

COUNTY OF SAN MATEO  
Interdepartmental Correspondence

Date: 5/4/01  
Hearing Date. 5/22/01

TO: Honorable Board of Supervisors  
FROM: Maureen Borland, Director, Human Services Agency  
John ~~John~~ H. Brooks, Jr., Director, Central Region  
Robert Schwab, Director, Workforce Investment Board RD  
SUBJECT: APPROVAL OF AN AGREEMENT WITH SHELTER NETWORK

**RECOMMENDATION**

Adopt a resolution authorizing the execution of an agreement with Shelter Network, in the amount of \$114,000, for housing assistance to homeless clients participating in job training, supported employment, paid employment or other education program.

**BACKGROUND**

In 1998, the County received Welfare to Work funds from the California Employment Development Department to provide employment and training and related supportive services for persons transitioning from welfare to work. Federal amendments to the program in 2000 expanded the eligible population to the working poor, non-custodial parents and emancipated foster youth. The amendments also allow for the provision of short term transitional housing for eligible participants.

**DISCUSSION**

The County has identified a number of families eligible for the employment and training services and in need of transitional housing as a critical element of a plan to achieve economic self-sufficiency. By contracting this activity to Shelter Network, the County will be able to utilize their existing housing resources and network as well as provide additional supportive services.

County Counsel and Risk Management Offices have both reviewed and approved the proposed Agreement

This contract is being submitted late as a result of reorganization, relocation, staffing, and workload in the Workforce Development unit

**PERFORMANCE GOALS**

The following performance measures are established as targets for this contract. Actual results of these measures may be used as one of future references by the County if and when the County determines to extend this Contract beyond June 30, 2002:

Performance Measures	Goal for FY2000-01	Goal for FY2001-02
• Number of housing units provided per month for eligible families with a maximum stay of four (4) months	N/A	Five (5) family housing units
• Number of homeless families served over the term of the contract	N/A	Thirty-Fifty (30 – 50)
• Percent of homeless families meeting Welfare-to-Work Plan requirements	N/A	70%

### **FISCAL IMPACT**

The term of the Agreement is January 1, 2001 through June 30, 2002. Total funding for this Agreement is \$114,000 and funded by the Welfare to Work Grant from the California Employment Development Department. There is no impact to the County's general fund.

Robert Schwab  
X5181

RESOLUTION NO \_\_\_\_\_

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

\* \* \* \* \*

RESOLUTION AUTHORIZING THE EXECUTION OF AN AGREEMENT WITH SHELTER NETWORK OF SAN MATEO COUNTY FOR THE PROVISION OF TRANSITIONAL HOUSING AND SUPPORT SERVICES FOR HOMELESS FAMILIES

Contractor	Dates	Total Amount
Shelter Network of San Mateo County	01/1/2001-6/30/2002	\$114,000

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

**WHEREAS**, there has been presented to this Board of Supervisors for its consideration and acceptance to an Agreement to provide transitional housing and support services for homeless families who are enrolled and are participating in vocational counseling, job readiness, job placement and/or job retention and support services under the Welfare to Work program of San Mateo County, and

**WHEREAS**, Shelter Network of San Mateo County has been selected to provide transitional housing and support services for homeless families who are enrolled and are participating in vocational counseling, job readiness, job placement and/or job retention and support services under the Welfare to Work program of San Mateo County, and

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

**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 Agreement for and on behalf of the County of San Mateo and the Clerk of this Board shall attest the President's signature thereto

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**AN AGREEMENT  
BETWEEN  
COUNTY OF SAN MATEO  
AND  
SHELTER NETWORK**

**For the period of  
January 1, 2001 through June 30, 2002**

Contact Person:

*Robert Schwab*

*Director of Workforce Development*

*(650) 802-5181*

**AGREEMENT WITH SHELTER NETWORK  
FOR PROGRAM SERVICES**

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2001, by and between the COUNTY OF SAN MATEO, hereinafter called 'County,' and Shelter Network, hereinafter called Contractor ,

W I T N E S S E T H :

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department/Agency thereof; and

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services specified herein (occasionally referred to as "the Project") from Contractor;

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

The following exhibits are attached hereto and incorporated by reference therein.

