NOTICE OF CONTRACT AMENDMENT

TO: DOORWAYS FOR WOMEN & FAMILIES, INC.
P.O. BOX 100185
ARLINGTON, VA 22210

DATE ISSUED: AUGUST 8, 2014

CURRENT CONTRACT NO: 230-11

CONTRACT TITLE: SHELTER SUPPORT SERVICES

AMENDMENT NO: 9

THIS IS A NOTICE OF CONTRACT AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

REFER TO AMENDMENT NO. 9 ATTACHED FOR DETAILS.

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

VENDOR CONTACT: CAROLINE JONES
EMAIL: CJONES@DOORWAYSVA.ORG

VENDOR TEL. NO. 703-504-9294
VENDOR FAX NO. 703-504-9400

COUNTY CONTACT: NANCY HART

TELEPHONE NO. 703-228-1327

CONTRACT AUTHORIZATION

Yvette Gonzalez, CPP
Procurement Officer

Date: 8/8/14

BID FOLDER: 1
ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 363-07

AMENDMENT NO. 9

NEW REFERENCE NUMBER 230-11

This Amendment Number 9 is made on the date of execution of the Amendment by the County and amends Agreement Number 363-07 and as amended 1 through 8 (Main Agreement), made between the Doorways for Women and Families, Inc., P.O. Box 100185, Arlington, VA 22201 (Contractor) and the County Board of Arlington County, Virginia (County).

Whereas the County and the Contractor desire to amend the work called for and the amounts 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.

1. **Replace all references** to the "Community Assistance Bureau" or "Crisis Assistance Bureau" with "Clinical Coordination Unit".

2. **Revise Attachment B, Client Admission, Number 1 to read:**

   "The Contractor shall screen and admit Arlington residents. An Arlington resident is defined as one who meets two of the following criteria:

   - **State ID (not expired):** An adult member(s) of a household should provide a copy of the current state issued ID that provides their name and the respective address at the household adult members are currently residing.

   - **Children enrolled in Arlington County School:** A family household should provide verification that their school aged children are currently enrolled in an Arlington County school. At the time the household is seeking emergency shelter, the children should have been enrolled in school for at least 60 days prior to seeking emergency assistance.

   - **Verified current Lease or utility bill (within past 90 days):** An adult member(s) of a household should provide a copy of a lease from a property physically located in Arlington County. A copy of the lease should come directly from the leasing company to the Department of Human Services. The lease should contain the name of at least one adult person of the household and the other members of the household that resided at the location.

   - **Connected to documented local services:** The adult member(s) of the household are currently connected to an Arlington County homeless service provider for the past 90 days or are receiving assistance from a Department of Human Services program that requires residency. If more recent information received contradicts the information on residency, the most recent information is used.
• Temporary residents: The adult member(s) of a household must provide a notarized letter indicating they have resided in Arlington County for the past 90 days. The letter must be notarized by an adult member(s) of the host household and the adult member(s) of the household currently seeking assistance. Each situation is assessed; this is just one of the possible assessments.

For Domestic Violence shelter applicants who cannot initially prove residency, but present information that supports their claim of residency, acceptance into the shelter can be made in collaboration between DHS and the vendor. Verification of residency will be part of the continuing work with the household."

3. **Revise Attachment D, Outcome Measures to read:** "Report quarterly the Performance Measures adopted by the CoC for Emergency Family Shelters."

4. **Replace Attachment E, Family Home Admissions Process with:** "As soon as the process is in place, all admissions to the emergency shelters, with the exception of the Domestic Violence shelter, will be accessed, coordinated, and managed by the Centralized Access System (CAS) according to the policy and procedures established."

**Terms and Conditions**
The work and payment called for under this Amendment shall be subject to all terms and conditions of the Agreement. All terms and conditions of the Agreement shall remain in full force and effect for the work covered by this Amendment unless specifically changed by the terms and conditions of this Amendment.

**WITNESS THESE SIGNATURES:**

**THE COUNTY BOARD OF ARLINGTON COUNTY, VIRGINIA**

**SIGNED:** [Signature]

**BY:** [Signature]  
**PRINT NAME:** Richard D. Warren, Jr.  
**AND TITLE:** Purchasing Agent  
**DATE:** 8/8/14

**DOORWAYS FOR WOMEN AND FAMILIES, CONTRACTOR**

**SIGNED:** [Signature]  

**BY:** [Signature]  
**PRINT NAME:** Caroline Jones  
**AND TITLE:** Executive Director  
**DATE:** 8/4/14

Agreement No. 368-09  
Reference No. 230-11A9