

**COUNTY OF SAN MATEO  
Interdepartmental Correspondence**

Date: June 6, 2001  
Hearing Date: June 19, 2001

TO: Honorable Board of Supervisors

FROM: Maureen Borland, Director, Human Services Agency  
Glen H. Brooks, Jr., Central Region Director, Human Services Agency *MB* *GB*

SUBJECT: APPROVAL OF AN AMENDMENT TO AN AGREEMENT WITH THE FAMILY SERVICE AGENCY FOR THE PROVISION OF THE FAMILY LOAN PROGRAM

RECOMMENDATION

Adopt a resolution authorizing a second Amendment to the Agreement with Family Service Agency (FSA) extending the term to September 30, 2001, increasing the total amount of the contract by \$25,261, and providing additional enhancements to client services.

BACKGROUND

Unexpected expenses can jeopardize a family's effort towards financial stability. Employment or job training can be jeopardized if they are not able to meet their financial obligations.

FSA of San Mateo County and the Human Services Agency have entered into an Agreement dated November 16, 1999, for the Family Loan Program, which offers needy families a low interest loan to pay unexpected expenses. A Loan Reserve Fund totaling \$225,000 was established with three local banks to guarantee issuance of individual loans by the banks to eligible clients. Separately, an incentive fund of \$50,000 was created to provide saving matches to clients who satisfactorily meet pre-determined milestones in re-paying the loan.

On December 5, 2000, the Board of Supervisors approved an Amendment to the Agreement with Family Service Agency extending the contract from September 30, 2000 to June 30, 2001 and increased the contract by \$71,162.

DISCUSSION

This proposed Amendment adds an additional \$25,261 to the contract and extends the term of the agreement from June 30, 2001 to September 30, 2001. Also, it allows eligible clients to apply for an additional grant in the amount of \$2,000 to purchase a reliable vehicle.

Following the initial planning and gearing-up stage, the program started receiving and reviewing loan applications in February 2000. By the end of April 2001, there were 431 inquiries, 83 applications, and 38 loans approved. The total Loan Reserve Fund committed so far exceeds \$61,500. Approximately \$163,500 is still available in the Loan Reserve Fund. The additional funds requested are for administrative costs and will not be deposited into the Loan Reserve Fund, which continues to have funds available for future loans.

To facilitate applicants in obtaining a more reliable vehicle to maintain or achieve self-sufficiency a \$2,000 grant derived for the Loan Reserve Fund will be available, if needed, in addition to the \$3,000 maximum loan. This will provide additional purchasing power for loan recipients while assuring the loan payments are maintainable. Because loan applicants, in many cases, have been unable to secure a reliable vehicle for \$3,000 and could not afford a higher monthly payment, the grant will be made available.

The Agency is committed to continuing outreach and other support activities with FSA to increase loan approvals. The proposed Amendment is extending the expiration of the agreement from June 30, 2001 to September 30, 2001.

#### PERFORMANCE

The following performance measures are established as targets for this contract. Actual results of these measures may be used as one of the factors in determining whether to extend this contract beyond September 30, 2001.

| <b>Performance Measures</b>   | <b>Projected levels through 9/30/01</b> |
|---|---|
| Percent of clients with reduction in work time missed                   | 53%                                     |
| Percent of clients with reduction of time in transit to work            | 66%                                     |
| Percent of clients with increase in attendance in job related education | 12%                                     |
| Average increase in monthly wages of all clients                        | 14%                                     |

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

#### FISCAL IMPACT

The cost of the Program will be fully funded by the CalWORKs money and has been included in the Adopted Budget for fiscal year 2001/2002. There is no Net County Cost.

