



AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

FAMILY SERVICES AGENCY

For the period of

April 1, 2002 to June 30, 2003

Contact Person:

Glen H. Brooks, Jr.

Central Region Director

(650) 802-6579

Agreement with
Family Service Agency

For

Family Loan Program

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Family Service Agency, hereinafter called "Contractor";

W I T N E S S E T H :

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/Agency thereof; and

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services of the Family Loan Program.

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

The following exhibits are attached hereto and incorporated by reference therein.

1. **Exhibits**

Exhibit A - Program Description
Exhibit B - Payment Schedule
Exhibit C - Compliance with Section 504
Exhibit D - Program Monitoring
Exhibit E - Equal Benefits Compliance Declaration Form

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2. **Services to be Performed**

In consideration of the payments hereinafter set forth in Exhibit B, attached hereto and incorporated by reference herein, Contractor, under the general direction of the Director of Human Services Agency, or her authorized representative, with respect to the product or result of Contractor's services, shall perform services as described in Exhibit A, attached hereto and incorporated by reference herein.

3. **Payments**

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 \$211,290.66 for the contract term.

B. **Rate of Payment.** The rate and terms of payment shall be as specified in Exhibit B. Any rate increase is subject to the approval of the Director of Human Services or her authorized representative, and shall not be binding on County unless so approved in writing. In no event may the rates established in Exhibit B be increased to the extent that the maximum County obligation shall not exceed the total specified in paragraph 4A above. Each payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Director of Human Services or her representative.

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

D. **Availability of Funds.** Payment for all services provided pursuant to this contract are contingent upon the availability of County, State, and Federal funds. In the event the State or Federal government does not appropriate the necessary funds as part of either or both of their budgets, the County shall not be liable for any payment whatsoever; including, but not limited to, payments that are based on County funds. The County may terminate the agreement for unavailability of Federal, State or County funds.

4. **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

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tax status as, 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 Services Rules.

5. **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, 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 whomever belonging; or (C) any other loss or cost, including but not limited to, the concurrent active or passive negligence of County, its officers, agents, employees, or servants resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which the County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

6. **Insurance**

A. The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by the Director of Human Services and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the Human Services Agency with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Human Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

(1) **Worker's Compensation and Employer's Liability Insurance.**

The Contractor shall have in effect during the entire life of this Agreement Workers' Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the Contractor makes the following certification, required by Section 1861 of the California Labor Code:

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I am aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

(2) **Liability Insurance.** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from contractor's operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below.

Such insurance shall include:

- | | | |
|-----|-----------------------------------|---------------------|
| (a) | Comprehensive General Liability | \$ <u>1,000,000</u> |
| (b) | Motor Vehicle Liability Insurance | \$ <u>1,000,000</u> |
| (c) | Professional Liability | \$ <u>1,000,000</u> |

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, the County of San Mateo at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

7. Non-Discrimination

Contractor shall comply with the non-discrimination requirements described below:

A. Section 504 of the Rehabilitation Act of 1973.

- 1) Pursuant to Section 504 (Public Law 93-112), the Contractor agrees that no otherwise qualified disabled individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this contract.
- 2) Compliance of Section 504 of the Rehabilitation Act of 1973, as amended, requires that all benefits, aids and services are made available to disabled persons on an equivalent basis with those received by non-

disabled persons. Contractor shall agree to be in compliance with Section 504 requirements by 1) signing the Letter of Assurance, attached and incorporated herein as Exhibit C, or 2) by developing a plan for compliance to be submitted to the Section 504 Coordinator, Department of Health Services, as soon as possible but not later than by the end of the current Fiscal Year.

B. **Non-Discrimination - General.** No person shall, on the grounds of age (over 40), ancestry, creed, color, disability, marital status, medical conditions, national origin, political or religious affiliation, race, sex, sexual orientation or any non-job-related criteria be excluded from participation in, be denied the benefits, or be subjected to discrimination under this Agreement.

C. **Non-Discrimination - Employment.** Contractor shall ensure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this Agreement. Contractor's affirmative action policies shall be made available to County upon request.

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

8. **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.

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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.

9. Child Abuse Prevention and Reporting.

Contractor agrees to ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency. Contractor agrees to fully comply with the Child Abuse and Neglect Reporting Act, Cal Pen Code ' 11164 et seq. Contractor will ensure that all known or suspected instances of child abuse or neglect are reported to a an agency (police department, sheriff's department, county probation department if designated by the county to receive mandated reports, or the county welfare department) described in Penal Code Section 11165.9. This responsibility shall include:

A. A requirement that all employees, consultants, or agents performing services under this contract who are required by the Penal Code to report child abuse or neglect, sign a statement that he or she knows of the reporting requirement and will comply with it.

B. Establishing procedures to ensure reporting even when employees, consultants, or agents who are not required to report child abuse under the Penal gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect.

