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

CONTRACT AMENDMENT COVERPAGE

TO: Arlington VOA ALR Operating, Inc. ORIGINAL DATE ISSUED:

APRIL 1, 2017 1660 Duke Street CONTRACT NO: 17-183-SS Alexandria, VA 22314

Mary Marshall Assisted Living Operation CONTRACT TITLE:

AMENDMENT NO:

THIS IS A NOTICE OF CONTRACT RENEWAL AND AMENDMENT 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 Arlington County Agreement No. 17-183-SS, including any exhibits, attachment, or amendments thereto.

EFFECTIVE DATE: July 1, 2021 **EXPIRES**: June 30, 2022

RENEWALS: Five (5), One (1) Year Renewal Options from July 1, 2022 TO June 30, 2027

COMMODITY CODE(S): 95208

LIVING WAGE: Y

ATTACHMENTS: Amendment No. 6

EMPLOYEES NOT TO BENEFIT:

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

COUNTY TEL. NO.:

(703) 228-1713

VENDOR CONTACT: Divina Alston **VENDOR TEL. NO.:** (571) 527-5002

EMAIL ADDRESS: DAlston@voa.org

COUNTY CONTACT: JIM BAKER

COUNTY CONTACT EMAIL: JBAKER@ARLINGTONVA.US

PURCHASING DIVISION AUTHORIZATION

Title: Procurement Officer_ Tomeka Price_ Date: July 1, 2021

> Agreement No. 17-183-SS Amendment No. 6

ARLINGTON COUNTY, VIRGINIA AGREEMENT NO. 17-183-SS AMENDMENT NUMBER 6

This Amendment Number 6 ("Amendment") is made on _______ by the County and amends Agreement Number 17-183-SS dated April 1, 2017 ("Main Agreement") and as amended by Amendment No. 1, Amendment No. 2, Amendment No. 3, Amendment No. 4 and Amendment No. 5 with corresponding exhibits and attachments between **Arlington VOA ALR Operating Inc.,** 2000 5th Street South, Arlington, Virginia, 22204, a Minnesota corporation authorized to do business in the Commonwealth of Virginia ("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:

1. Retroactive Living Wage Rate Increase: Per the Arlington County Purchasing Resolution, this Contract Living Wage Rate is hereby retroactively increased for nine (9) employees from the current rate to \$17 per hour, forty (40) hours per week, including Virginia FICA Tax at 7.65%. The County will pay the Contractor \$2,906.66 retroactively for the 13 weeks beginning July 1, 2021 through September 30, 2021.

Position working on Contract No. 17-183-SS	Base Hourly Pay Rate	New LW Rate (\$17)	Wage difference to \$17 (LW Rate)	Hours/ Week	Retroactive LW Rate (July 1, 2021 - September 30, 2021)	FICA Tax (7.65%)
Resident Care Coordinator	\$ 16.49	\$ 17.00	\$ 0.51	40	\$ 265.20	\$ 20.29
Resident Care Coordinator	\$ 16.61	\$ 17.00	\$ 0.39	40	\$ 202.80	\$ 15.51
Resident Care Coordinator	\$ 16.61	\$ 17.00	\$ 0.39	40	\$ 202.80	\$ 15.51
Resident Care Coordinator	\$ 16.36	\$ 17.00	\$ 0.64	40	\$ 332.80	\$ 25.46
Resident Care Coordinator	\$ 16.00	\$ 17.00	\$ 1.00	40	\$ 520.00	\$ 39.78
Resident Care Coordinator	\$ 16.73	\$ 17.00	\$ 0.27	30	\$ 105.30	\$ 8.06
Activities Assistant	\$ 16.12	\$ 17.00	\$ 0.88	25	\$ 286.00	\$ 21.88
Receptionist	\$ 16.00	\$ 17.00	\$ 1.00	40	\$ 520.00	\$ 39.78
Maintnenance Assistance	\$ 16.49	\$ 17.00	\$ 0.51	40	\$ 265.20	\$ 20.29
Total of Retroactive LW increase					\$ 2,700.10	\$ 206.56
Grand Total on Retroactive LW increase including FICA Tax 7.65% for 13 weeks beginning July 1, 2021 through September 30, 2021					\$ 2,906.66	

- 2. <u>Living Wage Rate Increase:</u> Per the Arlington County Purchasing Resolution, this Contract Living Wage Rate is hereby increased for nine (9) employees from the current rate to \$17 per hour including Virginia FICA Tax at 7.65%. The County will pay the Contractor a grand total of \$239,096.03 for the 39 weeks at a monthly rate of \$26,566.23, beginning October 1, 2021.
- 3. **Contract Documents**: The following Contract Documents are hereby **added**:

Exhibit L – Contractor COVID-19 Vaccination Certification (confirmed)
Exhibit M – Contractor COVID-19 Vaccination Quarterly Compliance Certification (attached)

4. INCORPORATION OF COVID-19 VACCINATION POLICY FOR CONTRACTORS is hereby added to the Contract Terms and Conditions.

52. 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 L and M). 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.

5. Exhibit B, Contract Pricing is hereby changed from the not to exceed amount of \$2,798,908 to a not to exceed amount of \$2,810,534.63, a \$11,626.63 increase.

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

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON

COUNTY, VIRGINIA

AUTHORIZED SIGNATURE:

DocuSigned by: Joneka D. Price 5950D4E0ACC0472.

NAME: TOMEKA D. PRICE

TITLE: PROCUREMENT OFFICER DATE: ___

ARLINGTON VOA ALR OPERATING, INC.

AUTHORIZED SIGNATURE:

5DF42ED2631B4EA

DocuSigned by:

NAME: NANCY GAVIN

TITLE: VICE PRESIDENT OF FINANCIAL SERVICES

DATE: 10/19/2021

Mary Marshall Assisted Living Residence EXHIBIT B CONTRACT PRICING

The Contractor shall be paid monthly in accordance with the following rates, effective the date of full execution of the Agreement:

	3.54% CPI-U	2.6% CPI-U
	Increase	Increase
	7/8/2020-	7/1/2021-
Category	6/30/2022	6/30/2022
Rent Per Unit (20 units w/	\$1,056.16	\$1,083.62
kitchenette)		
Services Per Unit (20 units w/	\$4,696.16	\$4,818.26
kitchenette)		
Total Per Unit	\$5,752.32	\$5,901.88
Rent Per Unit (32 units)	\$1,033.16	\$1,060.02
Services Per Unit (32 units)	\$4,719.16	\$4,841.86
Total Per Unit	\$5,752.32	\$5,901.88
Total Units	52	52
Gross Charges Per Month	\$299,120.65	\$306,897.79
Less Estimated Auxiliary Grants,	(\$71,788.98)	(\$72,686.60)
Housing Choice Voucher, &		
Client Contributions Per Month		
Monthly Arlington Contribution (Estimated)	\$227,331.67	\$234,211.19
Yearly Maximum	\$2,727,980	\$2,810,534.23

Payments to the Contractor shall not exceed \$2,810,534.23 in FY 2022.

EXHIBIT M

CONTRACTOR COVID-19 VACCINATION QUARTERLY COMPLIANCE CERTIFICATION

By Email: Please complete the report below and return it to: cor	ntractorvaccineinfo@arlingtonva.us.
□ I hereby certify that allsubcontractors working on Contract No. 17-183-SS are fully voon a weekly basis, or are exempt pursuant to a valid reasonablaw.	accinated against COVID-19, being tested
Please do not include any of your employees' medical document test results.	ntation, including vaccination records or
Date:	_
Signature:	_
Printed Name and Title:	-
Company Name:	_
Company Address:	_