

COUNTY OF SAN MATEO  
Departmental Correspondence

Date: **OCT 17 2001**  
Hearing Date: **OCT 23 2001**

TO: Honorable Board of Supervisors  
FROM: John Conley, Deputy Director, Public Health  
SUBJECT: Amendment to the Agreement with AIDS Community Research Consortium

RECOMMENDATION

Adopt a resolution authorizing the President of the Board to execute an amendment to the agreement with AIDS Community Research Consortium (ACRC).

Background

In 1999 your Board approved a study of Hepatitis C prevalence among high-risk populations. The study was also an initial attempt to increase awareness of Hepatitis C as a serious health threat. The report from that study was presented to your Board in March 2001. As a result of the findings of the study, the report recommended that your Board appropriate \$85,000 to support the development of a Hepatitis C infrastructure consisting of education, prevention, testing and counseling of persons at increased risk of contracting Hepatitis C with an emphasis on harm reduction.

In the spring of 2001 your Board approved a resolution authorizing an increase of 10% to the contract amounts of community-based organizations effective July 1, 2001.

Discussion

This past June your Board approved \$85,000 for a Hepatitis C infrastructure as mentioned above. This amendment addresses the education, prevention, and counseling that are to be a part of that infrastructure. Public Health will contract with ACRC to provide these services to persons infected with Hepatitis C through the Living with Hepatitis C Program.

ACRC has an established track record of educating persons with HIV and Hepatitis C. Through the Living Now Program these persons have been taught about HIV and disease process, medical therapies and regimens, and ways to maintain their health while living with HIV. The program also trains persons to be peer educators who can continue to provide information and support to persons infected with HIV, as well as family members, friends and others in the community.

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

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

\* \* \* \* \*

RESOLUTION AUTHORIZING EXECUTION OF AN  
AMENDMENT TO THE AGREEMENT WITH  
AIDS COMMUNITY RESEARCH CONSORTIUM

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 Amendment to the Agreement, reference to which is hereby made for further particulars, whereby AIDS Community Research Consortium shall provide HIV case management services for Willow Clinic clients; health education and risk reduction services for Early Intervention Program (EIP) clients; health education and risk reduction services for Hepatitis C clients; and HIV food services; and

WHEREAS, this Board has been presented with a form of the Amendment to the Agreement and has examined and approved it as to both form and content and desires to enter into the Amendment to 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 to the Agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

AMENDMENT TO THE AGREEMENT

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and AIDS COMMUNITY RESEARCH CONSORTIUM (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on March 27, 2001, the parties hereto entered into an agreement (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Section 1, Services to be Performed by Contractor, of the Original Agreement is hereby amended to read 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 HIV case management services for Willow Clinic clients; health education and risk reduction services for Early Intervention Program (EIP) clients; health education and risk reduction services for Hepatitis C clients; and HIV food 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. Section 2, Payments, Paragraph A, Maximum Amount, of the Original Agreement is hereby amended to read as follows:

“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 THREE HUNDRED FORTY-FOUR THOUSAND FIVE HUNDRED DOLLARS (\$344,500) for the contract term.”

3. Section 6, Non-Discrimination, of the Original Agreement is hereby amended to read as follows:

“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 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 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.”

4. Schedule A, Section I, Services, Paragraph D, Health Education and Risk Reduction Services for Hepatitis C Clients, is hereby added to the Original Agreement as follows:

“D. Health Education and Risk Reduction Services for Hepatitis C Clients

Contractor shall provide health education and risk reduction services to clients who are Hepatitis C+ and live in San Mateo County.

1. Contractor shall develop a Hepatitis C curriculum that includes strategies and interventions to assist clients to maximize their health and productivity through behavior change support, adherence to treatment regimens, and stress reduction.

2. Contractor shall provide one (1) sixteen (16) session Living with Hepatitis C group educational program.
3. Contractor shall complete services to a minimum of fifteen (15) to twenty-five (25) unduplicated clients (UDC) and provide a minimum of two hundred forty (240) UOS. A UOS shall be defined as: a) face-to-face contact with a client; b) telephone calls to clients; and c) client participation in the Living with Hepatitis C Program.
4. Contractor shall provide incentives to stimulate Living with Hepatitis C enrollment and participation.
5. Contractor will reimburse Living with Hepatitis C participants for their transportation to and from class. A ONE HUNDRED DOLLAR (\$100) stipend will be provided as an incentive for all participants who successfully complete all components of the Living with Hepatitis C Program. Lunch will be provided at one (1) of the two (2) weekly classes.”

