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

CONTRACT RENEWAL

TO: GENOA HEALTHCARE, LLC. **GRADY WAY, SUITE 700 RESTON, WA. 98057**

ORIGINAL DATE ISSUED:

JULY 12, 2019

CONTRACT NO:

18-258-R-LW

CONTRACT TITLE:

PHARMACY SERVICES AND PHARAMACEUTICALS

THIS IS A NOTICE OF RENEWAL 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. 18-258-R-LW including any attachments or amendments thereto.

EFFECTIVE DATE: JULY 1, 2021 **EXPIRES: JUNE 30, 2022**

RENEWALS: THERE IS ONE (1) ONE (1) YEAR RENEWALS REMAINING, FROM JULY 1, 2022 TO JUNE 30, 2023

COMMODITY CODE(S): 26900

LIVING WAGE: Y

ATTACHMENTS:

FAIEFAX COUNTY AMENDMENT #9 LIVING WAGE DOCUMENT

EMPLOYEES NOT TO BENEFIT:

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

CONTRACT AUTHORIZATION			
CONTRACT AUTHORIZATION			
COUNTY CONTINCT ENVIRE. EDILLOWSKIE AREINGTONVA.03			
COUNTY CONTACT EMAIL: EBLEDOWSKI@ARLINGTONVA.US			
COUNTY CONTACT: ELA WOJCIESZEK BLEDOWSKI	COUNTY TEL. NO.:	(703) 228-1410	
EMAIL ADDRESS: BMITRICSKA@GENOAHEALTHCARE.COM			
VENDOR CONTACT: BETHANY MITRICSKA	VENDOR TEL. NO.:	(651) 447-4445	

TITLE:

THE COUNTY BOARD OF ARLINGTON GENOA HEALTHCARE, LLC.

COUNTY, VIRGINIA

Meloni Hurley PRINT: SIGNATURE:

Meloni Hurley TITLE: Assistant Purchasing Agent

7/27/2021 DATE:

Suzanne Tamer SIGNATURE: Docusigned by: Suzanne Jamen Regional Vice President

7/14/2021 DATE:

ATTACHMENT



County of Fairfax, Virginia

AMENDMENT

June 9, 2021

AMENDMENT NO. 9

CONTRACT TITLE: Pharmacy Services and Pharmaceuticals

CONTRACTOR
Genoa Healthcare LLC.
707 South Grady Way, Suite 700
Renton, WA 98057

<u>SUPPLIER CODE</u> 1000007575 CONTRACT NO. 4400009811

By mutual agreement, Contract 4400009811 is renewed for one-year effective July 1, 2021 through June 30, 2022 at existing prices, terms and conditions.

Contractor shall submit updated certificate of insurance in accordance with Section 21, CONTRACT INSURANCE PROVISIONS, of Request for Proposal #2000001624 within ten (10) days after receipt of this executed amendment.

ACCEPTANCE:	
BY: Docusigned by: Suzane Jamer	Regional Vice President
Signature)	(Title)
Suzanne Tamer	2021 June 7 08:56:41 PDT
(Printed)	(Date)
DocuSigned by:	
Potricio Wilherson	
Cathy A. Muse, CPPO Director/County Purchasing Agent	
THECHOIA AND PHICHASINA ANDN	

DISTRIBUTION:

Finance – Accounts Payable/e CSB – Florence Hagan/e CSB – Colton Hand/e Contractor - <u>STamer@genoahealthcare.com</u> Contractor - <u>BMitricska@genoahealthcare.com</u> DPMM - Contract Specialist - Jadira Blevins

Phone 703-324-3201, TTY: 711, Fax: 703-324-3228

Website: http://www.fairfaxcounty.gov/procurement

ATTACHMENT A

LIVING WAGE FORMS

WAGE NOTICE

THE HOURLY RATE FOR EMPLOYEES OF CERTAIN ARLINGTON
COUNTY SERVICE CONTRACTORS WORKING ON COUNTY-OWNED
OR COUNTY-OCCUPIED PROPERTY MUST NOT BE LOWER THAN

\$17.00 PER HOUR

REFERENCE: ARLINGTON COUNTY PURCHASING RESOLUTION SECTION 4-103

FOR INFORMATION CONTACT:

ARLINGTON COUNTY
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VA 22201
703-228-3410

AVISO de SALARIO MINIMO

EL SALARIO MINIMO POR HORA PARA LOS EMPLEADOS DE ALGUNOS CONTRATISTAS QUE TRABAJAN EN UNA PROPIEDAD O BIEN INMUEBLE del GOBIERNO DEL CONDADO de ARLINGTON O CUALQUIER OTRA PROPIEDAD QUE SEA HABITADA/OCUPADA POR OFICINAS DEL GOBIERNO DEL CONDADO DE ARLINGTON SE HA ESTABLECIDO QUE EL SALARIO MINIMO SERÁ DE:

\$17.00 POR HORA

REFERENCIA: SECCIÓN 4-103, DE LA RESOLUCIÓN DE LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON. (ARLINGTON COUNTY PURCHASING RESOLUTION SECTION 4-103)

PARA OBTENER MAS INFORMACIÓN, LLAME A:

LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON.

703-228-3410.

PARA INFORMACION EN PERSONA DIRIJASE A:

2100 CLARENDON BOULEVARD, OFICINA No 500 ARLINGTON, VA 22201

LIVING WAGE QUARTERLY COMPLIANCE REPORT

By Email: Please complete the report below and return it to: livingwage@arlingtonva.us				
Quarter:	Year:			
Company Name:				
Contract Number:	Contract Name:			
In order to audit your firm's compliance with Sealington County Purchasing Resolution, please Arlington County, Office of the Purchasing Ager Virginia 22201. This report shall be submitted e personnel of the Contractor and any of its subcarlington County occupied property, shall be list	complete the following report ont, 2100 Clarendon Boulevard every (3) months during the Co contractors working on Arlingt	rt and submit to , Suite #500, Arlington, ontract Term. All		
EMPLOYEE NAME	TOTAL HOURS	HOURLY		
	THIS QUARTER	WAGE		
By signing this form, the above-listed company complete. If unable to electronically sign this fo submittal by email.				
Authorized Signature	Date			