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

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

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RESOLUTION AUTHORIZING THE EXECUTION OF AN AMENDMENT TO THE AGREEMENT WITH FAMILY SERVICE AGENCY OF SAN MATEO COUNTY FOR PROVISION OF THE FAMILY LOAN PROGRAM.

| Contractor                                   | Dates                 | Total Amount |
|--|-----------------------|--------------|
| Family Service Agency<br>County of San Mateo | 10/1/1999 - 9/30/2001 | \$473,879    |

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

**WHEREAS**, the County of San Mateo and the Family Services Agency of San Mateo County have entered into an Agreement on the 16<sup>th</sup> day of November 1999 for the purpose of performing the professional services of the Family Loan Program offering needy families a low interest loan alternative to pay unexpected expenses; and

**WHEREAS**, the performance of the said Program has been satisfactory during its last 19 months of implementation, and

**WHEREAS**, this Board has been presented with an Amendment to the Agreement between the County and Family Services Agency to extend and expand the said low interest loan program and

**WHEREAS**, this Board has examined and approved the same as to both form and content and desires to authorize the execution of the Amendment of the Agreement;

**NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED** that the President of this Board of Supervisors be, and is hereby authorized and directed to execute said Amendment of 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  
FAMILY SERVICES AGENCY**

**For the period of  
October 1, 1999 through September 30, 2001**

Contact Person:

***Glen Brooks***

***Central Region Director***

***(650) 802-6579***

**AMENDMENT TO AGREEMENT WITH**

**Family Services Agency  
FOR  
The Family Loan Program**

THIS AMENDMENT TO AN AGREEMENT, entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2001, between the COUNTY OF SAN MATEO, hereinafter called "County", and Family Services, hereinafter called "Contractor";

WITNESSETH:

WHEREAS, the parties entered into an agreement on the 16<sup>th</sup> day of November, 1999 the County and the Contractor have entered into an Agreement retaining Contractor for the purpose of performing the professional services of **The Family Loan Program** in San Mateo County;

WHEREAS, it is necessary and desirable that the term and scope of the Family Loan Program be extended and expanded.

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

1. **Section 4 part A: Maximum Amount** is hereby amended to read:

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 \$473,879 for the contract term

2. **Section 8. Non-Discrimination** is hereby amended to include:

With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

3. **Add Violation of the Non-Discrimination provisions** to the original contract to read:

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.

4. **Section 16:** The **Term of the Agreement** is amended to read as follows:

"Subject to compliance with the terms and conditions of this Agreement for The Family Loan Program the term of this Agreement shall be from October 1, 1999 through September 30, 2001. This Agreement may be terminated by the Contractor, Director of Human Services or her designee at any time upon thirty (30) days' written notice to the other party".

- 5. **Exhibit A1** Program Description, attached hereto and incorporated by reference herein, hereby replaces Exhibit A1 that was attached to the original agreement
- 6. **Exhibit B2**, attached hereto and incorporated by reference herein, amends Exhibit B2 that was attached to the original agreement.
- 7. All other terms and conditions of the agreement dated November 16, 1999 between the County and Contractor 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*

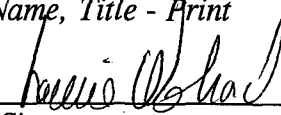
Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of Said Board

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

FAMILY SERVICE AGENCY OF SAN MATEO  
Contractor - Print Name

Laurie Wishard -President  
*Name, Title - Print*  
  
\_\_\_\_\_  
*Signature*

Date: 5/24/01

Tax ID #: 94-1136169

## PROGRAM DESCRIPTION

### Family Services Agency (FSA)

October 1, 1999 through September 30, 2001

#### 1. Goals of the Program

When unexpected expenses arises, parents living on the edge of poverty can lose their tenuous hold on efforts toward financial stability such as employment, education or job training.

The Family Loan Program introduced a creative partnership opportunity between the private and non-profit sectors offering families a low interest loan alternative to pay unexpected expenses.

The Goals of the program include:

- To provide a variety of affordable loan products to low-income community members who demonstrate the ability to achieve economic self-sufficiency.
- To give clients/customers the opportunity to learn financial skills and take on responsibilities that will lead to such self-sufficiency.
- To give clients/customers the opportunity to rebuild and establish their credit.
- To provide banks with education and training to help low income community members.
- To provide, in the environment of welfare reform, local capacity to resolve transportation, housing and other barriers to self sufficiency.
- To maintain a self-replenishing loan reserve fund.

#### 2. Background

FSA started operating a loan program in January 1998. Three foundation partners provided \$450,000 toward the loan guarantee fund and operating costs. FSA recruited three community partner service banks in san Mateo County to manage and service the loans; Liberty Bank in South San Francisco, Borel Bank in San Mateo and Bay Area Bank in Redwood City.

