NOTICE OF AWARD OF CONTRACT

TO:

DATE ISSUED: DECEMBER 6, 2013

SEE LIST OF

CURRENT CONTRACT NO: 621-13

PARTICIPATING HOTELS ATTACHED

CONTRACT TITLE: EMERGENCY LODGING

PRIOR CONTRACT NO: N/A

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

The contract term covered by this Notice of Award is effective IMMEDIATELY and expires on OCTOBER 31, 2014.

This is the ONE year contract with twelve (12) months periods renewal options.

The contract documents consist of the terms and conditions of Agreement No. 621-13, including any exhibits, attached or amendments thereto.

CONTRACT PRICING:
1) REFER TO LIST ATTACHED
2) PRICES FIRM UNTIL OCTOBER 31, 2014

ATTACHMENTS:
LIST OF PARTICIPATING HOTELS

VENDOR CONTACT: SEE LIST ATTACHED
COUNTY CONTACT: KEVIN CONNOLLY
EMAIL: KCONNOLLY@ARLINGTONVA.US

TELEPHONE NO.: 703-228-3694

CONTRACT AUTHORIZATION

DATE: 12/06/13

DISTRIBUTION
VENDOR: 1
BID FOLDER: 2

Delphine Lambert
Buyer
<table>
<thead>
<tr>
<th>Hotel</th>
<th>Availability Based Upon</th>
<th>Check-Out Time</th>
<th>Internet Rate</th>
<th>Parking Fee</th>
<th>Room Night Price</th>
<th>Rate Preferential County</th>
<th>Total County</th>
<th>Address</th>
<th>Name</th>
<th>Name of Participating Hotels</th>
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<td>NO</td>
<td>11:00 a.m.</td>
<td>193</td>
<td>518</td>
<td>25%</td>
<td>510 99 69</td>
<td>64</td>
<td>599 99</td>
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<td>43</td>
<td>Phone: 703-528-4444</td>
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**List of Participating Hotels**

- **Contactor: 621-13**
The purpose of this contract is to secure accommodations for Arlington County ("County") employees, needed to support a County response to emergencies and/or disasters, including but not limited to weather-related events (such as snowstorms, hurricanes, floods, etc.) and other unforeseen emergency events ("Emergency" or collectively "Emergencies").

The number of rooms needed to support the County’s response to an Emergency may vary, depending on the nature of the event and the extent of the County response.

The County will also use this contract for major non-emergency events (i.e. Marine Corps Marathon, Presidential Inauguration, etc.) and to secure accommodations for clients of the Department of Human Services ("DHS").

Use of lodging services shall be in strict accordance with established county policies and practices.

I. COUNTY EMPLOYEES

County employees that may use emergency lodging services may come from a number of different County Departments, including but not limited to the following: Department of Environmental Services ("DES"), Department of Parks and Recreation ("DPR"), Arlington County Police Department ("ACP") and Office of Emergency Management ("OEM"). County departments are comprised of several divisions referred below as "Divisions".

A. RESERVATION PROCESS

The Contractor booking service shall be available to County employees 24/7, by telephone, fax and online.

County employee reserving lodging may use the telephone number, fax number or email address provided in the Emergency Lodging Application Form to book rooms. The County employee will provide: (i) the Purchase Order number or credit card authorization (whichever is applicable) and (ii) the number of County employees needing accommodation and indicate if some employees will be sharing accommodations.

The Contractor shall confirm to the County employee that the room(s) will be charged the Arlington County Preferential Rate as provided in the contract.

B. CONTRACT TERM

The term of this contract will commence upon the date of the issuance of a Notice of Award by the County, and will expire on October 31, 2014, subject to any written modifications in the form of a notice of contract amendment. Upon satisfactory performance by the Contractor, the County may, through issuance of a Notice of Renewal, authorize the extension of the contract for additional twelve-month (12) periods, until the contract is terminated by one of the parties.
C. PRICING

The Contractor shall charge the County the Preferential Rate, as provided in the Emergency Lodging Application Form.

The County Preferential Rate shall remain firm until October 31, 2014. For ensuing years, the County Preferential Rate shall be negotiated by the County and the Contractor.

The Contractor may submit a written request for a price adjustment to the County not less than thirty (30) days prior to October 31 ("Anniversary date") of any given year of the contract. Contractor requests for adjustment to the County Preferential Rate shall at a minimum include: (i) the amount of the change to the County Preferential Rate, (ii) the reason for the requested adjustment, and (iii) documentation supporting the requested adjustment.

Any adjustment to the County Preferential Rate approved by the County shall become effective the day after the current Anniversary Date and shall be binding on both parties for a twelve (12) month period.

If the Contractor and the County do not agree on the requested adjustment using the procedure set forth above by October 15, the County may in its sole discretion terminate the Contract.

