ARLINGTON COUNTY, VIRGINIA

AGREEMENT NO. 20-052-RFP-2 AMENDMENT NUMBER 2

This Amendment Number 2 is made on	and amends Agreement Number 20-052-RFP-
2 ("Main Agreement") dated 03/03/2021, between Con	nmunity Residences, Inc. DBA CRI ("Contractor")
and the County Board of Arlington County, Virginia ("Co	unty").

The County and the Contractor agree to amend the Main Agreement as follows:

1. Add the following to Clause 2, Scope of Work, Exhibit A, 2. General Requirements, E. Accommodation for Clients with Special Needs

<u>iii.</u> Payee Service Needs: Provide payee services to specified Arlington clients who receive services from the Contractor. The need for payee services will be determined by the County. Expense categories include:

- Rent
- Personal Needs Allowance
- Food, Transportation, and Medications
- Utilities
- Others as determined by the Project Officer

Specific categories and expenses for each client will be determined by the Project Officer and provided to the Contractor in writing. The Contractor must track and pay the expenses each month; payments must be made in a timely manner so no late fees will be incurred. Late fees must be paid by the Contractor when due to the Contractor's delay; the County will not reimburse the Contractor for such fees unless specifically approved by the project officer. Inform the Project Officer of any changes in the client's status and if additional resources are needed. Upon request by the Project Officer, the Contractor must provide backup documentation for payments made on behalf of a client.

2. Add the following to Clause 5, Contract Amount:

The County will pay the Contractor up to \$100,000.00 annually for authorized client expenses distributed through the Contractor's payee services and \$101.00 per client per month for payee services. The Contractor must submit separate monthly invoices for each client for reimbursement of client expenses. The invoice must list expense categories and actual expense amounts distributed for the month. A separate invoice must be submitted for all payee services fees.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA

COMMUNITY RESIDENCES, INC.

AUTHORIZED Docusigned by:
SIGNATURE: Dr. SHARON 1. LCA

AUTHORIZED SIGNATURE: _

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NAME: DR. SHARON T. LEWIS

TITLE: EVP&CFO

TITLE: PURCHASING AGENT

DATE:________

DATE: ____

Arlington County, Virginia Department of Human Services

CAPITATED PAYMENT BUDGET SUBMISSION

RESIDENTIAL SERVICE: Group Homes Contract: 20-052-RFP-2 MH Residential Services CRi

Personnel Expenditures

	Salary	Retirement	FICA	Health	Life	Other	Total Cost
QMHP	\$317,919	\$7,837	\$15,674	\$31,349	\$4,572	\$5,878	\$383,229
Lead QMHP	\$119,726	\$3,242	\$6,483	\$12,966	\$1,891	\$2,431	\$146,739
Peer Counselor	\$3,989	\$108	\$216	\$432	\$63	\$81	\$4,889
RN	\$30,017	\$813	\$1,625	\$3,251	\$474	\$610	\$36,790
Therapeutic ArtProgram Manager	\$2,707	\$73	\$147	\$293	\$43	\$55	\$3,318
PFA Analyst	\$1,810	\$49	\$98	\$196	\$29	\$37	\$2,218
Program Manager	\$77,415	\$2,096	\$4,192	\$8,384	\$1,223	\$1,572	\$94,882

Operating Expenditures

Communications

Postage

Travel Utilities

Printing

Rent - Bldg

Rent - Equipment

Rent - Auto

Staff Training

Recruitment Exps

Operating Equipment

Operating Supplies

Office Supplies

Food

\$3,393]
\$115	
\$889	,
\$27,085	
\$0	,
\$191,194	
\$5,090	,
\$0	,
\$115,801	
\$3,160	,
\$2,182	
\$18,725	
\$808	
\$23,721	

Total Yearly Expenses Number of beds offered Days of the year Charge per bed day

\$1,064,226
20
365
\$2,915.69