1. **Exhibits** The following exhibits are attached hereto and incorporated by reference herein:

- Exhibit A: Program Services
- Exhibit B. Method and Rate of Payment
- Exhibit C: 504 Assurances
- Exhibit D Monitoring

2. **Definitions** See Exhibit A for any definitions

3. **Services to be Performed**

In consideration of the payments hereinafter set forth in Exhibit B, attached hereto and incorporated by reference herein, Contractor, under the general direction of the Director of Human Services Agency, or her authorized representative, with respect to the product or result of Contractor s services. shall perform services as described in Exhibit A, attached hereto and incorporated by reference herein

4. **Payments**

A **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 for services rendered under this Agreement shall not exceed \$114,000 for the contract term

B **Rate of Payment** The rate and terms of payment shall be as specified in Exhibit B. Any rate increase is subject to the approval of the Director of Human Services or her authorized representative, and shall not be binding on County unless so approved in writing. In no event may the rates established in Exhibit B be increased to the extent that the maximum County obligation shall not exceed the total specified in paragraph 4A above. Each

(1) **Worker's Compensation and Employer's Liability Insurance.**

The Contractor shall have in effect during the entire life of this Agreement Workers Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the Contractor makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement

(2) **Liability Insurance.** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from contractor's operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below

Such insurance shall include

- |     |                                   |                     |
|-----|-----------------------------------|---------------------|
| (a) | Comprehensive General Liability   | <u>\$ 1,000,000</u> |
| (b) | Motor Vehicle Liability Insurance | <u>\$ 1,000,000</u> |
| (c) | Professional Liability            | <u>\$ 1,000,000</u> |

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, the County of San Mateo at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement

8 **Non-Discrimination**

Contractor shall comply with the non-discrimination requirements described below.

A **Section 504 of the Rehabilitation Act of 1973.**

- 1) Pursuant to Section 504 (Public Law 93-112), the Contractor agrees that no otherwise qualified disabled individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this contract
- 2) Compliance of Section 504 of the Rehabilitation Act of 1973, as amended, requires that all benefits, aids and services are made available to disabled persons on an equivalent basis with those received by non-disabled persons. Contractor shall agree to be in compliance with Section 504 requirements by 1) signing the Letter of Assurance, attached and incorporated herein as Exhibit C, or 2) by developing a plan for compliance to be submitted to the Section 504 Coordinator, Department of Health Services, as soon as possible but not later than by the end of the current Fiscal Year.

B **Non-Discrimination - General.** No person shall, on the grounds of age (over 40), ancestry, creed, color, disability, marital status, medical conditions, national origin, political or religious affiliation, race, sex, sexual orientation or any non-job-related criteria be excluded from participation in, be denied the benefits, or be subjected to discrimination under this Agreement.

C **Non-Discrimination - Employment.** Contractor shall ensure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this Agreement. Contractor's affirmative action policies shall be made available to County upon request.

9. **Violation of the Non-Discrimination provisions**

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 with the investigation of allegations within 30 days of such filing, provided that 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 complaint, 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

10 **Child Abuse Prevention and Reporting.**

Contractor agrees to ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency as defined in Penal Code Section 11165.9. This responsibility shall include:

- A. A requirement that all employees, consultants, or agents performing services under this contract who are required by Penal Code Section 11166(a), to report child abuse or neglect, sign a statement that he or she knows of the reporting requirement and will comply with it
- B. Establishing procedures to ensure reporting even when employees, consultants, or agents who are not required to report child abuse under Penal Code 11166(a), gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect

payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Director of Human Services or her representative.

C. **Time Limit for Submitting Invoices.** Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Exhibit B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one-hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

D. **Availability of Funds.** Payment for all services provided pursuant to this contract are contingent upon the availability of County, State, and Federal funds. In the event the State or Federal government does not appropriate the necessary funds as part of either or both of their budgets, the County shall not be liable for any payment whatsoever; including, but not limited to, payments that are based on County funds. The County may terminate the agreement for unavailability of Federal, State or County funds.

## 5. **Relationship of Parties**

It is expressly understood that this is an agreement between two (2) independent contractors and that no agency, employee, partnership, joint venture or other relationship is established by this Agreement. The intent by both County and Contractor is to create an independent contractor relationship. Contractor expressly acknowledges and accepts his/her tax status as, and the tax consequences, of an independent contractor. Further, as an independent contractor, Contractor expressly acknowledges and accepts that he/she has no rights, benefits, privileges and/or claims in any form whatsoever under, from through and/or pursuant to the San Mateo County Civil Services Rules.

