


COUNTY OF SAN MATEO  
Departmental Correspondence

DATE: JUL 12 2001

HEARING DATE: JUL 24 2001

TO: Honorable Board of Supervisors

FROM: Margaret Taylor, Director, Health Services Agency 

SUBJECT: Agreement with El Concilio of San Mateo County

RECOMMENDATION

Adopt a resolution authorizing the President of the Board to execute an agreement with El Concilio of San Mateo County for the provision of multicultural health education and promotion to south San Mateo County residents through the South County Community Health Center

Background

In early 1999 the Health Services Agency, in conjunction with El Concilio of San Mateo County and Stanford Healthcare, submitted a proposal to receive grant funding from the Health Resources and Services Administration (HRSA) to develop a community-based organization to create and oversee a new primary care clinic in East Palo Alto. Funding was awarded to the County as grantee in November of 1999 for a one-year period. In October of 2000 the County was awarded funding for a second one-year period ending November 30, 2001. The grant required that an interim board of directors oversee fiscal, administrative and clinical activities. This board of directors was created in December of 1999. The community-based organization was incorporated in February of 2000 as the South County Community Health Center, Inc. (SCCHC), and now operates under the direction of its interim board of directors. However, the County has been, and will remain the grantee for the HRSA funds through the end of this funding period. As such, the County will contract for grant-funded services on behalf of SCCHC as a pass-through agency through November 30, 2001.

Discussion

El Concilio of San Mateo County is a non-profit coalition of 23 Latino organizations that has spearheaded the innovative Nuestro Canto de Salud Coalition to improve health in Latino communities. They utilize teams of "promotores" (para-professionals to provide multilingual and multicultural health outreach/education), community workers and nurse educators who provide outreach, education and case management to reduce chronic conditions (e.g. diabetes and heart disease) affecting Latinos.

El Concilio was written into the original grant to HRSA to provide targeted multilingual /multicultural outreach, health screenings, and health education to the residents of south San Mateo County. Focusing on the residents of East Palo Alto, east Menlo Park and the Fair Oaks area of

Redwood City, El Concilio will provide these services and make appropriate referrals to SCCHC. They will also develop a database to track client utilization of services for reporting purposes, and work as a partner under the direction of the board of directors in the planning and development of SCCHC.

Health Services is developing two other contracts with El Concilio. Through the recently awarded Community Access Project (CAP), El Concilio will provide expanded chronic disease management services to the division of Hospitals and Clinics. That agreement will be for a maximum of \$120,000 for the term July 1, 2001 through February 28, 2002. The AIDS Program is in the process of renewing a contract with El Concilio for HIV testing outreach, HIV prevention case management, and HIV prevention services for youth. The previous AIDS Program agreement was for \$155,000, and expired on June 30, 2001. Those two agreements will be presented to your Board in August. Because of its unique 'pass through' funding, this agreement was not combined with either of those agreements.

This agreement is late due to difficulties obtaining and refining a work plan from the contractor, and the complexities of establishing clinical and business operating procedures for SCCHC.

**Performance Measures**

<b>Targeted Health Screenings</b>	<b>7-1-00 through 11-30-00 (Actual)</b>	<b>12-1-00 through 11-30-01 (Projected)</b>
East Palo Alto	120	209
Menlo Park	64	112
<b>Totals</b>	<b>184</b>	<b>272</b>

Term and Fiscal Impact

The entire term of this agreement is July 1, 2000 through November 30, 2001. The term of this agreement falls within the two cycles of federal grant funding, December 1, 1999 through November 30, 2000, and December 1, 2000 through November 30, 2001. El Concilio will be paid \$52,000 for each of those periods. The total amount of this agreement is \$104,000. Funding for these services are completely paid for by the HRSA 330 grant. There is no net county cost.

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

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

\* \* \* \* \*

RESOLUTION AUTHORIZING EXECUTION OF AN AGREEMENT WITH EL  
CONCILIO OF SAN MATEO COUNTY FOR MULTICULTURAL HEALTH  
EDUCATION AND PROMOTION TO SOUTH SAN MATEO COUNTY RESIDENTS  
THROUGH THE SOUTH COUNTY COMMUNITY HEALTH CENTER

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 an agreement, reference to which is hereby made for further  
particulars, whereby El Concilio of San Mateo County will provide multicultural and  
multilingual outreach services for the South County Community Health Center; and

WHEREAS, this Board has been presented with a form of the Agreement and has  
examined and approved it as to both form and content and desires to enter into the  
Agreement:

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the  
Board hereby authorizes the President of this Board of Supervisors 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.

