NOTICE OF CONTRACT AMENDMENT

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

DATE ISSUED: MARCH 15, 2013
CURRENT REFERENCE NO: 413-101W

CONTRACT TITLE: HOME CARE SERVICES
AMENDMENT NO: 4

THIS IS A NOTICE OF AWARD 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. 4 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 PAYMENT TERMS: NET 30 DAYS
TAX IDENTIFICATION NUMBER (EIN/SSN): 52-1920603
COUNTY CONTACT: AARON KOCIAN
COUNTY TEL. NO.: 703-228-1749

VENDOR TEL. NO.: 202-638-2382
VENDOR FAX. NO.: 202-638-3169

CONTRACT AUTHORIZATION

__/__/2013

DISTRIBUTION

__/__/2013

BID FOLDER: 1

PROCURMENT OFFICER
ARLINGTON COUNTY, VIRGINIA
AGREEMENT NO. 157-09LW

AMENDMENT NUMBER 4
REFERENCE NUMBER _413-10LW

This Amendment Number 4 ("Amendment") is made on the date of execution of the Amendment by the County and amends Agreement Number 157-09LW dated October 5, 2010 ("Main Agreement"), as amended by Amendment No.1 through 3, and made between Home Care Partners ("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 (if applicable) 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:

PARAGRAPH D - NO. 2. "SERVICES TO BE PROVIDED", SHALL BE AMENDED TO INCLUDE:

Aging and Disability Services Division (ADSD) will reimburse Home Care Partners (HCP) for the one-time purchase of the following equipment to better enable staff to use PeerPlace to complete UAI's and print documents. These purchases must be executed before JUNE 1, 2013 in order to be reimbursed.

- 4 lap tops (one for each social worker) - approved expenditure is $800 per lap top for a total of $3200.
- 3 all-in-one printers (printer/scanner) with toner cartridges - approved expenditure is $300 per unit with cartridges for a total of $900.

ADSD will reimburse HCP up to a total approved expenditure of $4100 after receipts are received and approved.

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. WARTEN, JR.
AND TITLE: PURCHASING AGENT
DATE: 3/15/13

HOME CARE PARTNERS

SIGNED
BY: [Signature]
PRINT NAME: MARTA LAHOT
AND TITLE: EXECUTIVE DIRECTOR
DATE: 3/14/13