C. Contractor agrees that its employees, subcontractors, assignees, volunteers, and any other persons who provide services under this contract and who will have supervisory or disciplinary power over a minor or any person under his or her care (Penal 11105.3) will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom Contractor's employees, subcontractors, assignees or volunteers have contact. All fingerprinting services will be at County's sole discretion and Contractor's sole expense.

10. Assignments and Subcontracts

A. Without the written consent of the Director of Human 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 Human Services or her designee violates 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 Human

*Contractor
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Services or her designee.

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

11. **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 records relating to this Agreement in its possession of any third party performing work related to this Agreement for a period of three (3) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

12. **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, ordinances, regulations, including but not limited to appropriate licensure, certification regulations confidentiality requirements and applicable quality assurance regulations.

13. **Monitoring**

All services performed and payments made pursuant to this agreement shall be monitored according to the protocols set forth in Exhibit D, attached hereto and incorporated by reference herein.

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14. **Program Specific Requirement**

The program specific requirements contained in Exhibit E, attached hereto and incorporated by reference herein.

15. **Alteration of Agreement**

This Agreement is entire and contains all the terms and conditions agreed upon by the parties. No alteration or variation 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.

16. **Interpretation and Enforcement**

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:
Glen H. Brooks, Jr.
Central Region Director
550 Quarry Road
San Carlos, CA 94070
- 2) In the case of Contractor, to:
Laurie Wishard
President
1870 El Camino
Burlingame, CA 94010

17. **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.

18. **Term of the Agreement**

Subject to compliance with the terms and conditions of this Agreement for the Family Loan Program the term of this Agreement shall be from April 1, 2002 through June 30, 2003. This Agreement may be terminated by Contractor, Director of Human Services or her designee at any time upon Thirty (30) days' written notice to the other party.

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IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

ATTEST:

Clerk of Said Board

Date: _____
FAMILY SERVICE AGENCY of San Mateo Co.
LAURIE WISHARD
Contractor - Print Name

Date: _____

LAURIE WISHARD, President of
Name, Title - Print

Signature

Date: 3/15/02

Tax ID # 94-1186169

EXHIBIT A

PROGRAM DESCRIPTION

Family Services Agency (FSA)

April 1, 2002 through June 30, 2003

The contractor will administer the Family Loan Program, and will determine eligibility, provide family loan services and manage loans as set forth in this Exhibit as follows:

1. Goals of the program

Contractor will:

- Provide a variety of affordable loans to low-income community members who demonstrate the ability to achieve economic self-sufficiency.
- Give clients/customers the opportunity to learn financial skills and assume responsibilities that will lead to self-sufficiency.
- Give clients/customers the opportunity to rebuild and/or establish their credit history.
- Provide banks with education and training helping low income community members.
- Provide the community with the capacity to resolve transportation, housing and other barriers to self-sufficiency.

The Family Loan Program is designed to meet expenses and assist families in maintaining self-sufficiency by enabling them to meet expenses for which they may not be prepared.

2. Program Eligibility Requirements

Participants must meet all of the following criteria:

- Employed 20 hours per week or more and have been at their present job at least three months or pursuing a post high school education, having received at least nine credits in the previous quarter and enrolled in at least nine units in the current quarter or enrolled and actively participating in a vocational training program at least three months 20 hours per week.
- 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 a purpose related to maximizing the employment or educational goals.

- Living in San Mateo County at their current place of residence for at least three months.
- Loans cannot be made for study (tuition/books), travel, one's own business, taxes, fines or credit card bills.

3. Loan Application and Approval

- There will be a toll free 800 number for easy accessibility to program information.
- Prospective applicants will be interviewed by the FSA Family Loan Program Staff in a supportive, confidential, and business-like setting. The services provided will focus on individual needs and responsibility.
- Services will be provided in English and Spanish.
- Applicants will complete an application describing their circumstances and need for the loan. FSA Family Loan Program Staff will also assist and refer clients with other needs as necessary to other appropriate organizations.
- A decision will be made on all completed applications by a community volunteer loan committee for loans in the amount of \$500-\$3000 with a term of 6-24 months. An additional \$2000 grant (as funding permits) will be made available to the client, if necessary, to purchase a reliable \$5000 vehicle.
- Approved loans are referred to partnering service banks which close, fund, and service the loan as they would any other customer.

4. Loan Management

- FSA charges borrowers an effective interest rate of 4%.
- FSA maintains a reserve account to guarantee the loans and to provide the \$2000 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.

PAYMENT SCHEDULE**Family Service Agency
April 1, 2002 through June 30, 2003**

On June 19, 2001 the County entered into agreement with the Family Service Agency to provide Family Loan Program Services. The total contract was for \$473,878.27. This contract ended on September 30, 2001.