D. CHECK-IN/CHECK-OUT PROCESSES

THE CONTRACTOR SHALL REQUIRE THAT COUNTY EMPLOYEES PRESENT A COUNTY IDENTIFICATION UPON EMPLOYEE CHECK-IN. THE CONTRACTOR SHALL NOT ADMIT COUNTY EMPLOYEES WHO ARE UNABLE TO PRESENT THEIR COUNTY IDENTIFICATION.

The County will only pay for room charges, applicable parking fees (if any) and applicable tax. Any other charges such as telephone calls charges, movies rental charges, etc. must be paid for by County employees upon check-out.

The Contractor shall provide an itemized room receipt to the County employees at the time of their check-out. The receipt shall show all lodging fees and taxes charged.

E. CANCELLATION AND NO-SHOW POLICY

In the event a County employee cancels a lodging reservation after 4 p.m. of the day of the stay and/or is a no show, then the County will pay to the Contractor the lesser of the Contractor’s standard cancellation fee or the hotel room rate for one night.

F. PAYMENT TERMS

Different payment methods may be used by County ordering Departments/Divisions. The Contractor shall accept all of the following forms of payment and honor the County Preferential Rate, and all other contract terms and conditions.

1. PAYMENT BY COUNTY PURCHASING (CREDIT) CARD:
   Payment by Official Arlington County Purchasing Card is the County preferred payment mechanism.
2. FOR DEPARTMENTS/DIVISIONS NOT USING PURCHASING CARD:
Departments/Divisions not using a Purchasing Card will create a purchase order in an amount which represents an estimate for the current fiscal year (ending June 30 of each year), which will be approved by the County Purchasing Office.

Contractor's invoices shall be made to the reserving County's division, and shall include the applicable Purchase Order number, date of stay, the number of rooms used and the name of County employees that occupied the rooms.

TO ASSURE PROMPT PAYMENT, IT IS ESSENTIAL THAT THE CONTRACTOR ISSUES SEPARATE INVOICES TO EACH APPROPRIATE COUNTY DIVISION.

The County will process payment as Net 30 days from the receipt of a correct invoice.

II. DHS CLIENTS

Arlington County Department of Human Services ("DHS") will also use this contract for County clients for temporary short stay.

A. RESERVATION PROCESS
County employees will book room(s) over the phone or by fax.

County employees will use the above telephone number to book rooms for clients and ask for the Arlington County Preferential Rate as provided in the contract.

When reservation is made over the phone, the County employee will fax an Authorization Form (Refer to Exhibit A) to confirm the reservation prior to clients' arrival. The Form will indicate the client's name(s), duration of stay and additional instructions (if any).

The Contractor shall make sure to request the County's employee name, division and contact information at the time the room is booked.

The County will not be responsible for payment for reservation made without appropriate documentation issued by the County. If the Contractor provides lodging or other services without appropriate documentation, it does so at its own risk and expense.

B. CHECK-IN/ CHECK-OUT PROCESSES

The County will pay only for room charges and applicable tax. Any other charges such as telephone calls, movies, parking fees, etc. will be paid for by the Client at check-out.

Clients of the Department of Human Services shall only need to check in by their name, presenting personal identification as needed. They will not be required to provide any additional backup from the County at time of check in.

Check-out time shall be made at Contractor's standard check-out time unless otherwise authorized by the Contractor.
The Contractor shall provide a room receipt to the County employee who made the reservation after Client has checked-out.

C. CANCELLATION POLICY
The Contractor shall not have cancellation fees.

D. PRICE ADJUSTMENTS
Refer to paragraph C in Section I.

E. PAYMENT TERMS
Refer to paragraph F in Section I.
EXHIBIT A
DHS AUTHORIZATION FORM

ARLINGTON COUNTY, VIRGINIA DEPARTMENT OF HUMAN SERVICES
EMERGENCY HOTEL/MOTEL AUTHORIZATION FORM

Time of Referral:
Date of Referral:
# Adults:  # Children:

This authorizes ___________________________ to ___________________________
from ___________________________ to ___________________________
at ___________________________ (hotel/motel) located
at ___________________________. This arrangement was coordinated with
________________________________________ (clerk) at ___________________________ (phone #).
This invoice should be billed to the authorized
credit card assigned to ___________________________ [card #:
_________________________________________ exp. ___________________________].

NOTE: Arlington County will not be responsible for additional nights of lodging
or additional expenses incurred (e.g. phone calls, meals etc).

PLEASE SUBMIT INVOICES for costs billed to Community Assistance Bureau, ATTN:
CAB Bureau Chief, 2100 Washington Blvd. 1st floor, Arlington, VA 22204 fax: 703-228-1013 within 7 days of final charge. Please contact 703-228-1350 with any
questions or concerns.

Authorized by:

Name of Person Authorizing (print)

Signature & Date

Dept/Div/Program

Phone Number

For Internal Use:

☐ DV  ☐ 100Homes  ☐ MH  ☐ SA  ☐ TB  ☐ VHC

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