

**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/RESOLUTION 63869 WITH THE FAMILY
SUPPORT CENTER OF THE MID-PENINSULA**

RECOMMENDATION

Adopt a resolution authorizing execution of an amendment to agreement/resolution 63869 with The Family Support Center of the Mid-Peninsula.

Background

On August 8, 2000, the County of San Mateo entered into contract with Coastsides Opportunity Center, under agreement/resolution 63869 in the amount of \$104,353, to provide services as the Core Service Agency which handles the cities of East Palo Alto and Menlo Park.

In March of 2001, the Human Services Agency approved a request for funds by The Family Support Center of the Mid-Peninsula, in the amount of \$30,000 for the purchase of a transport van.

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.

This van will transport clients to a variety of service providers, meetings and appointments, excluding court-appointed visitation appointments.

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

Fiscal Impact

This amendment adds \$30,000 to the original contract amount of \$104,353, bringing the new total of the contract to \$134,353. The \$30,000 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 THE FAMILY SUPPORT CENTER OF THE MID-PENINSULA

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

WHEREAS, the County of San Mateo entered into an agreement with The Family Support Center of the Mid-Peninsula under resolution 63869 on August 8, 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.

* * * * *



*Unpunched
Set*

**AMENDMENT TO FY2000/2001
AGREEMENT/RESOLUTION
#63869
BETWEEN
SAN MATEO COUNTY
HUMAN SERVICES AGENCY
OFFICE OF HOUSING
AND
THE FAMILY SUPPORT CENTER
OF THE MID-PENINSULA**

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

**AMENDMENT TO AGREEMENT/RESOLUTION 63869 BETWEEN
SAN MATEO COUNTY HUMAN SERVICES AGENCY OFFICE OF HOUSING
AND THE FAMILY SUPPORT CENTER OF THE MID-PENINSULA**

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 The Family Support Center of the Mid-Peninsula, hereinafter referred to as "Contractor".

WITNESSETH

WHEREAS, County and Contractor entered into an Agreement under resolution number 63869, dated August 8, 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 \$134,353.

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. TANF Incentive will be added and shall read as follows:

This contract provides \$30,000 for Contractor to purchase a van for the purpose of transporting clients to a variety of service providers, meetings and appointments, excluding court-appointed visitation appointments.

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 \$104,353.

1 st Quarter (July - September, 2000)	\$26,089
2 nd Quarter (October - December, 2000)	\$26,088
3 rd Quarter (January - March, 2001)	\$26,088
4 th Quarter (April - June, 2001)	\$26,088

VAN PURCHASE:

In full consideration of the purchase of a van 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 \$30,000.

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:

THE FAMILY SUPPORT CENTER
OF THE MID-PENINSULA

By: Joni Wallace

Signature

Executive Director

Position or Title

TONI WALLACE

Printed Name

Date: 4-10-01

TAX ID # 94-2814279

COUNTY OF SAN MATEO
MEMORANDUM

DATE: June 13, 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: The Family Support Center of the Mid-Peninsula

DO THEY TRAVEL: No

PERCENT OF THE TIME: N/A

DUTIES (SPECIFIC): Core Services Agency

COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$1m</u>	<u>✓</u>	<u>_____</u>	<u>_____</u>
Motor Vehicle Liability	<u>\$1m</u>	<u>✓</u>	<u>_____</u>	<u>_____</u>
Professional Liability	<u>_____</u>	<u>_____</u>	<u>✓</u>	<u>_____</u>
Worker's Compensation	<u>Statutory</u>	<u>✓</u>	<u>_____</u>	<u>_____</u>

REMARKS/COMMENTS:

Please approve attached certificates of insurance.

Priscilla Morse
RISK MANAGEMENT SIGNATURE

PONY EPS 163 SUBMIT TO RISK MANAGEMENT OR FAX 363-4864

ACORD CERTIFICATE OF LIABILITY INSURANCE

BSR NS
FAMIL-2
DATE (MM/DD/YY)
09/15/00

PRODUCER
Cohn-Reid-O'Neill Ins Serv Inc
License # OC04862
1 Bayshore Highway #100
Berkeley CA 94010
Phone: 650-692-6811 Fax: 650-692-7674

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.

INSURED
Family Support Center of the
Mid Peninsula
Toni Wallace
2277 University Avenue
East Palo Alto CA 94303

INSURERS AFFORDING COVERAGE
INSURER A: The Travelers Ind Co of CT
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	660550X4798	07/01/00	07/01/01	EACH OCCURRENCE	\$ 100000
	FIRE DAMAGE (Any one fire)				\$ 5000	
	MED EXP (Any one person)				\$ 500	
	PERSONAL & ADV INJURY				\$ 100000	
	GENERAL AGGREGATE				\$ 100000	
	PRODUCTS - COMP/OP AGG				\$ 100000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	810438H8461TCT99	07/01/00	07/01/01	COMBINED SINGLE LIMIT (Ea accident)	\$ 100000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
GARAGE LIABILITY ANY AUTO						
					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
					WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Property Section	660550X4798	07/01/00	07/01/01		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Certificate holder is named as an additional insured with respect to named insured's lease of premises at 2277 University Avenue, E. Palo Alto, Ca

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

COUNT-1
County of San Mateo, HSA
Office of Housing
Attn: Norman Pascoe
262 Harbor Blvd, Bldg A
Belmont CA 94002-4017

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 FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
John D. O'Neill

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE 01-27-01

POLICY NUMBER: 0823968 - 01
CERTIFICATE EXPIRES: 01-27-02

COUNTY OF SAN MATEO
805 VETERAN BLVD.
REDWOOD CITY CA 94063

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 10 days' advance written notice to the employer.

We will also give you 10 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.

Kenneth C. Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

THE FAMILY SUPPORT CENTER OF THE
MID-PENINSULA
2277 UNIVERSITY AVENUE
EAST PALO ALTO CA 94303

THE FAMILY SUPPORT CENTER OF THE
MID-PENINSULA
(A NON-PROFIT CORPORATION)

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