIE STREET.

#	QTY	Equipment Type	Manufacturer, Model, Serial	Remarks
1	1	Generator	MTU 70kW	

OAKLAND WAREHOUSE- 2604 OAKLAND STREET.

#	QTY	Equipment Type	Manufacturer, Model, Serial	Remarks
1	1	Generator	Cummins	200kW
2	1	Generator	Caterpillar	350kW
3	1	Generator	Cummins	1250 kW

- **THE LUMP SUM COST FOR HOSES AND COOLANT INCLUDES LABOR COSTS.**
- **UNITS WILL BE SERVICED QUARTERLY; 4 SERVICES PER YEAR.**
- **ONE SERVICE INCLUDES OIL AND FILTER CHANGE 9AIR FILTER AS NEEDED), AND 3 PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) VISITS PER YEAR PLUS ONE LOAD BANK PER YEAR.**

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

AUTHORIZED: VANESSA MOOREHEAD

SIGNATURE: _____

NAME: VANESSA MOOREHEAD

TITLE: PROCUREMENT OFFICER

DATE: _____

WESTMART, INC.

AUTHORIZED: JOHN DAVIS

SIGNATURE: _____

NAME: JOHN DAVIS

TITLE: CEO

DATE: _____

EXHIBIT E

CONTRACTOR COVID-19 VACCINATION CERTIFICATION

- ☐ I hereby certify that all **WESTMARK** employees and subcontractors who will be working on Contract No.21-DES-ITB-643-LW are fully vaccinated against COVID-19, 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: _____

Title: _____

EXHIBIT F

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 **WESTMARK** employees and subcontractors working on Contract No. **21-DES-ITB-643-LW** are fully vaccinated against COVID-19, 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: _____