NOTICE OF CONTRACT AMENDMENT

TO:

FELLOWSHIP HEALTH RESOURCES INC.
25 BLACKSTONE VALLEY PLACE
SUITE 300
LINCOLN, RI 02865-1163

DATE ISSUED: AUGUST 10, 2012

CONTRACT NO: 256-10-2
CONTRACT TITLE: INTENSIVE COMMUNITY RESIDENTIAL TREATMENT
AMENDMENT NO: 5

THIS IS A NOTICE OF CONTRACT AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE

REFER TO THE ATTACHED AMENDMENT NO. 5 TO AGREEMENT NO. 169-09-02

EMPLOYEES NOT TO BENEFIT:

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

VENDOR CONTACT: JOSEPH DZIOBEK
VENDOR TEL. NO.: 401-333-3980
VENDOR PAYMENT TERMS: NET 30 DAYS
VENDOR FAX. NO.: 703-979-5079
TAX IDENTIFICATION NUMBER (EIN/SSN): 050-373-414
COUNTY CONTACT: LESLIE WEISMAN
COUNTY TEL. NO.: 703-228-4888

CONTRACT AUTHORIZATION

[Signature]
IVETTE GONZALEZ
Procurement Officer

DATE: 8/10/12

DISTRIBUTION

FOLDER: 1
ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD, SUITE 500  
ARLINGTON, VA 22201  

AGREEMENT NO. 169-09-2  
AMENDMENT NO. 5  
REFERENCE NUMBER 256-10-2

This Amendment Number 5 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 169-09-2 as amended by Amendment No. 1 ("Main Agreement") and made between Fellowship Health Resources, Inc., 25 Blackstone Valley Place, Suite 300, Lincoln, RI 02865-1163 Contractor), and the County Board of Arlington County, Virginia ("County").

Whereas the County and the Contractor desire to amend the Contract Term 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.

ADD TO EXHIBIT A, SCOPE OF SERVICES, THE FOLLOWING PARAGRAPH TO READ AS FOLLOWS:

Intensive Community Residential Treatment (ICRT) shall cover the expenses for one (1) client (HC) who requires additional one-on-one supervision for the first 120 days of her placement in the Intensive Community Residential Treatment program.

The total amount of $17,280.00 will be paid for by the Regional Discharge Assistance Project (RDAP). The monthly amount from May through September 2012 can vary depending on the client’s service needs. However, the overall amount of service and hours billed cannot exceed the allotted dollar amount described above. These dollars will be directed to Arlington Community Service Board (CBS) by the Northern Virginia Regional Projects Office which has oversight of the amount.

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

FELLOWSHIP HEALTH RESOURCES, INC.

AUTHORIZED SIGNATURE:  
RICHARD D. WARREN, JR.  

AUTHORIZED SIGNATURE:  

TAXPAYER ID (SSN/EIN): 05-0373414

New Reference Number 256-10-2  
Amendment No. 5  
Intensive Community Residential Treatment
New Reference Number 256-10-2
Amendment No. 5
Intensive Community Residential Treatment