To date, FSA has received over 670 inquiries from interested low-income families of which over 330 were eligible. This has produced over 130 applications, with 60 approvals. A recent outcome analysis also showed promising results in reduction in work time missed (53%), reduction of time in transit to work (66%), increase in attendance in job related education (12%), and average increase in monthly wages (14%). Repayment rate was 95%.

As this original loan program expands, further needs of low-income and working poor families in the community are identified. FSA is therefore proposing a new and separate loan program to a population of target clients that are previously not included in the original program.



### 3. Original Program Eligibility Requirements

- Employed 20 hours or more and have been at their present jobs three months or longer, OR pursuing a post high school education, having received at least nine credits in the previous quarter and enrolled at least nine units in the current quarter.
- A legal custodial parent of a child under seventeen.
- Able to show evidence of exhausting all other available affordable loan sources.
- Able to demonstrate enough disposable income to make monthly payments to repay the loan over 6-24 months (one time loan payment, or minimum \$80/month) AND utilize the loan for purpose related to helping make employment or education a success.
- Living in San Mateo County at their current place of residence for three months or longer.
- Loans CANNOT be made for study (tuition/books), travel, one's own business, taxes, fines or credit card bills.

This original loan program has an effective interest rate of 4%.

### 4. The New Family Loan Program with County of San Mateo

The original eligibility requirements (as discussed in paragraph 3 above) do not afford loan service assistance to everyone. Those who are not eligible are unable to benefit from loan services and run the risk of not obtaining self-sufficiency or reaching a living wage due to the challenges and costs of living in San Mateo County.

FSA will develop a new and separate loan program based on the original program to serve and assist other community members including:

- Senior citizens who demonstrate a need.
- Non-custodial parents who are current with their child support payments.
- Applicants who have lived in San Mateo County less than three months.
- Applicants who are Section 8 new certificate/voucher holders and /or tenants who face releasing/relocation conditions requiring a 72 hour turn around time.
- Disabled or unemployed applicants who demonstrate a need.
- Applicants who do not meet the traditional loan employment, vocational training or school criteria.
- Applicants who have insufficient income but demonstrate the likelihood of attaining income and/or self-sufficiency in 6 months.
- Those in need of emergency loans for immediate and urgent needs, such as rent or moving expenses, auto repairs and for family emergencies related to activities leading to self-sufficiency.

### 5. Loan Application and Approval

- 5.1 Section 8 housing clients registered under the Moving-to-Work program referred to the Family Loan Program by Human Services Agency, with the support from Housing

Authority of the County of San Mateo (HA), will follow the procedures described in Exhibit A2. All other clients will follow the procedures described here below from sections 5.2 through 5.6.

- 5.2 There will be a toll free 800 number for easy accessibility to program information.
  - 5.3 Prospective applicants are interviewed by FSA Family Loan Program staff in a supportive, confidential and business-like setting that focus on individual needs and responsibility. Services are provided in English and Spanish.
  - 5.4 Applicants complete an application describing their circumstances and need for the loan. (Program staff also assist and refer clients with other needs as necessary, such as child care, education, mental health counseling, victims advocacy counseling and other health and community services.)
  - 5.5 A decision will be made on completed applications within 72 hours by a FSA Administrative Loan Committee for loans in the amount of \$500-\$3000 with a term of 6-24 months. If the applicant meets the qualifications for a \$3,000 loan they become eligible for a \$2,000 grant, if necessary. The purpose of this grant is to give the applicant additional purchasing power to obtain a more reliable vehicle.
  - 5.6 Approved loans are referred to partnering service banks which close, fund and service them as they would with any other bank customer.
6. Loan Management
- 6.1 FSA charges borrowers and affordable interest rate at an effective interest rate of 8%. Typically, partner service banks retain 4% of the interest to help cover their servicing costs with the remaining 4% used solely to replenish the loan fund, or supplement the Incentive Fund described in section 6.5. In the event through negotiation with the financial institutions that a more favorable arrangement is available, FSA and HSA, by written mutual consent, may revise this arrangement for the benefit of the program.
  - 6.2 FSA maintains a reserve account to guarantee the loans and to provide the \$2,000 grants. If payments are late, FSA follows up with the client, helping to arrange payment plans if necessary. When payments are 60 days delinquent, FSA's loan guarantee fund is debited by the partner bank to repay the loan, and FSA continues collection efforts.
  - 6.3 A maximum of 6 month loan term product may be developed where an eligible borrower can choose to make either a principle and interest payment. Interest and partial principle payment or interest only payment.
  - 6.4 After 3 months of consecutive timely repayment, the effective interest rate of the loan may be reduced from 8% to 4%. FSA will confirm with the client the method in which they may have opportunity to enjoy this rate reduction prior to the loan being funded.