5. Schedule A, Section II, Program Objectives, Paragraph D, Health Education and Risk Reduction Services for Hepatitis C Clients, is hereby added to the Original Agreement as follows:

- “D. Health Education and Risk Reduction Services for Hepatitis C Clients
1. Ninety percent (90%) of clients will demonstrate basic understanding of concepts presented in the Living with Hepatitis C Program as evidenced by progress notes.
  2. Ninety percent (90%) of clients enrolled in the Living with Hepatitis C Program shall report satisfaction with the program as demonstrated by a client satisfaction survey.”

6. Schedule A, Section III, Reporting, Paragraph D, Health Education and Risk Reduction Services for Hepatitis C Clients, is hereby added to the Original Agreement as follows:

- “D. Health Education and Risk Reduction Services for Hepatitis C Clients
1. Contractor’s staff shall submit completed Client Contact Forms to the Disease Control and Prevention Unit within one (1) week of client contact.

2. Quarterly Program Reports are due fifteen (15) days following the close of each quarter. The fourth (4<sup>th</sup>) quarter report serves as the final project report and is due on March 15, 2002, and shall include a project self-evaluation which identifies unmet needs and service gaps for the target population.
  3. Year End Financial Report is due by March 15, 2002.
  4. CPA Audit is due within one hundred eighty (180) days of the end of Contractor's fiscal year."
7. Schedule B, Payment, of the Original Agreement is hereby amended to read as follows:

"I. PAYMENT

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

A. Case Management Services

1. Contractor shall submit monthly invoices and financial statements for services provided for the AIDS Program by the fifteenth (15<sup>th</sup>) day following the end of the invoiced month. Invoices will be based on actual expenditures against line item expenses outlined in the program budget (see Attachment III), and upon demonstrated progress through required progress reports.
2. The total amount for this section of this Agreement shall not exceed FORTY-NINE THOUSAND FIVE HUNDRED DOLLARS (\$49,500).

B. Health Education & Risk Reduction Services

1. Contractor shall submit monthly invoices and financial statements for services provided for the AIDS Program by the fifteenth (15<sup>th</sup>) day following the end of the invoiced month. Invoices will be based on actual expenditures against line item expenses outlined in the program budget (see Attachment III), and upon demonstrated progress through required progress reports.
2. The total amount for this section of this Agreement shall not exceed FIFTY-FIVE THOUSAND DOLLARS (\$55,000).

C. HIV Food Services

1. Contractor shall submit monthly invoices and financial statements for services provided for the AIDS Program by the fifteenth (15<sup>th</sup>) day following the end of the invoiced month. Invoices will be based on actual expenditures against line item expenses outlined in the program budget (see Attachment III), and upon demonstrated progress through required progress reports.
2. The total amount for this section of this Agreement shall not exceed TWO HUNDRED TWENTY THOUSAND DOLLARS (\$220,000).

D. Health Education & Risk Reduction Services for Hepatitis C Clients

1. Contractor shall submit monthly invoices and financial statements for services provided for the AIDS Program by the fifteenth (15<sup>th</sup>) day following the end of the invoiced month. Invoices will be based on actual expenditures against line item expenses outlined in the program budget (see Attachment III), and upon demonstrated progress through required progress reports.
2. The total amount for this section of this Agreement shall not exceed TWENTY THOUSAND DOLLARS (\$20,000).

In any event, the total amount for all sections of this Agreement shall not exceed THREE HUNDRED FORTY-FOUR THOUSAND FIVE HUNDRED DOLLARS (\$344,500).”

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.



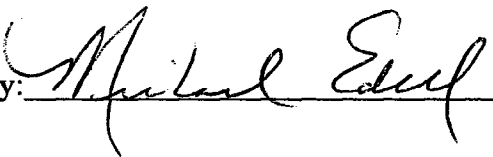
NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of March 27, 2001, be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

AIDS COMMUNITY RESEARCH  
CONSORTIUM

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

By:  \_\_\_\_\_

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

Date: 9-12-01 \_\_\_\_\_

ATTEST:

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

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

SAN MATEO COUNTY AIDS PROGRAM CONTRACT  
BUDGET (COST ALLOCATION BY FUNDING PERIOD)  
Health Education and Risk Reduction Services  
Early Intervention Program (EIP) Clients

