

**ARLINGTON COUNTY, VIRGINIA**

**AGREEMENT NO. 17-014-RFP-4  
AMENDMENT NUMBER 3**

This Amendment Number 3 is made on the date of execution by the County and amends Agreement Number 17-014-RFP-4 (“Main Agreement”) dated January 5, 2017 between Rehabilitation Associates, Inc. dba Aveanna Healthcare (“Contractor”) and the County Board of Arlington County, Virginia (“County”).

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

**1. ADD THE FOLLOWING COVID-19 VACCINATION POLICY FOR CONTRACTORS’ CLAUSE AS  
CONTRACT CLAUSE 53:**

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 Exhibit B). 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, the Contractor may email [contractorvaccineinfo@arlingtonva.us](mailto:contractorvaccineinfo@arlingtonva.us).

**2. ADD EXHIBIT A CONTRACTOR COVID-19 VACCINATION CERTIFICATION**

**3. ADD EXHIBIT B CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE  
CERTIFICATION**

**4. PURSUANT TO PROVISION 4: CONTRACT TERM, THIS AGREEMENT IS HEREBY RENEWED FROM  
JANUARY 1, 2022 TO DECEMBER 31, 2022.**

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON

REHABILITATION ASSOCIATES, INC. DBA AVEANNA

COUNTY, VIRGINIA

HEALTHCARE

AUTHORIZED SIGNATURE: DocuSigned by:  
*Meloni Hurley*  
534895882496484...  
Meloni Hurley

AUTHORIZED SIGNATURE: DocuSigned by:  
*James Elkington*  
3A7230793B004A2...  
James Elkington

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: Assistant Purchasing Agent

TITLE: SVP Revenue Cycle Management

DATE: 11/17/2021

DATE: 11/2/2021

EXHIBIT

**CONTRACTOR COVID-19 VACCINATION CERTIFICATION**

I hereby certify that all \_\_\_\_\_ (Contractor Name) employees and subcontractors who will be working on Contract No. \_\_\_\_\_ 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

**CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION**

**By Email:** Please complete the report below and return it to: [contractorvaccineinfo@arlingtonva.us](mailto:contractorvaccineinfo@arlingtonva.us).

I hereby certify that all \_\_\_\_\_ (Contractor Name) employees and subcontractors working on Contract No. \_\_\_\_\_ 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: \_\_\_\_\_

Company Address: \_\_\_\_\_