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

NOTICE OF CONTRACT RENEWAL

TO:

DATE ISSUED:

JULY 26, 2012

RESOURCES FOR INDEPENDENCE

OF VIRGINIA, INC

9411 LEE HIGHWAY, SUITE A FAIRFAX, VA 22031-1819 CURRENT CONTRACT NO:

517-12

RESIDENTIAL SUPPORT

SERVICES FOR INDIVIDUALS WITH INTELLECTUAL

CONTRACT TITLE:

DISABILITIES

PRIOR CONTRACT NO:

299-10

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 term covered by this Notice of Renewal is effective IMMEDIATELY and expires on JUNE 30, 2013.

This is the $\underline{\mathtt{SECOND}}$ year renewal of a possible $\underline{\mathtt{TEN}}$ year contract.

The contract documents consist of the terms and conditions of Agreement No. 517-12, including any exhibits, attached or amendments thereto.

CONTRACT PRICING:

REFER TO AMENDED EXHIBIT B - AMENDMENT NO. 1 (ATTACHED)

EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: JAMES WEEKS

TELEPHONE NO.:

703-218-1800

VENDOR PAYMENT TERMS: NET 30 DAYS

WARFARD AND A STATE OF THE STAT

EMAIL ADDRESS: <u>JWeeks@sunrisegroup.com</u>

COUNTY CONTACT: JENNIFER MCKINNEY

TELEPHONE NO.:

703-228-1717

EMAIL ADDRESS: JMCKIN@ARLINGTONVA.US

CONTRACT AUTHORIZATION

DISTRIBUTION

VENDOR:

1

Delphine Lambert

Date

BID FOLDER:

2

Buyer

ARLINGTON COUNTY, VIRGINIA AGREEMENT NO. 517-12 AMENDMENT NUMBER 1

This Amendment Number 1 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 517-12 dated June 30, 2011 ("Maín Agreement"), 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 amounts 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. PARAGRAPH NO.3, CONTRACT TERM, SHALL BE DELETED IN ITS ENTIRETY AND REPLACED WITH THE FOLLOWING:

3. CONTRACT TERM

The Work shall commence on July 1, 2012, and be completed no later than June 30, 2013 ("First 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 for not more than eight (8) additional twelve (12) month periods from July 1, 2013 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 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 DELETED IN ITS ENTIRETY AND REPLACED WITH THE ATTACHED AMENDED EXHIBIT B.

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

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON

COUNTY,	VIRGINIA		INC.
			TAXPAYER
SIGNED		10	SIGNED /

PRINT NAME RICHARD D. WARREN, JR. PRINT NAME AND TITLE; PURCHASING AGENT AND TITLE:

DATE: 07/30/2.

RESOURCES FOR INDEPENDENCE OF VIRGINIA INC.

TAXPAYER ID NUMBER: 52-1929588

PRINT NAME James G. Weeks, PhD Secretary/Treasurer

DATE: 6/26/12

AMENDED EXHIBIT B

CONTRACT RATES

The Contractor will bill Medicaid through Department of Medical Assistance (DMAS) for services provided to client with Medicaid Waiver.

The Contractor shall bill the Arlington County ID Services for Non-Medicaid Eligible Clients at a rate of \$29.00 per hour up to the amount of **\$45,240.00**.

Arlington County funds must be used in adherence to all Federal and Commonwealth of Virginia, Department of Medical Assistance Services regulations governing MR Home and Community-Based Medicaid Waiver Services"