

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

NOTICE OF RENEWAL OF CONTRACT

TO:	DATE ISSUED:	<u>JUNE 11, 2013</u>
RESOURCES FOR INDEPENDENCE OF VIRGINIA, INC 9411 LEE HIGHWAY, SUITE A FAIRFAX, VA 22031-1819	CURRENT CONTRACT NO:	<u>517-12</u>
	CONTRACT TITLE:	<u>RESIDENTIAL SUPPORT SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES</u>
	PRIOR CONTRACT NO:	<u>299-10</u>

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 term covered by this Notice of Renewal is effective JULY 1, 2013 and expires on JUNE 30, 2014.

This is the THIRD year award notice of a possible TEN year contract.

The contract documents consist of the terms and conditions of Agreement No. 517-12, including any exhibits, attached or amendments thereto.

CONTRACT PRICING:

REFER TO EXHIBIT B OF AMENDMENT 2 (ATTACHED)

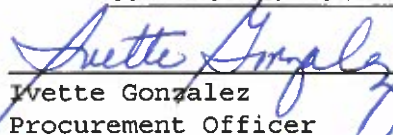
EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: <u>Deborah Little</u>	TELEPHONE NO.: <u>703-218-1800</u>
VENDOR PAYMENT TERMS: <u>NET 30 DAYS</u>	
EMAIL ADDRESS: <u>Dlittle@sunrisegroup.org</u>	
COUNTY CONTACT: <u>JENNIFER MCKINNEY</u>	TELEPHONE NO.: <u>703-228-1717</u>
EMAIL ADDRESS: <u>JMCKIN@ARLINGTONVA.US</u>	

CONTRACT AUTHORIZATION

DISTRIBUTION


Ivette Gonzalez
Procurement Officer

4/25/13
Date

VENDOR: 1

**ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 517-12
AMENDMENT NUMBER 2**

This Amendment Number 2 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 517-12 dated June 30, 2011 ("Main Agreement"), as amended by Amendment No. 1, and made between **Resources For Independence of Virginia, Inc.** ("Contractor") and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the contract amount and contract term 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:

A. THE "CONTRACT TERM" PARAGRAPH IS HEREBY DELETED IN ITS ENTIRETY AND THE FOLLOWING IS SUBSTITUTED THEREFORE:

The Work shall continue from July 1, 2013, and be completed no later than June 30, 2014 ("Second Subsequent Contract Term"), subject to any modifications as provided for in the Contract Documents. Upon satisfactory performance by the Contractor and with the concurrence of the Contractor, the County may authorize continued operations of the Contractor under the same contract unit prices for not more than seven (7) additional twelve (12) month periods from July 1, 2014 to June 30, 2021 (Each such period shall be referred to as a "Subsequent Contract Term"). The Contract Amount and the hourly rate for each Subsequent Contract Term shall be in an amount mutually agreed upon but which will in no event exceed the funds appropriated for the service by the County Board of Arlington County. The total Contract Amount may be increased or decreased during the Initial and Subsequent Contract Terms if available funds exceed or, in the alternative, are not sufficient to maintain then current service levels.

B. EXHIBIT B SHALL BE DELETED IN ITS ENTIRETY AND REPLACED WITH THE ATTACHED AMENDED EXHIBIT B.

All other terms and conditions of the Main Agreement, as amended, shall remain in full force and effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

SIGNED BY:

PRINT NAME: RICHARD D. WARREN, JR.
AND TITLE: *for* PURCHASING AGENT

DATE:

[Signature]
6/25/13

RESOURCES FOR INDEPENDENCE OF VIRGINIA
INC.

SIGNED BY:

PRINT NAME: James G. Weeks, PhD
AND TITLE: Secretary/Treasurer

DATE:

[Signature]
6/25/13

AMENDED
EXHIBIT B

CONTRACT RATES

The Contractor will bill Medicaid through Department of Medical Assistance (DMAS) for services provided to client with Medicaid Waiver.

The Contractor shall bill the Arlington County ID Services for Non-Medicaid Eligible Clients at a rate of \$29.00 per hour up to the amount of **\$48,256.00**.

Arlington County funds must be used in adherence to all Federal and Commonwealth of Virginia, Department of Medical Assistance Services regulations governing MR Home and Community-Based Medicaid Waiver Services.