

ARLINGTON COUNTY, VIRGINIA  
AGREEMENT NO. 244-11

AMENDMENT NUMBER 4

PREVIOUS REFERENCE NUMBER 461-08

This Amendment Number 4 ("Amendment") is made on the date of execution of the Amendment by the County and Amendment Number 1-3 amends Agreement Number 244-11 as amended by Amendment No. 1 and 3 ("Main Agreement") and made between Northern Virginia Family Services ("Contractor"), 10455 White Granite Way, Suite 100, Oakton, VA 22124, a Virginia corporation authorized to do business in the Commonwealth of Virginia, and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the Contract Amount and Contract Term Work called for and 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.

**CHANGE THE "CONTRACT TERM" TO READ AS FOLLOWS:**

**CONTRACT TERM**

The Contract Term shall be from **July 1, 2017** through **June 30, 2018** (Fiscal Contract Year) and will continue thereafter until the County Board of Arlington County no longer authorizes funds for the services covered by this contract. Each successive contract year in which the County Board authorizes funds shall cover the period from July 1, through June 30.

**CHANGE THE "CONTRACT AMOUNT" TO READ AS FOLLOWS (ADDITIONAL 10,000.00 FY18, PREVIOUS AMOUNT \$37,238.00):**

**CONTRACT AMOUNT**

The County will pay the Contractor an amount not to exceed **\$47,238.00** for this contract term for the Contractor's completion of the Work described and required in the Contract Documents subject to the terms and conditions in those documents.

All other terms and conditions of the Agreement shall remain in full force and effect for the work covered by this Amendment unless specifically changed by the terms and conditions of this Amendment.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

NORTHERN VIRGINIA FAMILY SERVICES

AUTHORIZED  
SIGNATURE: \_\_\_\_\_

AUTHORIZED  
SIGNATURE: \_\_\_\_\_

NAME: MICHAEL E. BEVIS  
TITLE: PURCHASING AGENT

NAME: STEPHANIE BERKOWITZ  
TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_