### ATTACHMENT III

Page 1 of 4

| Funding Period                           | #1                     |                 |
|--|------------------------|-----------------|
|  | March 01 - February 02 |                 |
| <b>Personnel Expenses</b>                | FTE                    |                 |
| Executive Director (March to June)       | 0.05                   | \$1,090         |
| Executive Director (July to Feb )        | 0.05                   | \$2,278         |
| Director of Programs (March to June)     | 0.16                   | \$3,175         |
| Director of Programs July to Feb)        | 0.16                   | \$6,636         |
| Outreach Worker (March to June)          | 0.50                   | \$4,420         |
| Outreach Worker (July to Feb)            | 0.50                   | \$9,237         |
| Administrative Assistant (March to June) | 0.35                   | \$3,094         |
| Administrative Assistant July to Feb)    | 0.35                   | \$6,466         |
| Total Salaries                           |                        | \$36,396        |
| Fringe Benefits @ 26 %                   |                        | \$9,463         |
| <b>Total Personnel</b>                   |                        | <b>\$45,859</b> |

|                                    |                 |
|------------------------------------|-----------------|
| <b>Operating Expenses</b>          |                 |
| Rental of Property                 | \$1,000         |
| Utilities/telephone                | \$500           |
| Building Maint., Supplies & Repair |                 |
| Office Supplies/Postage            | \$300           |
| Printing and Reproduction          | \$300           |
| Program/Educational Supplies       |                 |
| Insurance                          |                 |
| Staff Training                     |                 |
| Rental of Equipment                |                 |
| Staff Travel (local & out-of-town) | \$1,255         |
| Consultants/Subcontractor:         |                 |
| Other:                             |                 |
| Graduation Stipends                | \$1,200         |
| <b>Total Operating</b>             | <b>\$4,555</b>  |
| <b>Total Direct Expenses</b>       | <b>\$50,414</b> |
| Indirect Expenses @ 10%            | \$4,586         |
| <b>TOTAL EXPENSES</b>              | <b>\$55,000</b> |
| <b>Total Unduplicated Clients</b>  | <b>25</b>       |
| <b>Total Units of Service</b>      | <b>500</b>      |
| <b>Cost Per Unit of Service</b>    | <b>\$110</b>    |

SAN MATEO COUNTY CONTRACT  
 BUDGET (COST ALLOCATION BY FUNDING PERIOD)  
 Health Education & Risk Reduction Services for Hepatitis C Clients

**ATTACHMENT III**

| Funding Period                         | #1                 |                 |
|--|--------------------|-----------------|
|  | March 01 to Feb 02 |                 |
| <b>Personnel Expenses</b>              | <b>FTE</b>         |                 |
| Executive Director                     | 0.05               |                 |
| Director of Programs                   | 0.15               | \$9,000         |
| HCV Prevention and Control Coordinator | 1.00               |                 |
| Administrative Assistant               | 0.35               |                 |
| Total Salaries                         |                    | \$9,000         |
| Fringe Benefits @ 26 %                 |                    | \$2,340         |
| <b>Total Personnel</b>                 |                    | <b>\$11,340</b> |

|                                    |                 |
|------------------------------------|-----------------|
| <b>Operating Expenses</b>          |                 |
| Rental of Property                 | \$1,200         |
| Utilities/telephone                |                 |
| Building Maint., Supplies & Repair |                 |
| Office Supplies/Postage            |                 |
| Printing and Reproduction          |                 |
| Program/Educational Supplies       |                 |
| Computer Supplies                  |                 |
| Insurance                          |                 |
| Staff Training                     |                 |
| Rental of Equipment                |                 |
| Staff Travel (local & out-of-town) | \$499           |
| Consultants/Subcontractor:         |                 |
| Other:                             |                 |
| Meetings (meal and snacks)         | \$2,000         |
| Media/Advertisements               |                 |
| Graduation Stipends                | \$1,500         |
| Class Facilitators Stipends        | \$1,500         |
| Peer Treatment Advocate Stipends   | \$260           |
| <b>Total Operating</b>             | <b>\$6,959</b>  |
| <b>Total Direct Expenses</b>       | <b>\$18,299</b> |
| Indirect Expenses @ 15%            | \$1,701         |
| <b>TOTAL EXPENSES</b>              | <b>\$20,000</b> |
| <b>Total Unduplicated Clients</b>  | <b>15</b>       |
| <b>Total Units of Service</b>      | <b>240</b>      |
| <b>Cost Per Unit of Service</b>    | <b>\$83.33</b>  |

Contractor Name: AIDS Community Research Consortium (ACRC) No. 64323

SAN MATEO COUNTY AIDS PROGRAM CONTRACT  
BUDGET (COST ALLOCATION BY FUNDING PERIOD)  
Case Management Program

