

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

NOTICE OF CONTRACT EXTENSION

LT SERVICES, INC. 2815 HARTLAND ROAD, SUITE 300 FALLS CHURCH, VA 22043	DATE ISSUED: CURRENT REFERENCE NO: CONTRACT TITLE:	September 11, 2019 <u>620-14LW</u> CUSTODIAL SERVICES - <u>JUSTICE CENTER</u>
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THIS IS A NOTICE OF EXTENSION 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. 620-14LW including any attachments or amendments thereto.

EFFECTIVE DATE: OCTOBER 1, 2019
EXPIRES: MARCH 31, 2020
RENEWALS: NO RENEWALS
COMMODITY CODE(S): 91000
LIVING WAGE: Y

ATTACHMENTS:
AMENDMENT NUMBER 6
ATTACHMENT A - PRICING SHEET
CERTIFICATE OF INSURANCE

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

VENDOR CONTACT: MICHAEL NGUYEN **VENDOR TEL. NO.:** **(703)698-8838**

EMAIL ADDRESS: michaeln.lts@gmail.com

COUNTY CONTACT: JAMES MENDITTO (DES - CUSTODIAL SERVICES) **COUNTY TEL. NO.:** **(703) 228-4451**

COUNTY CONTACT EMAIL: JMENDI@ARLINGTONVA.US

ARLINGTON COUNTY, VIRGINIA

AGREEMENT NO. 620-14LW
AMENDMENT NUMBER 6

This Amendment Number 6 is made on the date of execution by the County and amends Agreement Number 620-14LW dated April 24, 2014, ("Main Agreement") between LT Services, Inc. ("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:

Remove paragraph 3. Contract Term and replace it with the following:

3. Contract Term

The Contractor's provision of goods and/or services for the County ("Work") shall commence on the date of execution and shall be completed no later than March 31, 2020 ("Contract Term"), subject to any modifications as provided for in the Contract Documents.

Pricing from **October 1, 2019 to March 31, 2020** shall be in accordance with Attachment A.

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

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

LT SERVICES, INC.

AUTHORIZED
SIGNATURE: Tomoka Price

AUTHORIZED
SIGNATURE: [Signature]

NAME: TOMEKA PRICE
TITLE: PROCUREMENT OFFICER

NAME AND
TITLE: CEO, MICHAEL NGUYEN

DATE: September 11, 2019

DATE: 2019/9/10

Attachment A

Arlington – Justice Center 620-14LW

Pricing from October 1, 2019 to March 31, 2020

Building Name	Monthly Price Base on \$15/hr. New Living Wage	Total Cost from October 1, 2019 to March 31, 2020 (\$15.00)
Arlington Courthouse Policy Facility	\$ 40,971.80 ✓	\$ 245,830.80
Arlington County Detention Facility	\$ 4,285.91 ✓	\$ 25,715.46
Grounds Porter	\$ 1,666.30 ✓	\$ 9,997.80
Weekend Services	\$ 685.56 ✓	\$ 4,113.36
Reduced Service (effective 7/2/2018)	\$ (7,540.00) ✓	\$ (45,240.00)
Total	\$ 40,069.57 ✓	\$240,417.42

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
8/05/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC-CL 3190 Fairview Park Drive Suite 400 Falls Church, VA 22042-4546 703 698-0788	CONTACT NAME: Julie Brown	
	PHONE (A/C, No, Ext): 703 25-858	FAX (A/C, No): 610 362-8377
INSURED L.T. Services, Inc. 2815 Hartland Rd., Suite 300 Falls Church, VA 22043	E-MAIL ADDRESS: USI.Certrequest@usi.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Travelers Indemnity Company	NAIC #
	INSURER B : Travelers Property Cas. Co. of America	25658
	INSURER C : Travelers Indemnity Company of CT	25674
	INSURER D : Travelers Casualty and Surety Co of Ame	25682
	INSURER E :	31194
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****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 INSR	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	6606057R101	08/04/2019	08/04/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0			EX2L35563A Follow Form	08/04/2019	08/04/2020	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	UB008K459156	08/04/2019	08/04/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Crime			105659343	08/04/2019	08/04/2020	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Arlington County Contract #620-14LW Custodial Services - Justice Center

**The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate holder, only when there is a written contract or written agreement between
(See Attached Descriptions)**

CERTIFICATE HOLDER**CANCELLATION**

Arlington County, Virginia Office of the Purchasing Agent 2100 Clarendon Boulevard, Suite 511 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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DESCRIPTIONS (Continued from Page 1)

the named insured and the certificate holder- Arlington County, Virginia, Office of the Purchasing Agent, The County and its officers elected and appointed officials employees and agents that requires such status, and only with regard to the premises referenced above.
The General Liability policy includes an endorsement providing that 30 days notice of cancellation will be given to the Certificate Holder by the Insurance Carrier.