TO:
HOME CARE PARTNERS, INC
1234 MASSACHUSETTS AVE, NW
#C-1002
WASHINGTON, DC 20005

DATE ISSUED: MAY 10, 2013
CURRENT REFERENCE NO: 413-10LW
CONTRACT TITLE: HOME CARE SERVICES
AMENDMENT NO: 5

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.

The above referenced contract is amended as follows:

REFER TO AMENDMENT NO. 5 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: MARLA LAHAT
VENDOR EMAIL: mlahat@homecarepartners.org
VENDOR TEL. NO.: 202-638-2362
VENDOR PAYMENT TERMS: NET 30 DAYS
VENDOR FAX. NO.: 202-638-3169
COUNTY CONTACT: AARON KOCIAN
COUNTY TEL. NO.: 703-228-1749

CONTRACT AUTHORIZATION
DELPHINE LAMBERT
BUYER

DISTRIBUTION
DATE 05/16/13
BID FOLDER: 1
ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 157-09LW
AMENDMENT NUMBER 5

REFERENCE NUMBER 413-10LW

This Amendment Number 5 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 157-09LW dated October 1, 2009 ("Main Agreement"), as amended by Amendments No.1 through 4, and made between Home Care Partners, Inc. ("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, as amended, 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:

EXHIBIT B "CONTRACT RATES", SHALL BE AMENDED TO ADD THE FOLLOWING:
A Home Health Aide (HHA) may be asked to work overtime to serve a client.

Overtime shall be defined as those hours worked in excess of forty (40) hours worked in one (1) week.

All hours worked over forty (40) hours worked in any one (1) week will be compensated at the hourly rate of $34.71.

Overtime may be provided only with a prior approval of the County Project Officer, or designee.

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: [Signature]

PRINT NAME: Richard D. Warren, Jr.
AND TITLE: Purchasing Agent
DATE: 05/10/13

HOME CARE PARTNERS, INC.

SIGNED
BY: [Signature]

PRINT NAME: Marla Lahat, Executive Director
AND TITLE: [Title]
DATE: 5/10/13