AGREEMENT WITH EL CONCILIO OF SAN MATEO COUNTY  
FOR OUTREACH SERVICES FOR THE SOUTH COUNTY COMMUNITY HEALTH  
CENTER

THIS AGREEMENT, entered into this \_\_\_\_\_ day of July 2001, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and El Concilio of San Mateo County, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services hereinafter described for the Health Services Agency, Business Administration; and

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 thereof;

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

1. Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Director of Health Services, or her designee, with respect to the product or result of Contractor's services, shall provide outreach services as described in Schedule A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner.

2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE HUNDRED FOUR THOUSAND DOLLARS (\$104,000) for the contract term.

B. Rate of Payment. The rate and terms of payment shall be as specified in Schedule B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Director of Health Services or her designee, and shall not be binding on County unless so approved in writing. In no event may the rates established in Schedule B be increased to the extent that the maximum County obligation shall exceed the total specified in paragraph 2A above. Each payment shall be conditioned on the performance of the services described in Schedule A to the full satisfaction of the Director of Health Services or her designee.

C. Time Limit for Submitting Invoices. Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Schedule 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.

3. 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 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 Service Rules.

4. 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, or 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 whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings

6. Non-Discrimination

Contractor shall comply with the non-discrimination requirements described in Schedule C, which is attached hereto, and incorporated herein.

Contractor shall comply with County admission and treatment policies which shall provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation.

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

- i. termination of this Agreement;
- ii. disqualification of Contractor from bidding on or being awarded a County contract for a period of up to three (3) years;
- iii. liquidated damages of TWO THOUSAND FIVE HUNDRED DOLLARS (\$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 contract 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 thirty (30) days of such filing, provided that within such thirty (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 its response to the complaint when filed.

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.

7. Assignments and Subcontracts

A. Without the written consent of the Director of Health 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 Health Services or her designee is a breach of 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 Health Services or her designee.

C. All assignees, subcontractors, or consultants approved by the Director of Health 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.

8. Amendment of Agreement

This Agreement is complete and contains all the terms and conditions agreed upon by the parties. No amendment 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.

9. 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 financial records relating to this Agreement for a period of four (4) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

10. 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, including, but not limited to, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

11. 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:  
San Mateo County  
Margaret Taylor  
225 37th Avenue  
San Mateo, CA 94403

or to such person or address as County may, from time to time furnish to Contractor.



2) In the case of Contractor, to:

El Concilio of San Mateo County  
Ortensia Lopez  
1419 Burlingame Avenue, Suite N  
Burlingame, CA 94010

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.

12. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from July 1, 2000 through November 30, 2001. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon sixty (60) days' written notice to the 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, San Mateo County

By: Ortensia Lopez  
El Concilio of San Mateo County

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

Date: 7/10/01

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

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

Attachment I

(Required only from Contractors who provide services directly to the Public on County's behalf.)

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") 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(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), 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(s).

The Contractor(s): (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(s) to coordinate its efforts to comply with the DHHS regulation.

Gloria Flores - Garcia

Name of 504 Person - Type or Print

El Concilio of San Mateo County

Name of Contractor(s) - Type or Print

1419 Burlingame Avenue, Suite N

Street Address or PO Box

Burlingame

City

CA

State

94010

Zip Code

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

7/10/01

Date

Gloria Flores - Garcia

Signature and 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."

## SCHEDULE A

### EL CONCILIO FOR SCCHC: 2000-01

Contractor shall provide the following services for the South County Community Health Center, Inc, (SCCHC) at the request of the Health Services Agency:

#### SERVICES

##### A. Phase I (July 1, 2000 – November 30, 2000)

In this phase services will be provided for the south San Mateo County area.

1. Participate in the planning and development of SCCHC as a partner and participant in all working group meetings.
2. Provide cultural and language sensitive outreach and health screenings on behalf of SCCHC, focusing on East Palo Alto, east Menlo Park and the Fair Oaks area of Redwood City. Contractor shall hire and train a minimum of six (6) south County residents as Promotores, who, with El Concilio Community Program Specialist(s) will provide the following deliverables to SCCHC:
  - a. Provide multilingual, multicultural outreach to 25 residents.
  - b. Provide 425 cholesterol/diabetes screenings.
  - c. Refer 100 residents to SCCHC through group promotions in homes, churches and at other community base events. Provide follow-up as needed.
  - d. Contractor shall provide a total of 6,000 client contacts. The number of client contacts shall be measured by tabulation of contact records kept by outreach workers.
  - e. Enroll a minimum of thirty (30) residents in Healthy Families.
  - f. Provide health screenings at one (1) community health fair.
3. Develop a database to track activities for reporting purposes.

##### B. Phase II (December 1, 2000 – November 30, 2001)

In this phase services will be focused on East Palo Alto, east Menlo Park and the Fair Oaks area of Redwood City. Multilingual, multicultural outreach will be the focus, with specific emphasis on targeted, one-to-one outreach and health screenings.

