

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

NOTICE OF CONTRACT RENEWAL

GENOA HEALTHCARE, LLC, 707 S. GRADY WAY, SUITE 700, RENTON, WA 98057	DATE ISSUED: CURRENT REFERENCE NO: CONTRACT TITLE:	JULY 12, 2019 18-258-R-LW PHARMACY SERVICES AND PHARMACEUTICALS
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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.

This is your notice that the above referenced contract has been renewed. 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, 2019

EXPIRES: JUNE 30, 2020

RENEWALS: THREE (3) ONE (1) YEAR RENEWAL OPTIONS FROM JULY 1, 2020 TO JUNE 30, 2023

COMMODITY CODE(S): 26900

LIVING WAGE: Y

ATTACHMENTS:

AGREEMENT NO. 18-258-R-LW

ATTACHMENT A – COUNTY OF FAIRFAX, VIRGINIA CONTRACT NUMBER 4400007097, AMENDMENT NO. 7

ATTACHMENT B – LIVING WAGE DOCUMENTS

EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: BETHANY MITRICSKA

VENDOR TEL. NO.: (651) 447-4445

EMAIL ADDRESS: BMITRICSKA@GENOAHEALTHCARE.COM

COUNTY CONTACT: RUDBEL ALFARO (DHS - BHC ADMIN)

COUNTY TEL. NO.: (703) 228-5147

COUNTY CONTACT EMAIL: RALFARO@ARLINGTONVA.US



County of Fairfax, Virginia

AMENDMENT

AMENDMENT NO. 7

JUL 09 2019

CONTRACT TITLE: Pharmacy Services and Pharmaceuticals

CONTRACTOR

Genoa, A QoL Healthcare Company, LLC.
18300 Cascade Avenue South, Suite 251
Tukwila, WA 98188-4746

SUPPLIER CODE

10000032642

CONTRACT NO.

4400007097

By mutual agreement, Contract 4400007097 is renewed for one-year effective July 1, 2019 through June 30, 2020, at existing prices, terms and conditions.

ACCEPTANCE:

BY:



(Signature)

CEO


(Title)

MARK PETERSON

(Printed)

5-21-19

(Date)


Cathy A. Muse, CPPO
Director/County Purchasing Agent

DISTRIBUTION:

Finance – Accounts Payable/e
CSB – Colton Hand/e
HD – Robin Mullet/e
HD – Suzanne Lane
CSB – Lakelsha Flores/e

Contractor - mpeterson@genoa-qol.com
DPMM – Contract Specialist – Derek Solomon
DPMM – Contract Analyst – Christina Manning
CSB – Florence Hagan/e

Department of Procurement and Material Management
12000 Government Center Parkway, Suite 427
Fairfax, VA 22035-0013
Website: <http://www.fairfaxcounty.gov/procurement>
Phone 703-324-3201, TTY: 711, Fax: 703-324-3228

LIVING WAGE FORMS

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

\$15.00 PER HOUR

REFERENCE: ARLINGTON COUNTY PURCHASING RESOLUTION SECT. 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:

\$15.00 POR HORA

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

PARA MAS INFORMACIÓN SIRVASE LLAMAR A:

LA OFICINA DEL AGENTE DE COMPRAS DEL CONDADO DE ARLINGTON. 703-228-3410.

**PARA INFORMACION EN PERSONA DIRIJASE A:
2100 CLARENDON BOULEVARD, OFFICINA No 500
ARLINGTON, VA 22201**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2019

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).

PRODUCER Marsh USA Inc. 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212-948-1307	CONTACT NAME: _____
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B : N/A	N/A
INSURER C : Travelers Property Casualty Company of America	25674
INSURER D : _____	_____
INSURER E : _____	_____
INSURER F : _____	_____

COVERAGES **CERTIFICATE NUMBER:** CHI-009311508-01 **REVISION NUMBER:** 1

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 type="checkbox"/> LOC <input type="checkbox"/> OTHER			MWZY313281	05/01/2018	05/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB313284	05/01/2018	05/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	HC2JUB472M475519 (AOS)	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C				HRJUB472M476719 (MA & WI)	05/01/2019	05/01/2020	E.L. EACH ACCIDENT \$ 2,000,000
C				HWXJUB472M477919 (XWC OH)	05/01/2019	05/01/2020	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Managed Care Professional Liab Retro Date: 1/1/77			MWZZ313282	05/01/2018	05/01/2020	Each Claim 10,000,000 Annual Aggregate 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE. CONTRACT # 18-258-R-LW, PHARMACY SERVICES AND PHARMACEUTICALS. LEASE - ADDRESS 2120 WASHINGTON BOULEVARD, ROOM 115, ARLINGTON, VA 22204
ADDITIONAL INSURED: ARLINGTON COUNTY, AND ITS OFFICERS. ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND AGENTS
THE GENERAL LIABILITY POLICY INCLUDES A BLANKET ADDITIONAL INSURED ENDORSEMENT FOR PERSONS OR ORGANIZATIONS WHERE THE NAMED INSURED IS OBLIGATED TO PROVIDE SUCH STATUS BY WRITTEN CONTRACT OR AGREEMENT, ONLY TO THE MINIMUM EXTENT REQUIRED AND SUBJECT TO POLICY TERMS AND CONDITIONS.

CERTIFICATE HOLDER ARLINGTON COUNTY, VIRGINIA, OFFICE OF THE PURCHASING AGENT 2100 CLARENDON BOULEVARD, SUITE 511, ARLINGTON, VA 22201	CANCELLATION 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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