

FIRST AMENDMENT TO THE AGREEMENT WITH  
FAMILY AND COMMUNITY ENRICHMENT SERVICES, INC. FOR ALCOHOL AND  
DRUG TREATMENT SERVICES

This Amendment, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2002, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and FAMILY AND COMMUNITY ENRICHMENT SERVICES, INC. (hereinafter called "Contractor");

W I T N E S S E T H :

WHEREAS, on September 11, 2001, the parties hereto entered into a one-year Agreement for the furnishing of alcohol and drug treatment services by Contractor to County as set forth in that Agreement; and

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

NOW, THEREFORE, the Agreement is hereby amended as follows:

1. Change #1: Delete Paragraph 3.A. Maximum Amount and insert the new Paragraph 3.A. to read as follows:
  - A. Maximum Amount. In full consideration of Contractor's performance of the services described in Exhibit A, the amount that the County shall be obligated to pay for services rendered under this Agreement shall not exceed FIVE HUNDRED NINETY-FIVE THOUSAND FORTY-NINE DOLLARS (\$595,049) for the contract term.
2. Change #2: Delete Section I.C.2.c. from Exhibit A and insert in its place the new Section I.C.2.c. to read as follows:

c. Aftercare Services

Each program participant completing the CalWORKs Women's Day Treatment Services will be eligible to receive Contractor's aftercare services. A minimum of seventy-two (72) women will receive Contractor's aftercare services during the term of this agreement. If assessment after eight (8) weeks of aftercare services indicates a need, individuals may continue to participate in aftercare groups and receive other aftercare services.

Aftercare services will include but not be limited to:

- 1) follow up phone contact weekly for six weeks following completion of the program;
- 2) individual therapy will continue one hour per week until new therapy services are established;
- 3) family visits and assessment;
- 4) weekly aftercare support groups for eight (8) weeks following completion of treatment services; and
- 5) referral and linkages to needed services (including housing, child care, etc.).

3. Change #3: Delete Section II.A. from Exhibit A and insert in its place the new

Section II.A. to read as follows:

- A. County shall pay Contractor THIRTY FIVE THOUSAND DOLLARS (\$35,000) per month, not to exceed a maximum contract obligation of FOUR HUNDRED TWENTY THOUSAND DOLLARS (\$420,000) for the term of the Agreement.

4. All provisions of the Agreement not changed by this Amendment remain in full force and effect , and are applicable to the amendments herein in the same manner as if such amendments had been included in the original Agreement.

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

By: \_\_\_\_\_  
Jerry Hill, President  
Board of Supervisors

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

ATTEST:

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

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

FAMILY AND COMMUNITY ENRICHMENT SERVICES,  
INC.

Kathleen Steele

\_\_\_\_\_  
Name, Title - Print



\_\_\_\_\_  
Signature

Date: 1-24-02

Contractor's Tax I.D. # 94-3051693

COUNTY OF SAN MATEO  
MEMORANDUM

DATE: 6-12-01  
 TO: Priscilla Morse, Risk Manager  
 FROM: Esther Lucas FAX: 802-6440; Pony: HSA202PE; Phone: 802-6432  
 SUBJECT: Contract Insurance Approval  
 CONTRACTOR NAME: FAMILY AND COMMUNITY ENRICHMENT SERVICES, INC

DO THEY TRAVEL: Yes  
 PERCENT OF THE TIME: minimal

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Alcohol & Drug Treatment Services

COVERAGE	Amount	Approve	Waive	Modify
Comprehensive General Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: Renewal

Priscilla Morse  
Signature

SUBMIT TO RISK MANAGEMENT

FAX 365-4864

PONY EPS-163

**ACORD CERTIFICATE OF LIABILITY INSURANCE** OP ID RI DATE (MM/DD/YY)  
 FAMI-11 05/24/01

PRODUCER  
 Chapman & Associates  
 License #0522024  
 P. O. Box 5455  
 Pasadena CA 91117-0455  
 Phone: 626-405-8031 Fax: 626-405-0585

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  
 Family & Community Enrichment Services Inc  
 610 Elm St Ste 212  
 San Carlos CA 94070

INSURER A: Riverport Insurance Company  
 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				EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	RP0001712	04/26/01	04/26/02	FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
	<input checked="" type="checkbox"/> Professional Liab	RP0001712	04/26/01	04/26/02	PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMP/OP AGG \$ 1000000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ANY AUTO	RP0001712	04/26/01	04/26/02	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Certificate Holder is named as Additional Insured/Funding Source with respects to the operations of the Named Insured.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

County of San Mateo  
 Alcohol and Drug Services  
 Esther Lucas  
 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 30 DAYS WRIT 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 