1. Participate in the planning and development of SCCHC as a partner and participant in all working group meetings.
2. Provide cultural and language sensitive outreach and health screenings on behalf of SCCHC, focusing on East Palo Alto, east Menlo Park and the Fair Oaks area of Redwood City. Contractor shall provide a minimum of three (3) south County residents as Promotores, who, with El Concilio Community Program Specialist(s) will provide the following deliverables to SCCHC:

- a. Provide multilingual, multicultural outreach to 120 residents.
- b. Provide cholesterol/diabetes screenings for twenty-five (25) residents.
- c. Refer 150 residents to SCCHC through one-to-one interactions. Provide follow-up as needed.
- d. Refer 50 residents to SCCHC through group promotions in homes, churches and at other community base events. Provide follow-up as needed.
- e. Contractor shall provide a total of 2,000 client contacts. The number of client contacts shall be measured by tabulation of contact records kept by outreach workers.
- f. Provide health screenings at one (1) community health fair.
- g. Enroll a minimum of thirty (30) residents in Healthy Families.
- h. Participate in outreach efforts through the Ravenswood School District.

C. Services provided by Contractor shall meet standards acceptable to both SCCHC and the Health Services Agency.

#### REPORTING (Phases I and II)

1. The Contractor shall provide documentation for quality assurance purposes, as requested by the Health Services Agency and/or SCCHC.
2. In compliance with federal 330 grant requirements, and other requirements identified by the Medical Director, Contractor shall provide monthly utilization reports. This report will include the number of referrals made during the month and the zip code of individuals referred, and other information as identified by the Medical Director. Contractor will provide service data based on Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes.
3. Contractor will maintain and make available financial records in accordance with the Federal 330 grant funding and the most recent federal guidelines for the auditing of non-profit institutions that are recipients of federal awards. These records will be compatible with Generally Accepted Accounting Principles (GAAP).
4. Contractor will provide an annual financial report for the funding period ending November 30, 2000; thereafter, quarterly reports within 15 days after the end of each quarter. The last quarterly report will serve as the final project report and will be due on December 15, 2001.

#### PERSONNEL

1. Contractor shall provide experienced and qualified personnel to carry out the work to be performed under this agreement. Personnel assigned by Contractor shall have the following minimum qualifications:
  - a. Current valid California nursing license as necessary.
  - b. Appropriate skills, language and cultural competency for the assignment
2. Contractor's employees assigned to SCCHC shall meet and maintain SCCHC's specific competencies and skills in appropriate areas of assignment.
3. Contractor certifies that all personnel assigned to SCCHC meet appropriate physical examination requirements as stated in the SCCHC Personnel Policy and Procedures Manual.
4. Contractor shall provide verification of current licensure, CPR certification, appropriate skills, health screening and orientation of each employee assigned to SCCHC. This information shall be kept on file at SCCHC. Contractor shall update this information as necessary.
5. Contractor shall comply with all applicable state and federal laws regarding confidentiality and HIV/AIDS.
6. Contractor's personnel are employees of the Contractor. Contractor assumes all responsibility for employee's compensation and professional liability coverage.

## SCHEDULE B

### EL CONCILIO FOR SCCHC 2000-01

#### PAYMENTS

A. July 1, 2000 through November 30, 2000

Contractor shall submit an invoice for the work completed in the period of July 1, 2000 through November 30, 2000. Invoice shall be based upon deliverables as identified in Schedule A. The invoice shall be reviewed and approved by the Director of Health Services or her designee prior to the processing for payment. (See El Concilio budget attachment.) Total payment amount for this section of the Agreement with Health Services shall not exceed FIFTY-TWO THOUSAND DOLLARS (\$52,000).

B. December 1, 2000 through November 30, 2001

Contractor shall submit invoices quarterly for the work completed in the period of December 1, 2000 through November 30, 2001. Invoices shall be based upon deliverables as identified in Schedule A. Invoices shall be reviewed and approved by the Director of Health Services or her designee prior to the processing for payment. (See El Concilio budget attachment.) Total payment amount for this section of the Agreement with Health Services shall not exceed FIFTY-TWO THOUSAND DOLLARS (\$52,000). Invoices for work completed in the first two quarters of this period may be submitted following final approval of this Agreement.

## SCHEDULE C

Contract between County of San Mateo and El Concilio of San Mateo County, hereinafter called "Contractor."

- a. No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement.
- b. Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract. Contractor's personnel policies shall be made available to County upon request.
- c. Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance. Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement.