## 6. **Hold Harmless**

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomever belonging; or (C) any other loss or cost, including but not limited to, the concurrent active or passive negligence of County, its officers, agents, employees, or servants resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which the County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

## 7. **Insurance**

A. The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by the Director of Human Services and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the Human Services Agency with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days notice must be given, in writing, to the Human Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.



- C Contractor agrees that its employees, subcontractors, assignees, volunteers, and any other persons who provide services under this contract and who will have supervisory or disciplinary power over a minor or any person under his or her care (Penal 11105 3) will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom Contractor s employees, subcontractors, assignees or volunteers have contact All fingerprinting services will be at County s sole discretion and Contractor s sole expense.

11. **Assignments and Subcontracts**

A. Without the written consent of the Director of Human Services or her designee, this Agreement is not assignable in whole or in part. Any assignment by Contractor without the written consent of the Director of Human Services or her designee violates this Agreement and shall automatically terminate this Agreement.

B. Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Director of Human Services or her designee

C All assignees, subcontractors, or consultants approved by the Director of Human Services or her designee shall be subject to the same terms and conditions applicable to Contractor under this agreement, and Contractor shall be liable for the assignee s, subcontractor s or consultant s acts and/or omissions.

D All agreements between Contractor and subcontractor and/or assignee for services pursuant to this Agreement shall be in writing and shall be provided to County.

12. **Records**

A Contractor agrees to provide to County, to any Federal or State department having monitoring or reviewing authority, to County s authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

B. Contractor shall maintain and preserve all records relating to this Agreement in its possession of any third party performing work related to this Agreement for a period of three (3) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

13 **Compliance with Applicable Laws**

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County and Municipal laws, ordinances, regulations including but not limited to appropriate licensure, certification regulations confidentiality requirements and applicable quality assurance regulations.

14 **Monitoring**

All services performed and payments made pursuant to this agreement shall be monitored according to the protocols set forth in Exhibit D, attached hereto and incorporated by reference herein

15 **Alteration of Agreement**

This Agreement is entire and contains all the terms and conditions agreed upon by the parties. No alteration or variation shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement shall be binding on the parties hereto.

16. **Interpretation and Enforcement**

A Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed:

- 1) In the case of County, to

Robert Schwab  
400 Harbor Blvd., Bldg B  
Belmont, California 94002  
(650) 802-5181

- 2) In the case of Contractor, to

Michele Jackson, Executive Director  
Shelter Network  
1450 Chatin Avenue, 2<sup>nd</sup> Floor  
Burlingame, California 94010  
(650) 685-5880

B. **Controlling Law**

The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

17. **Term of the Agreement**

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from January 1, 2001 to June 30, 2002.

This Agreement may be terminated by Contractor, Director of Human Service Agency or her designee at any time upon sixty (60) days written notice to other party.

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

Michele Jackson  
Contractor - Print Name

Date: \_\_\_\_\_

Michele Jackson, Executive Director  
Name, Title - Print

Michele Jackson  
Signature

Date: 4/9/01

Tax ID # 77-0160469

DESCRIPTION OF CONTRACTOR'S RESPONSIBILITIES  
SHELTER NETWORK  
JANUARY 1, 2001 - JUNE 30, 2002

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In consideration of payments herein provided for, Contractor shall, under the general direction of the Director of the Human Services Agency, or her authorized representatives, provide for the following services to benefit the citizens of San Mateo County as described below:

Contractor is located at 1450 Chatin Avenue, Burlingame, California, 94010 . Services operate 24 hours a day. Administration office hours are 9.00 a.m. to 5.00 p.m Monday through Friday Telephone number is (650) 685-5880 and fax number is (650) 685-5881

**I. Client Services:**

The Contractor will provide the following services, supporting activities and related information from January 1, 2001 through June 30, 2002:

Contractor will provide transitional housing and support services for homeless families who are enrolled and are participating in vocational counseling, job readiness, job placement and/or job retention and support services under the Welfare to Work program of San Mateo County

Shelter Network will provide five (5) one and two bedroom apartments for families in the Homeless Job Link Program With an average stay of two months, Contractor expects to serve from 30-50 families (over 105-175 homeless parents and children) over the term of the contract.

