

**COUNTY OF SAN MATEO
HUMAN SERVICES AGENCY
OFFICE OF HOUSING**

Date: April 16, 2001
Hearing Date: May 1, 2001

TO: Honorable Board of Supervisors
FROM: Maureen Borland, Director, Human Services Agency
Steve Cervantes, Director, Office of Housing
**RE: ADOPT A RESOLUTION AUTHORIZING EXECUTION OF AN
AMENDMENT TO AGREEMENT 71000-01-C034 WITH COASTSIDE
OPPORTUNITY CENTER**

RECOMMENDATION

Adopt a resolution authorizing execution of an amendment to agreement 71000-01-C034 with Coastsides Opportunity Center.

Background

On July 24, 2000, the County of San Mateo entered into contract with Coastsides Opportunity Center, under agreement 71000-01-C034 in the amount of \$52,130, to provide services as the Core Service Agency which handles the cities of El Granada, Half Moon Bay, La Honda, Montara, Moss Beach, Pescadero and San Gregorio.

In March of 2001, the Human Services Agency approved a request for funds by Coastsides Opportunity Center, in the amount of \$50,000 for facility renovations.

Discussion

Seven Core Service Provider agencies provide unduplicated services geographically distributed throughout the County. The emergency assistance, information and referral and other services provided by the Core Service Providers offer access to the County's Human Services delivery system.

Renovations will include repairs to the roof; repair to interior walls and ceilings; electrical repair and rewiring; interior painting; window replacement; door replacement; handicap ramp installation; and replacement of all fire sprinkler heads.

The amendment has been approved by the County Counsel's Office.

Fiscal Impact

This amendment adds \$50,000 to the original contract amount of \$52,130, bringing the new total of the contract to \$102,130. The \$50,000 of new funds is provided in full from TANF Incentive funds.

Norman Pascoe, HCD Specialist, Ext. 5008

RESOLUTION NO. _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

**RESOLUTION AUTHORIZING EXECUTION OF AN AMENDMENT TO AN
AGREEMENT WITH COASTSIDE OPPORTUNITY CENTER**

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, the County of San Mateo entered into agreement 71000-01-C034 with Coastside Opportunity Center on July 24, 2000;

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an amendment to said agreement, reference to which is hereby made for further particulars; and

WHEREAS, this Board has been presented with a form of such amendment to said agreement and said Board has examined and approved same as to both form and content and desires to enter into same:

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED, that the President of this Board of Supervisors be, and the President is hereby authorized and directed to execute said amendment to agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

* * * * *



**AMENDMENT TO FY2000/2001 AGREEMENT
#71000-01-C034
BETWEEN
SAN MATEO COUNTY
HUMAN SERVICES AGENCY
OFFICE OF HOUSING
AND
COASTSIDE OPPORTUNITY CENTER**

**Agency Contact Person:
Norman Pascoe
HCD Specialist
(650) 802-5008**

**AMENDMENT TO AGREEMENT 71000-01-C034 BETWEEN
SAN MATEO COUNTY HUMAN SERVICES AGENCY OFFICE OF HOUSING
AND COASTSIDE OPPORTUNITY CENTER**

THIS AMENDMENT TO AGREEMENT, made and entered into this _____ day of _____, 2001, by and between the COUNTY OF SAN MATEO, a political subdivision of the State of California, hereinafter referred to as "County", and Coastside Opportunity Center, hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, County and Contractor entered into an Agreement, number 71000-01-C034, dated July 24, 2000, and

WHEREAS, County and Contractor desire to amend said Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

Section 4.A. will be replaced and shall now read as follows:

Maximum Amount. In full consideration of Contractor's performance of the services described in Exhibit A, the amount that the County shall be obligated to pay under this Agreement shall not exceed \$102,130.

The following language will be added to Section 8 on Non-Discrimination:

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the County Manager, including but not limited to

- i. termination of this Agreement;
- ii. disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;
- iii. liquidated damages of \$2,500 per violation;
- iv. imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this paragraph, the County Manager shall have the authority to

- i. examine Contractor's employment records with respect to compliance with this paragraph;
- ii. set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contractor between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

Under Exhibit A, section VIII. Facility Renovation will be added and shall read as follows:

This contract provides \$50,000 for the following facility renovations at 99 Avenue Alhambra in El Granada: roof repair; repair to interior walls and ceilings; electrical repair and rewiring; interior painting; window replacement; door replacement; handicap ramp installation; and replacement of all fire sprinkler heads.

Exhibit B will be replaced and shall now read as follows:

CORE SERVICES:

In full consideration of the services provided by the Contractor pursuant to this Agreement, County shall pay the Contractor according to the payment schedule described below on a quarterly basis, in an amount not to exceed \$52,130.

| | |
|--|----------|
| 1 st Quarter (July - September, 2000) | \$13,034 |
| 2 nd Quarter (October - December, 2000) | \$13,032 |
| 3 rd Quarter (January - March, 2001) | \$13,032 |
| 4 th Quarter (April - June, 2001) | \$13,032 |

FACILITY RENOVATIONS:

In full consideration of the scope work for facility renovation as per Exhibit A of this Agreement, County shall pay the Contractor with a reconciliation of the payments and expenditures, in an amount not to exceed \$50,000.

