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**AN AMENDMENT TO THE AGREEMENT  
BETWEEN**

**COUNTY OF SAN MATEO**

**AND**

**CALIFORNIA CHECK CASHING INC.**

**For the period of**

**December 17, 1991 to June 30, 2002**

Contact Person:

*Sofia Gomez*

*Management Analyst*

*(650) 802-5107*

AMENDMENT TO AGREEMENT  
WITH CHECK CASHING STORES, INC.  
FOR THE ISSUANCE OF FOOD STAMPS

THIS AMENDMENT TO AN AGREEMENT, entered into on this day of \_\_\_\_\_, 2001, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and California Check Cashing Stores, Inc., hereinafter called "Contractor".

WITNESSETH:

WHEREAS, the parties entered into an agreement on December 17, 1991, for the purpose issuing Food Stamps in San Mateo County; and

WHEREAS, the parties now wish to amend the agreement to increase the maximum fiscal obligation of the agreement;

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

1. Section C of the agreement **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 at the rate of \$2.23 per transaction fee rendered under this Agreement shall not exceed **\$ 225,418** for the contract term.

2. Section 8. of the agreement "**Non-Discrimination**" is hereby amended to include the following:

"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. Section 9. of the agreement is hereby amended to include the following:

**Violation of the Non-Discrimination provisions**

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

- i) termination of this Agreement;

- ii) disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;
- iii) liquidated damages of \$2,500 per violation;
- iv) imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this paragraph, the County Manager shall have the authority to

- i) examine Contractor's employment records with respect to compliance with this paragraph;
- ii) set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contractor between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complaint, a copy of such complaint and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

- 4. All other terms and conditions of the agreement, as amended, dated December 19, 2001, 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

ATTEST:

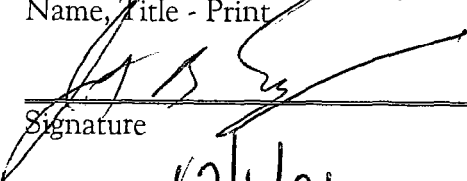
By: \_\_\_\_\_  
Michael D. Nevin, President  
Board of Supervisors, County of San Mateo

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

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

Date: \_\_\_\_\_  
California Check Cashing Stores II  
Contractor - Print Name

Jonathan B. Eager - President  
Name, Title - Print

  
Signature

Date: 12/1/01

Tax ID# 94-3018878

COUNTY OF SAN MATEO  
MEMORANDUM

DATE: September 11, 2001  
TO: Pricilla Harris Morse  
FROM: Deborah Jaeger, HSA210 Fax: (650) 596-3478  
SUBJECT: APPROVAL OF INSURANCE  
CONTRACTOR: California Check Cashing Stores, Inc  
DO THEY TRAVEL: No

PERCENT OF TIME

NUMBER OF EMPLOYEES

DUTIES: This contractor provides food stamp issuance for San Mateo County.

COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Gen Liability	\$6m	✓	_____	_____
Motor Vehicle Liability	\$6m	✓	_____	_____
Professional Liability	_____	_____	✓	_____
Worker's Compensation	Statutory	✓	_____	_____

Crime Policy \$100k - Loc. #2 \$125k - Loc. #1 - okay

REMARKS/COMMENTS: This is an amendment to the contract. This ninth amendment corrects the eighth amendment by showing that the amount of \$100,000 was suppose to have been added to the contract in the eighth amendment making the contract amount 225,418. The amount shows up in the Board memo and HSA Director's memo for the eighth amendment , but not in the agreement or resolution.

*Pricilla Morse*

Manager, Risk Management

Ins form

PONY EPS163

SUBMIT TO RISK MANAGEMENT  
OR

FAX 363-4864

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
08/02/01

**PRODUCER**  
HRH of Central California 41  
P O Box 1886  
Bakersfield, CA 93303  
661 328-1300

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**  
California Check Cashing  
Stores Inc., Etal  
4179 Piedmont Ave., Ste 300  
Oakland, CA 94611

INSURER A: Transporation Insurance Co.  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	1078146319	08/30/01	08/30/02	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
	<b>OTHER</b>				E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
RE: 1310 E. El Camino Rio, San Bruno, Ca 94066  
Certificate holder is hereby added as loss payee as their interest may appear.

**CERTIFICATE HOLDER**  **ADDITIONAL INSURED; INSURER LETTER:** \_\_\_\_\_

**CANCELLATION**

County of San Mateo  
Human Services Agency  
Attn: Mary Coughlin  
400 Harbor Blvd.  
Belmont, CA 94002

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 H. Steinert*

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: California Check Cashing Stores
Contact Person: Lee Kerschberg
Address: 4179 Piedmont Ave #300 Oakland, CA 94611
Phone Number: 510-547-6593 Fax Number: 510-547-6601 #203

II Employees

Does the Contractor have any employees? [checked] Yes \_\_\_ No
Does the Contractor provide benefits to spouses of employees? \_\_\_ Yes \_\_\_ No [checked] At their own expense.

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

III Equal Benefits Compliance (Check one)

- [checked] 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 1st day of Dec., 2001 at Oakland CA (City) (State)

[Signature]
Signature
President
Title

Jonathan B. Eager
Name (Please Print)
94-3018878
Contractor Tax Identification Number