Contractor will provide clients with their own, fully-furnished apartments Contractor will also provide clients with food, clothing and other household items as needed. In addition, Contractor will provide clients with the following as needed on a case-by-case basis: crisis intervention and case management; life skills training and support groups; on-site, licensed child care; after-school tutoring and recreational activities; and follow-up case management.

**II. Contractor Responsibilities:**

Engage in activities and supply information required to implement the County's Outcome-Based Management and Budgeting (OBM) initiative. Activities include, but are not limited to

- Attending planning and informational meetings,
- Developing program performance and outcome measurements;
- Collecting and submitting data necessary to fulfill measurement requirements,
- Participating in technical assistance and training events offered by the Human Services Agency and seeking technical assistance and training necessary to fulfill measurement requirements; and
- Participating in a review of performance and outcome information;
- Comply with OBM Implementation Guidelines as specified in memos released by the Human Services Agency.

**DESCRIPTION OF CONTRACTOR'S RESPONSIBILITIES  
AND  
PAYMENT SCHEDULE  
SHELTER NETWORK  
JANUARY 1, 2001 - JUNE 30, 2002**

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In full consideration of the services provided by the Contractor pursuant to this Agreement, County shall pay the Contractor as follows:

1. Payment to Contractor shall be made on a reimbursement basis at the following unit rate: \$20 per person shelter day (PSD).
2. Payment shall be made on a quarterly basis following receipt of an invoice which shows each eligible family total PSD utilization during the month
3. Contractor shall also be entitled to reimbursement for the full date of departure for each client since a full day is utilized in moving out to permanent housing and the unit is not available for occupancy by another client. County acknowledges that two days for cleaning and repairs are generally required after a family departs.
4. The maximum amount payable under this Agreement shall not exceed **\$114,000**.
5. Contractor shall submit a quarterly invoice to County/Employment & Training Administration for reimbursement together with the required monthly reports of activity. All billing shall be certified for payment by the County unless the Director of Employment & Training Administration objects to the adequacy of the services rendered by Contractor or the amount of billing. County shall state the specific nature of its objections to Contractor in writing. County shall also specify what actions or changes are necessary to make the work acceptable. Contractor shall respond to County within 15 days of receipt of such objections. The parties to this Agreement shall meet to discuss such objections at the request of the other party.

**Human Services Agency's (HSA) Responsibilities:**

Provide technical assistance and support to assist Contractor's implementation of the County's Outcome-Based Management and Budgeting (OBM) initiative. Issue and review OBM Implementation Guidelines. Conduct review of performance and outcome information.

Provide reimbursement for the cost of Contractor staff time spent attending OBM meetings, training sessions, and technical assistance events held or required by HSA at the rate of \$38.46/hour. Application for reimbursement must be made in accordance with eligibility criteria and procedures set forth in OBM Implementation Guidelines.

The County shall pay the Contractor within sixty (60) working days following receipt of invoice at the rate of payment set forth in above pursuant to the criteria set forth in Exhibit A of this Agreement.

ASSURANCE OF COMPLIANCE  
WITH SECTION 504 OF THE REHABILITATION ACT OF 1973  
(Required only from Contractors who provide services  
directly to the Public on the County's behalf)

The Contractor hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.\*

The Contractor gives this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor recognizes and agrees that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor

The Contractor: (check a or b)

- a.  employs fewer than 15 persons
- b.  employs 15 or more persons and, pursuant to section 84.7(a) of the regulation (45 C.F.R 84 7(a)), has designated the following person to coordinate its efforts to comply with the DHHS regulations.

\_\_\_\_\_  
Name of 504 Person (type or print)

I certify that the above information is complete and correct to the best of my knowledge.