The County shall pay the Contractor within thirty (30) working days following receipt of invoice at the rate of payment set forth above, along with a report showing that the activities described in Exhibit A are occurring as anticipated.

All other terms and conditions of the above said agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
Michael D. Nevin, President
Board of Supervisors, County of San Mateo

Date: _____

Attest:

Clerk of Said Board

Date: _____

CONTRACTOR:

COASTSIDE OPPORTUNITY CENTER, INC.

By: _____
Signature

EXECUTIVE DIRECTOR

Position or Title

GRAYDON SIMMER

Printed Name

Date: 4-6-01 _____

TAX ID # 51-0199747

DATE: June 14, 2000

TO: Priscilla Harris Morse, Risk Management

FROM: Norman Pascoe, HCD Specialist, Office of Housing
FAX 802-5049 PONY HSA 209

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Coastside Opportunity Center

DUTIES (SPECIFIC): Core Services Agency

| COVERAGE: | Amount | Approve | Waive | Modify |
|---------------------------------|-----------|-------------------------------------|-------------------------------------|--------------------------|
| Comprehensive General Liability | \$1m | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Vehicle Liability | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Worker's Compensation | statutory | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS/COMMENTS:

Please approve attached certificates of insurance.

Priscilla Morse

RISK MANAGEMENT SIGNATURE

SUBMIT TO RISK MANAGEMENT

PONY EPS 163

OR

FAX 363-4864

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AW
COAST-1

DATE (MM/DD/YY)
02/27/01

PRODUCER
Chapman & Associates
License #0522024
P. O. Box 5455
F...dena CA 91117-0455
E. ne: 626-405-8031 Fax: 626-405-0585

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Coastside Opportunity Center
PO Box 1089
El Granada CA 94018

INSURER A: **Travelers Property & Casualty**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|--|------------------------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY | 660398X131301 | 03/01/01 | 03/01/02 | EACH OCCURRENCE \$ 1000000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$ 100000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | 660398X131301 | 03/01/01 | 03/01/02 | MED EXP (Any one person) \$ 5000 |
| | <input checked="" type="checkbox"/> Liquor Liab | | | | PERSONAL & ADV INJURY \$ 1000000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | |
| <input checked="" type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | <input type="checkbox"/> LOC | GENERAL AGGREGATE \$ 2000000 | | |
| PRODUCTS - COMP/OP AGG \$ 1000000 | | | | | |
| AUTOMOBILE LIABILITY | | | | | |
| <input type="checkbox"/> ANY AUTO | | | | | |
| <input type="checkbox"/> ALL OWNED AUTOS | | | | | |
| <input type="checkbox"/> SCHEDULED AUTOS | | | | | |
| <input type="checkbox"/> HIRED AUTOS | | | | | |
| <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| GARAGE LIABILITY | | | | | |
| <input type="checkbox"/> ANY AUTO | | | | | |
| EXCESS LIABILITY | | | | | |
| <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | | |
| <input type="checkbox"/> DEDUCTIBLE | | | | | |
| <input type="checkbox"/> RETENTION \$ | | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | |
| WC STATUTORY LIMITS | | | | | |
| OTHER | | | | | |
| E.L. EACH ACCIDENT \$ | | | | | |
| E.L. DISEASE - EA EMPLOYEE \$ | | | | | |
| E.L. DISEASE - POLICY LIMIT \$ | | | | | |
| A | OTHER Fidelity Bond | 660398X131301 | 03/01/01 | 03/01/02 | Employee \$ 100,000 Dishonest \$ 500 ded |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The document evidences to the Certificate Holder that coverage is extended under the captioned policy to include a parking lot dia 50' x 100' adjacent to the northside of 99 Ave Alhambra El Granada CA

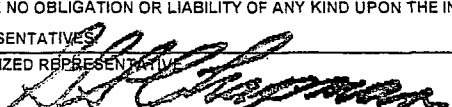
CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

County of San Mateo
Housing Division
262 Harbor Blvd Bldg A
Belmont CA 94002

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT ~~EXCEPT~~ SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JULY 17, 2000

POLICY NUMBER: 1062639 - 00
CERTIFICATE EXPIRES: 7-1-01

SAN MATEO COUNTY
HUMAN SERVICES AGENCY ATTN NORMAN TASCOE
262 HARBOR BLVD BLDG A
BELMONT CA 94002

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Tom Hansen
AUTHORIZED REPRESENTATIVE

K. Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

COASTSIDE OPPORTUNITY CENTER
(A NON-PROFIT CORP)
P O BOX 1089
EL GRANADA CA 94018