**ATTACHMENT III**

Page 3 of 4

| Funding Period                        | #1               |                 |
|---------------------------------------|------------------|-----------------|
|                                       | Mar '01 -Feb '02 |                 |
|                                       | FTE              |                 |
| <b>Personnel Expenses</b>             |                  |                 |
| Case Manager (Mar to July) @ \$31,750 | 1.0              | \$13,229        |
| Case Manager (Aug to Feb) @ \$34,925  | 1.0              | 20,372          |
| <b>Total Salaries</b>                 |                  | <b>33,601</b>   |
| Fringe Benefits @ 26 %                |                  | \$8,736         |
| <b>Total Personnel</b>                |                  | <b>\$42,337</b> |

|                                    |                 |
|------------------------------------|-----------------|
| <b>Operating Expenses</b>          |                 |
| Rental of Property                 | N/A             |
| Telephone                          | \$300           |
| Building Maint., Supplies & Repair | N/A             |
| Office Supplies/Postage            | N/A             |
| Printing and Reproduction          | N/A             |
| Program/Educational Supplies       | N/A             |
| Insurance                          | \$300           |
| Staff Training                     | \$1,135         |
| Rental of Equipment                | N/A             |
| Staff Travel (local & out-of-town) | \$1,372         |
| Consultants/Subcontractor:         | N/A             |
| Other:                             |                 |
| Meetings & Conferences             | \$817           |
| <b>Total Operating</b>             | <b>\$3,924</b>  |
| <b>Total Direct Expenses</b>       | <b>\$46,261</b> |
| Indirect Expenses @ 7%             | \$3,238         |
| <b>TOTAL EXPENSES</b>              | <b>\$49,500</b> |
| <b>Total Unduplicated Clients</b>  | <b>130</b>      |
| <b>Total Units of Service</b>      | <b>1,000</b>    |
| <b>Cost Per Unit of Service</b>    | <b>\$49.50</b>  |

|                                      |                           |
|--------------------------------------|---------------------------|
| Prepared by <u>Ann Parks-Council</u> | Tel <u>(650) 364-6563</u> |
|--------------------------------------|---------------------------|

## SAN MATEO COUNTY AIDS PROGRAM CONTRACT

## HIV Food Services Program

## ATTACHMENT III

| Funding Period   | #1                     |                |
|--|------------------------|----------------|
|  | March 01 - February 02 |                |
| Personnel Expenses   | FTE                    |                |
|  | 0.10                   | In-Kind        |
| Luther C. Brock, Sr. Director of Programs                                | 0.15                   | In-Kind        |
| Byron Swerdfeger, ELLIPSE Food Program Coordinator<br>(March to July)    | 0.75                   | 13,750         |
| Byron Swerdfeger ( August to Feb) @\$34,650                              | 0.75                   | 20,212         |
| Mary Prem, ACRC Program Administrator (\$15.00/hr)<br>(March to July)    | 1.00                   | 13,000         |
| Mary Prem, Food Program Administrator @ \$38,115<br>(August to February) | 1.00                   | 22,234         |
| Johnny Gipson, Program Services Assistant (\$12.75/hr)                   | 0.50                   | In-Kind        |
| Terry Fisher, Program Services Assistant (\$12.75/hr)                    | 0.37                   | 9,500          |
| Total Salaries   |                        | 78,696         |
| Fringe Benefits @ 26%  |                        | 20,461         |
| Total Personnel  | 4.62                   | 99,157         |
| Operating Expense  |                        |                |
| Rental of Property   |                        | 6,424          |
| Utilities/telephone  |                        | 2,750          |
| Building Maint., Supplies & Repair                                       |                        | 600            |
| Office Supplies/Postage  |                        | 1,200          |
| Printing and Reproduction  |                        | 400            |
| Program/Educational Supplies   |                        | 150            |
| Vehicle Operating Cost   |                        | 1,284          |
| Insurance/Licenses   |                        | 1,200          |
| Vehicle Manintenance/Repair  |                        | 1,500          |
| Staff Training   |                        | 250            |
| Staff Travel   |                        | 600            |
| Consultants/Subcontractor:   |                        |                |
| Toni Toledo, MPH, RD (4 hours @ \$65.00/hr)                              |                        | 3,120          |
| Other:   |                        |                |
| Delivered Meals/Groceries and Nutritional Suppliments                    |                        | 40,000         |
| Food Contributions (Second Harvest, Restaurants)                         |                        | In-Kind        |
| Grocery Vouchers (1 voucher x 180 clients x 12 months @ \$20.00)         |                        | 43,200         |
| <b>Total Operating</b>   |                        | <b>102,678</b> |
| <b>Total Direct Expenses</b>   |                        | <b>201,835</b> |
| Indirect Expenses  |                        | 18,165         |
| (Ind. Exp. rate @ 9%)  |                        |                |
| <b>TOTAL EXPENSES</b>  |                        | <b>220,000</b> |
| Total Unduplicated Clients   |                        | 250            |
| Total Units of Service   |                        | 13,600         |
| Cost Per Unit of Service   |                        | \$16.18        |

