

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

**NOTICE OF CONTRACT RENEWAL**

THE NOVAK CONSULTING GROUP  
26 E. HOLLISTER STREET  
CINCINNATI, OH 45219.

DATE ISSUED:

FEBRUARY 28, 2019

CURRENT REFERENCE NO:

16-039-RFP-3

CONTRACT TITLE:

HR – Executive and Hard-  
to-Fill Search Services

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**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.**

The contract documents consist of the terms and conditions of AGREEMENT No. 16-039-RFP-3 including any attachments or amendments thereto.

**EFFECTIVE DATE:** JUNE 1, 2019

**EXPIRES:** MAY 31, 2021

**RENEWALS:** ONE (1) TWO (2) YEAR RENEWAL OPTIONS FROM JUNE 1, 2021 TO MAY 31, 2023

**COMMODITY CODE(S):** 91800

**LIVING WAGE:** N

**ATTACHMENTS:**

AGREEMENT No. 16-039-RFP-3

CERTIFICATE OF INSURANCE

ATTACHMENT B – CONTRACT PRICING

**EMPLOYEES NOT TO BENEFIT:**

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

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**VENDOR CONTACT:** JULIA NOVAK

**VENDOR TEL. NO.:** (513) 221-0500

**EMAIL ADDRESS:**

JNOVAK@THENOVAKCONSULTINGGROUP.COM

**COUNTY CONTACT:** LORIE M. MOORE (HRD -  
COMPENSATION & RECRUITMENT)

**COUNTY TEL. NO.:** (703) 228-3502

**COUNTY CONTACT EMAIL:** LMMOORE@ARLINGTONVA.US



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Dempsey & Siders Agency Inc. 6725 Miami Avenue, Suite 102  Cincinnati OH 45243-3158	<b>CONTACT NAME:</b> Lisa Ernst <b>PHONE (A/C, No, Ext):</b> (513) 936-4111 <b>FAX (A/C, No):</b> (513) 891-4281 <b>E-MAIL ADDRESS:</b> lemst@dempsey-siders.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Ohio Security Insurance Co.</td> <td>24082</td> </tr> <tr> <td>INSURER B:</td> <td>Ohio Casualty Insurance Co.</td> <td>24074</td> </tr> <tr> <td>INSURER C:</td> <td>Travelers Casualty &amp; Surety Company of America</td> <td>31194</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Co.	24082	INSURER B:	Ohio Casualty Insurance Co.	24074	INSURER C:	Travelers Casualty & Surety Company of America	31194	INSURER D:			INSURER E:			INSURER F:	
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<b>INSURED</b>  The Novak Consulting Group 26 E Hollister Street  Cincinnati OH 45219																					

**COVERAGES**      **CERTIFICATE NUMBER:** 19-20 GL/Auto/Umb/WC      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER		Y	BKS57930444	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> HAPD <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAS57930444	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			USO57930444	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XWO57930444	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER    Employers Liability E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			105589049	04/01/2018	04/01/2019	Each Claim 2,000,000 Aggregate 3,000,000 Retention 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract Number 16-039-RFP-3  
Arlington County, and its officers, elected and appointed officials, employees, and agents are named as additional insureds for general liability, with a 30-day Notice of Cancellation included, but only when required by written contract or agreement, per policy forms CG8810(0413) - GL Extension Endorsement & CG8061 NOC Endorsement. ATIMA Umbrella Follows Form.

### CERTIFICATE HOLDER

### CANCELLATION

The County Board of Arlington County, Virginia 2100 Clarendon Blvd.  Arlington VA 22201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Attachment B

Contract Pricing

The below fees for the Contractor to conduct executive recruitment services are inclusive of all services, except for the following:

- travel expenses incurred by candidates for on-site interviews with the County
- recruitment advertising
- background checks for the top finalists

The fees for services will be invoices upon reaching the following milestones in the recruitment process. The County reserves the right to renegotiate payment schedule for particular recruitments:

Task	Total
Delivery of the search plan and development of candidate profile	\$5,430
Identification of semifinalists	\$9,644
Offer acceptance by the candidate	\$3,413
Candidate's first day of employment	\$3,413
Total	\$21,900

The following additional costs are the estimates of the costs that will be directly billed to the County at Contractor's cost:

- Approximately \$1,000-\$1,500 for advertising
- Background checks for the top finalists estimated at \$175-\$250/finalist

The Contractor will consider offering discounts to the County if more than one recruitments are performed by the Contractor simultaneously.

Any additional services outside of this Scope of Work shall be paid at the fully burdened hourly rates listed below:

Position	Hourly Rate
Project Manager	\$175
Associate	\$150
Other (analyst, admin)	\$100

The Contractor shall not directly solicit any candidates selected under this contract for any other position while the candidate is employed with the County.

The Contractor will honor these prices for the contract that begins May 31, 2019. Please note our new address is 26 E. Hollister Street, Cincinnati, OH 45219.