Date. 4/9/01

By: M. M. Jackson Executive Director  
Signature & Title of Authorized

Official

\* Exception: DHHS regulations state that:

' If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations). other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible

**PROGRAM MONITORING**

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The agreement between Contractor and Human Services Agency (HSA) will be monitored by a liaison person assigned by HSA. This liaison will serve as the conduit for problems or changes which arise during the course of the agreement. The liaison will monitor this agreement by the following actions:

1. The quarterly Contract Services Report completed by the Contractor will be sent to the liaison person by the thirtieth (30) working day of the following quarter. The liaison will monitor this receipt.
2. The liaison will set up and chair quarterly meetings between the Contractor and HSA for the purpose of regularly discussing the progress of the programs and for settlement of policy and procedural issues.
3. The liaison will visit the Contractor one time during the contract period. The purpose will be to ensure the continued adherence of the program to contract specifications.
4. The liaison will keep an account of changes and issues for inclusion in the following year's contract discussions.
5. The liaison will monitor that the Contractor has adhered to Affirmative Action regulations by requesting and reviewing a Work Force Data form.

Contractor shall provide County with an Annual Audit Report each year during the term of this agreement. The Audit report must include a statement of compliance with OMB Circular A-133 'Audits of States, Local Governments and Non-Profit Organizations'.

COUNTY OF SAN MATEO  
MEMORANDUM

DATE: March 8, 2001  
TO: Pricilla Harris Morse  
FROM: Robert Schwab X5181 *RS*  
SUBJECT: APPROVAL OF INSURANCE  
CONTRACTOR: Shelter Network  
DO THEY TRAVEL: N/A  
PERCENT OF TIME: N/A

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC). Provide transitional housing to help stabilize housing for clients who are participating in job training, supported employment, paid employment or education programs.

COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Gen Liability	<u>\$1m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>\$1m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>          </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>Statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

*Pricilla Morse*  
\_\_\_\_\_  
Manager, Risk Management



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/05/2000

**PRODUCER**

Sinclair-Dwyer & Co., Inc.  
201 Sansome St. #500  
San Francisco, Ca. 94104  
415 781-7830

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**

Shelter Network of San Mateo Coun  
1660 S. Amphlett Boulevard, Suite  
San Mateo, CA 94402  
650-235-3520 x17

INSURER A N.I.A.C.  
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	2000-01344NPO	07/01/00	07/01/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
X	AUTOMOBILE LIABILITY	2000-01344NPO	07/01/00	07/01/01	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
					E L EACH ACCIDENT \$
					E L DISEASE - EA EMPLOYEE \$
					E L DISEASE - POLICY LIMIT \$
	OTHER				

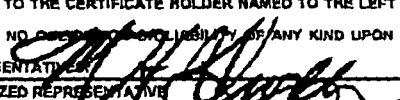
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**ADDITIONAL INSURED INSURER LETTER**

**CANCELLATION**

COUNTY OF SAN MATEO  
OFFICE OF HOUSING  
ATTN: NORMAN PASCOE  
262 HARBOR BOULEVARD, BUILDING A  
BELMONT, CA 94402

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.  
AUTHORIZED REPRESENTATIVE 

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**


DATE (MM/DD/YY)  
06/29/2000

PRODUCER  nclair-Dwyer & Co., Inc. 231 Sansome St. #500 San Francisco, Ca. 94104 415 781-7830	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	
	COMPANIES AFFORDING COVERAGE COMPANY A SAFETY NATIONAL CASUALTY	
INSURED  Shelter Network  1660 S. Amphlett Blvd. #200 San Mateo, CA 94402 (650) 235-3520	COMPANY B	
	COMPANY C	
	COMPANY D	

THIS IS TO CERTIFY THAT 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 LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY OCC \$ BODILY INJURY AGG \$ PROPERTY DAMAGE OCC \$ PROPERTY DAMAGE AGG \$ BI & PD COMBINED OCC \$ BI & PD COMBINED AGG \$ PERSONAL INJURY AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	PR8270	07/01/00	07/01/01	X WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COUNTY OF SAN MATEO OFFICE OF HOUSING 262 HARBOR BOULEVARD, BUILDING A BELMONT, CA 94002	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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# FINGERPRINTING CERTIFICATION FORM

Agreement with

**Shelter Network**

for

**Providing Transitional Housing to help stabilize housing for clients who are participating in Job Training, supported employment, paid employment or education programs.**

Contractor agrees that its employees and/or its subcontractors, assignees and volunteers who, during the course of performing services under this agreement, have contact with children will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom contractor's employees, assignees and subcontractors or volunteers have contact in accordance with Paragraph 9, Child Abuse Prevention and Reporting, of this Agreement

Michele Jackson  
Name (Signature)

Executive Director  
Title

4/9/01  
Date