An additional \$50,000 will be set aside for Personal Development Account as an incentive for clients using this new 8% loan product, except Section 8 housing clients as described under Exhibit A2. This will provide an incentive program developed for clients who successfully achieve self-sufficiency for the purpose of purchasing a house, rental deposits and moving expenses, higher education, business or other venture. FSA will provide the County with a detailed written operating criteria of this incentive fund, which is subject to the County's approval, prior to implementation

**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.

**Family Loan Program Budget Product B**  
**Fiscal Year 2001-2002**  
**Budget Contract Period 7-01-01 to 9-30-01**

| REVENUE              | Product B          |
|----------------------|--------------------|
|                      | 7/1/01<br>9/30/01  |
| HSA Funds            | \$25,261.00        |
| <b>Total Revenue</b> | <b>\$25,261.00</b> |

| EXPENDITURES           | Product B                   | Totals                      |
|------------------------|-----------------------------|-----------------------------|
|                        | 7-1-01 to 9-30-01<br>Budget | 7-1-01 to 9-30-01<br>Budget |
| Professional Salaries  | \$7,406.53                  | \$7,406.53                  |
| Clerical               | \$9,121.39                  | \$9,121.39                  |
| Health Insurance       | \$818.80                    | \$818.80                    |
| FICA                   | \$1,264.39                  | \$1,264.39                  |
| Unemployment Insurance | \$1,000.00                  | \$1,000.00                  |
| Workers Compensation   | \$248.13                    | \$248.13                    |
| Professional Fees      | \$250.00                    | \$250.00                    |
| Legal Fees             | \$250.00                    | \$250.00                    |
| Audit Fees             | \$63.00                     | \$63.00                     |
| Office Supplies        | \$150.76                    | \$150.76                    |
| Copier Maintenance     | \$63.00                     | \$63.00                     |
| Copier Supplies        | \$63.00                     | \$63.00                     |
| Telephone              | \$750.00                    | \$750.00                    |
| Postage                | \$63.00                     | \$63.00                     |
| Rent                   | \$1,350.00                  | \$1,350.00                  |
| Care of Building       | \$32.00                     | \$32.00                     |
| Insurance              | \$63.00                     | \$63.00                     |
| Outside Printing       | \$500.00                    | \$500.00                    |
| Public Relations       | \$125.00                    | \$125.00                    |
| Meals & Refreshments   | \$63.00                     | \$63.00                     |
| Mileage Travel         | \$150.00                    | \$150.00                    |
| Staff Conference       | \$312.50                    | \$312.50                    |
| Recruitment            | \$300.00                    | \$300.00                    |
| Depreciation           | \$203.00                    | \$203.00                    |
| Transfer to IT         | \$212.50                    | \$212.50                    |
| Office Equipment       | \$250.00                    | \$250.00                    |
| Office Furniture       | \$188.00                    | \$188.00                    |
|                        | <b>\$25,261.00</b>          | <b>\$25,261.00</b>          |
|                        | \$25,387.33                 | HSA - Fiscal 00-01          |
|                        | \$25,261.00                 | HSA - Fiscal 01-02          |
|                        | \$126.33                    | Difference                  |

**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 \$ 60.00 / hour. Application for reimbursement must be made in accordance with eligibility criteria and procedures set forth in OBM Implementation Guidelines.