**EL CONCILIO OF SAN MATEO COUNTY  
PROJECT 330**

07/09/2001 17:09

6503731090

EL CONCILIO OF SMC

PAGE 02

LINE ITEMS	TOTAL 330 BUDGET 7/00-11/01	TOTAL 330 BUDGET PHASE I 7/00-11/00	PROJECT 330 PHASE I DELIVERABLES 7/00-11/00	TOTAL 330 BUDGET PHASE 2 12/00-11/01	PHASE 2 DELIVERABLES 12/00-11/01
<b>TOTAL REVENUE</b>	104,000	52,000		52,000	
<b>Consultants</b>					
1 MIS Set-up / Data Base Tracking / Maintenance	37,000	20,000		17,000	
2 Multi-lingual, multi-cultural outreach 150	2,780	520	28	2,260	122
3 Cholesterol/diabetes screenings 450	17,280	16,320	425	960	25
4 Referrals = One-to-one interactions 150	2,000			2,000	150
5 Referrals = Group Promotions - homes, churches and other community events 150	11,250	7,500	100	3,750	50
6 Client contacts = 6,000	630	630	6,000		2000
7 Promotore Training - outreach or presentations/Medical procedures/ Anatomy & Physiology and Nutrition and Exercise	20,000			20,000	
8 Health Screenings @ Health Fairs = 2	1,000	1,000	1		1
9 Enrollment Applications/Outreach & follow-up = Healthy Families	12,060	6,030	30	6,030	30
<b>Total Expenses</b>	104,000	52,000		52,000	
<b>Surplus(Deficit)</b>	0	0		0	



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)  
07/05/01

**PRODUCER**  
HRH of Central California 11  
P O Box 40022  
Fresno, CA 93755-4022  
559 432-1800

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**  
El Concilio Of San Mateo County  
1419 Burlingame Ave. Suite N  
Burlingame, CA 94010

INSURER A: Great American - Non Profit  
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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PAC225449903	05/29/01	05/29/02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS -COMP/OP AGG \$1,000,000								
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	CAP344859701	05/29/01	05/29/02	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	<b>OTHER</b>												

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Certificate Holder is included as Additional Insured per form CG2026 Attached as respects Liability Coverage.

**CERTIFICATE HOLDER**  **ADDITIONAL INSURED; NSURER LETTER** A **CANCELLATION** Ten Day Notice for Non-Payment

San Mateo County Health Services Agency  
 Attn: Arthur Morris  
 225 W. 37th Avenue  
 San Mateo, CA 94403

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  
*Johnnie F. Steinert*

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

POLICY NUMBER: PAC225449903

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - DESIGNATED PERSON or ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

## SCHEDULE

Name of Person or Organization:

San Mateo County Health  
Services Agency  
Attn: Arthur Morris  
225 W. 37th Avenue  
San Mateo, CA 94403

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your operations or premises owned by or rented to you.

Certificate Holder is Included as Additional Insured per form CG2026 Attached as respects Liability Coverage.

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

JULY 6, 2001

POLICY NUMBER: 469-01 UNIT 00015.  
CERTIFICATE EXPIRES: 7-1-02

COUNTY OF SAN MATEO  
HOUSE SERVICES AGENCY/ ATTN ARTHUR MORRIS  
225 W 37TH AVE  
SAN MATEO CA 94403

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

*Kc Bollier*

PRESIDENT

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

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE  
07/06/01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.  
NAME OF ADDITIONAL INSURED: COUNTY OF SAN MATEO

EMPLOYER

HISPANIC CONCILLO OF SAN MATEO COUNTY  
(A NON-PROFIT CORPORATION)  
1419 BURLINGAME AVE STE N  
BURLINGAME CA 94010

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

COMPENSATION  
INSURANCE

**FUND** CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JULY 5, 2001

GROUP: 000469  
POLICY NUMBER: 1571-2001  
CERTIFICATE ID: 28  
CERTIFICATE EXPIRES: 07-01-2002  
07-01-2001/07-01-2002

SAN MATEO COUNTY  
HEALTH SERVICES AGENCY, ATTN: ARTHUR MORRIS  
225 WEST 37TH AVE.  
SAN MATEO CA 94403

This is to certify that we have issued a valid Worker's 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.



AUTHORIZED REPRESENTATIVE



PRESIDENT

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

EMPLOYER

HISPANIC CONCILLO OF SAN MATEO COUNTY  
1419 BURLINGAME AVE STE N  
BURLINGAME CA 94010

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: El Concilio of San Mateo County
Contact Person: Ortensia Lopez
Address: 1419 Burlingame Ave., Suite N
Burlingame, CA 94010
Phone Number: (650) 373-1080 Fax Number: (650) 373-1090

II Employees

Does the Contractor have any employees? xx Yes \_\_\_ No

Does the Contractor provide benefits to spouses of employees? \_\_\_ Yes xx 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 10th day of July, 2001 at Burlingame, California (City) (State)

Signature of Ortensia Lopez

Ortensia Lopez
Name (Please Print)

Executive Director
Title

94-2772110
Contractor Tax Identification Number