### COUNTY OF SAN MATEO

### Equal Benefits Compliance Declaration Form

#### I Vendor Identification

Name of Contractor: AIDS Community Research Consortium  
 Contact Person: Ann Parks - Council  
 Address: 1048 El Camino Real Suite B  
Redwood City, CA  
 Phone Number: (650) 364-6563 Fax Number: (650) 364-9001

#### II Employees

Does the Contractor have any employees?  Yes  No  
 Does the Contractor provide benefits to spouses of employees?  Yes  No  
*must be paid by the employee*  
 \*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 12 day of September, 2001 at Redwood City, California  
 (City) (State)

Ann Parks - Council  
 Signature  
Associate Director  
 Title

Ann Parks - Council  
 Name (Please Print)  
94-3100725  
 Contractor Tax Identification Number

**COUNTY OF SAN MATEO COUNTY  
MEMORANDUM**

**DATE:** September 6, 2001

**TO:** Priscilla Morse, Risk Manager

**FROM:** Christina Gipe **FAX:** 573-2875 **PONY:** PBH 328

**SUBJECT:** Contract Insurance Approval

**CONTRACTOR NAME:** AIDS Community Research Consortium

**DO THEY TRAVEL:** Yes

**PERCENT OF TIME:** 10%

**NUMBER OF EMPLOYEES:** 12

**DUTIES (SPECIFIC):** Provide Health Education classes and Case Management services for people with HIV/AIDS. Also provides space for support groups (Premises Agreement).

| <b>COVERAGE:</b>                | <b>Amount</b>      | <b>Approve</b>                      | <b>Waive</b>             | <b>Modify</b>            |
|---------------------------------|--------------------|-------------------------------------|--------------------------|--------------------------|
| Comprehensive General Liability | <u>\$1,000,000</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Vehicle Liability         | <u>\$1,000,000</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability          | <u>\$1,000,000</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worker's Compensation           | <u>Statutory</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**REMARKS/COMMENTS:**

*Priscilla Morse*  
\_\_\_\_\_  
SIGNATURE

**SUBMIT TO RISK MANAGEMENT**

**PONY EPS-163**

**-OR-**

**FAX 363-4864**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
08/31/01

**PRODUCER**  
 HRH of Northern California  
 75 Rowland Way, Suite 350  
 Novato, CA 94945  
 415 895-9100

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**  
 AIDS Community Research Consortium  
 1048 El Camino Real, Suite B  
 Redwood City, CA 94063

INSURER A: Federal Insurance Company  
 INSURER B: The Travelers Indemnity Co. of Ill  
 INSURER C: State Compensation Insurance Fund  
 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<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR          | 35774940      | 06/04/01                         | 06/04/02                          | EACH OCCURRENCE \$1,000,000<br>FIRE DAMAGE (Any one fire) \$50,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS-COMP/OP AGG \$1,000,000 |
| B        | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS | B101751W461   | 06/04/01                         | 06/04/02                          | COMBINED SINGLE LIMIT (EA accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | GARAGE LIABILITY<br>ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$  |
| B        | EXCESS LIABILITY<br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$10000        | CUP1947W224   | 06/04/01                         | 06/04/02                          | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000<br>\$<br>\$   |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | 48844400      | 04/01/01                         | 04/01/02                          | <input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000    |
|          | OTHER  |               |                                  |                                   |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Miscellaneous Coverage - Business Automobile - Pol.# BINDER297028

### Form Information

(See Attached Descriptions)

|                    |  |              |
|--------------------|--|--------------|
| CERTIFICATE HOLDER | <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER | CANCELLATION |
|--------------------|--|--------------|

County of San Mateo Health Services c/o Health Serv. Agency  
 San Mateo, CA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~NOTIFY BY MAIL~~ AP DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~AND BY MAIL TO THE CERTIFICATE HOLDER~~

*Fax 1 650-573 2875*

AUTHORIZED REPRESENTATIVE  
*Jack B. Z...*



**DESCRIPTIONS (Continued from Page 1)**

Form Description: Hired/nonowned auto Limit #1: 1,000,000

Miscellaneous Coverage - General Liability - Pol.# BINDER297028

**Form Information**

Form Description: \$1,000,000 each occurrence/ \$3,000,000 Aggregate limit  
Limit #1: 1,000,000 Limit #2: 3,000,000

The certificate holder is additional insured as respects agreement for  
the Insured to provide health services for the County of San Mateo

### 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.