COUNTY OF SAN MATEO  
MEMORANDUM

DATE: May 23, 2001

TO: Pricilla Harris Morse

FROM: Deborah Jaeger, HSA210 Fax: (650) 508-0782

SUBJECT: APPROVAL OF INSURANCE

CONTRACTOR: Family Service Agency

DO THEY TRAVEL: No

PERCENT OF TIME

NUMBER OF EMPLOYEES

DUTIES (SPECIFIC): FSA offers low interest loan alternative to pay unexpected expenses to low-income community members

| COVERAGE:                   | Amount    | Approve                             | Waive                               | Modify                   |
|-----------------------------|-----------|-------------------------------------|-------------------------------------|--------------------------|
| Comprehensive Gen Liability | \$1m      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Motor Vehicle Liability     | \$1m      | <input checked="" type="checkbox"/> | <input 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"/> |

*Dishonesty Bond - \$500,000 - approved*

REMARKS/COMMENTS: This is an amendment to the original contract extending the length of the contract We are adding \$25,260.24 to the contract to make the amount \$473,878.24. Family Service Agency is waiting for there new insurance policies and will forward them to us as soon as they receive them. Family Service Agency invoices us quarterly for expenses.

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

Ins. form

PONY EPS163

SUBMIT TO RISK MANAGEMENT  
OR

FAX 363-4864



**NORTH AMERICAN  
SPECIALTY INSURANCE COMPANY**  
650 Elm Street  
Manchester, NH 03101-2524  
(800) 542-9200

Policy Number:  
AFC 0000748-00

From: 07/01/00 To: 07/01/00  
12:01 A.M. Standard Time at the Ad  
of the Insured assigned here

### COMMERCIAL CRIME COVERAGE PART DECLARATIONS

#### COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

| Prem.   | Bldg. | Plan | Form | Coverage            | No. of Msgrs. | Limit     | Deductible |
|---------|-------|------|------|---------------------|---------------|-----------|------------|
| BLANKET |       | 1    | A    | EMPLOYEE DISHONESTY |               | \$500,000 | \$         |

**TOTAL PREMIUM FOR THIS COVERAGE PART**

**INCLUDE**

| Forms and Endorsements applicable to this Coverage Part |                |                 |                |
|---|----------------|-----------------|----------------|
| NAS-CR-DEC (5-98)                                       | CR 1000 (4-97) | CR 0001 (10-90) | CR 1022 (1-86) |

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Issued Date: 1/12/00 MBD

**NAS-CR-DEC (05/98)**



**NORTH AMERICAN  
SPECIALTY INSURANCE COMPANY**  
850 Elm Street  
Manchester, NH 03101-2524  
(800) 542-9200

|  |          |          |
|--|----------|----------|
| Policy Number  | From     | To       |
| AFC 0000748-00   | 07/01/00 | 07/01/00 |
| 12:01 A.M. Standard Time at<br>Address of the Insured assigned |          |          |

Transaction: **NEW**

| Named Insured and Mailing Address   |                  | Agent   |  |
|---|------------------|---|--|
| FAMILY SERVICE AGENCY OF SAN MATEO CO.<br>1870 EL CAMINO REAL<br>BURLINGAME, CA 94010 |                  | Agency Code: 30008-01<br>TALBOT INS & FINANCIAL SERVICES<br>1800 SUTTER STREET SUITE 500<br>P.O. BOX 4047<br>CONCORD, CA 94524-4047 |  |
| Business Description:   | Type of Business | Audit Period:   |  |
| NON-PROFIT ORGANIZATION   | NON-PROFIT       | NONE  |  |

**COMMON POLICY DECLARATIONS**

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

| Form No.    | Coverage Part Description    |    |           |
|-------------|------------------------------|----|-----------|
| NAS-CP-DEC  | COMMERCIAL PROPERTY          | \$ | 3,452.00  |
| NAS-IM-DEC  | COMMERCIAL INLAND MARINE     | \$ | 697.00    |
| NAS-CR-DEC  | COMMERCIAL CRIME             | \$ | 599.00    |
| NAS-GL-DEC  | COMMERCIAL GENERAL LIABILITY | \$ | 11,327.00 |
| NAS-CA-DEC1 | COMMERCIAL AUTOMOBILE        | \$ | 6,044.00  |

|            |    |                       |              |
|------------|----|-----------------------|--------------|
| Fee        | \$ | Policy Premium        | \$ 22,119.00 |
| Taxes      | \$ | Deposit Premium       | \$           |
| Surcharges | \$ | Total Deposit Premium | \$           |

- FACULTATIVE
- AUDITABLE

Premium shown is payable: (If applicable) \$22,119.00

At Inception                      1st Anniversary                      2nd Anniversary

| Forms and Endorsements applicable to all Coverage Parts: |                |                 |         |                |
|--|----------------|-----------------|---------|----------------|
| NAS-POL-001 (7-96)                                       | NAS-COM-DEC    | IL 0017 (11-98) | IL 0003 | IL 0021 (4-98) |
| NAS-LS-EXT (5-98)  | IL 0270 (7-99) | IL 0103 (6-99)  |         |                |

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Countersigned at: \_\_\_\_\_ This Day of \_\_\_\_\_

By: [Signature]  
(Authorized Signature)

Issuing Office: PUC

Issued Date

**NAS-COM-DEC (05/98)**



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
1/31/2000

1000CR

albot Ins & Financial Services, I  
800 Sutter Street, Suite 500  
Box 4047  
Concord, CA 94524-4047

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 BELONGING TO THE INSURED.

COMPANIES AFFORDING COVERAGE

COMPANY North American Specialty Ins  
A

COMPANY B

COMPANY C

COMPANY D

INSURED

Family Service Agency of San Mateo Co.  
1870 El Camino Real  
Burlingame CA 94010

COVERAGES

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.

| NO | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----|--|---------------|----------------------------------|-----------------------------------|--|
| A  | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT  | AFC000074800  | 07/01/2000                       | 07/01/2001                        | GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>EACH OCCURRENCE \$ 1,000,000<br>FIRE DAMAGE (Any one fire) \$ 50,000<br>MED EXP (Any one person) \$ 5,000 |
| A  | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS | AFC000074800  | 07/01/2000                       | 07/01/2001                        | COMBINED SINGLE LIMIT \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$   |
|    | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT \$<br>AGGREGATE \$  |
| A  | EXCESS LIABILITY<br><input checked="" type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   | AFU000074900  | 07/01/2000                       | 07/01/2001                        | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000   |
|    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL   |               |                                  |                                   | WC STATUTORY LIMITS \$<br>EL EACH ACCIDENT \$<br>EL DISEASE - POLICY LIMIT \$<br>EL DISEASE - EA EMPLOYEE \$   |
|    | OTHER  |               |                                  |                                   |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 E: INTEREST AS A FUNDING SOURCE  
 THE COUNTY OF SAN MATEO, ITS OFFICERS, AGENTS,  
 AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

COUNTY OF SAN MATEO  
 ITS OFFICERS, AGENTS & EMPLOYEES  
 SERVICES AGENCY  
 ATTN: MARINA YU  
 262 HARBOR BOULEVARD  
 BELMONT, CA 94002

CONCURRENCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEAST TO 30 days notice for non-payment BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Marina Yu*

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 01-01-01

POLICY NUMBER: 0448445 - 01  
CERTIFICATE EXPIRES: 01-01-02

SAN MATEO COUNTY HUMAN SERVICE DIVISION  
ATTN: LORNA STRACHAN  
400 HARBOR BLVD #C  
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 30 days' advance written notice to the employer.

We will also give you 30 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.

*Henrich C. Bollier*  
PRESIDENT

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

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 01/01/01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

LEGAL NAME

FAMILY SVC. AGENCY OF SAN MATEO CO  
1870 EL CAMINO REAL  
BURLINGAME CA 94010

FAMILY SERVICE AGENCY OF SAN MATEO  
(A NON PROFIT CORP.)

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Family Service Agency of San Mateo
Contact Person: Carlos Valenzuela
Address: 1870 El Camino Real, Burlingame, CA 94010
Phone Number: 650-692-0555 Fax Number: 650-692-3127

II Employees

Does the Contractor have any employees? Yes No
Does the Contractor provide benefits to spouses of employees? Yes No

\*If the answer to one or both of the above is no, please skip to Section IV.\*

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
No, the Contractor does not comply.
The Contractor is under a collective bargaining agreement which began on (date) and expires on (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 24th day of May, 2001 at Burlingame, CA (City) (State)

Signature of Laurie Wistard, President

Name (Please Print) LAURIE WISTARD
Contractor Tax Identification Number 94-1186169