The remaining monies from the original contract is \$171,290.66. Family Service Agency currently has the remaining funds.

The Original Family Loan Program ("A Product") will use the remaining funds from the previous contract as follows:

- \$55,000 of the remaining \$171,290.66 will be used to pay Contractor for its operational costs. (See budget in this exhibit)
- The remaining balance \$116,290.66 will be used for the Family Loan grants as described in Exhibit A for the period of April, 2002 through June 30, 2003.

Human Services Agency will pay Family Service Agency an additional lump sum payment of \$40,000 upon receipt and approval of invoice in June 2002 to cover program costs for FY 2002-2003. These program costs are shown in the budget section of this exhibit.

Budget:

San Mateo County , Human Services Agency Funds:

Term Date for Funds	Amount
4/1/02 – 6/30/02	\$55,000
4/1/02 – 6/30/03	\$116,290.66
7/1/02 - 6/30/03	\$40,000
Total Amount	\$211,290.66

Funds for Loans:

Term Date for Funds	Amount
4/1/02 – 6/30/03	\$116,290.66

Funds for Operational Expenses:

Expenditures	Amount of Expenditure 4/1/02 – 6/30/02	Amount of Expenditure 7/1/02-6/30/03
Staff Salaries	\$23,625	\$17,180
Clerical	\$12,365	\$8,990
Health Insurance	\$1,535	\$1,115
FICA	\$2,755	\$2,002
Unemployment Insurance	\$625	\$455
Workers Compensation	\$450	\$330
Professional Fees	\$595	\$432
Program Related Legal Fees	\$390	\$284
Audit Fees	\$250	\$182
Office Supplies	\$375	\$273
Copier Maintenance	\$155	\$114
Copier Supplies	\$155	\$114
Telephone Charges	\$1,565	\$1,138
Postage	\$155	\$114
Rent	\$3,380	\$2,457
Care of Building	\$80	\$57
Insurance	\$155	\$114
Outside Printing	\$1,250	\$910
Public Relations	\$315	\$228
Meals and Refreshments	\$155	\$114
Mileage/Travel	\$375	\$273
Staff Conference	\$780	\$569
Recruitment	\$750	\$546
Depreciation	\$695	\$504
Transfer to IT	\$975	\$709
Office Equipment	\$625	\$455
Office Furniture	\$470	\$341
Total Expenditure	\$55,000	\$40,000

Contractor shall return any unused funds to the County upon termination of this agreement or at the end of the contract period unless otherwise directed by the Human Services Agency Director or her designee.

EXHIBIT C

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 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.

Type or Print

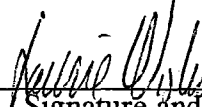
Name of 504 Person: STELLA HADDOCK

Address: 1270 EL CAMINO REAL, Suite 107

City & State Zip Code: BURLINGAME, CA 94010

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

3-15-02
Date


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 disabled 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."

PROGRAM MONITORING

**Family Service Agency
April 1, 2002 through June 30, 2003**

The Family Service Agency will provide Human Services Agency with a quarterly report that answers the following questions:

- What are the program outcomes.
- What are the measurable outcomes, services provided, and number of people served.
- A description of benefits or impact directly or indirectly attributable to funding partners
- How is information being disseminated about the project?

The report will be submitted quarterly to:

Glen H. Brooks, Jr.
Central Region Director
550 Quarry Road
San Carlos, CA. 94070

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor:

FAMILY SERVICE AGENCY

Contact Person:

LAURIE WISHARD

Address:

1870 EL CAMINO REAL, SUITE 107BURLINGAME, CA 94010

Phone Number:

650-692-0555

Fax Number:

650-692-3127**II Employees**Does the Contractor have any employees? ☒ Yes ☐ NoDoes 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 15 day of Sept. ^{MARCH 2002} 2002 atBurlingame

(City)

(State)

Laurie Wishard
Signature

Family Service Agency of San Mateo Co
Name (Please Print)

President
Title

94-1186169
Contractor Tax Identification Number

COUNTY OF SAN MATEO
MEMORANDUM

DATE: March 19, 2002

TO: Pricilla Harris Morse

FROM: Deborah Jaeger, HSA210 Fax: (650) 596-3478
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	<u>\$1m</u>	<u>✓</u>	<u> </u>	<u> </u>
Motor Vehicle Liability	<u>\$1m</u>	<u>✓</u>	<u> </u>	<u> </u>
Professional Liability	<u> </u>	<u> </u>	<u>✓</u>	<u> </u>
Worker's Compensation	<u>Statutory</u>	<u>✓</u>	<u> </u>	<u> </u>

REMARKS/COMMENTS: This is new agreement with Family Service Agency for the Revised Family Loan Program. The amount of this new agreement is \$211,290.


Manager, Risk Management

Ins.form

PONY EPS163

SUBMIT TO RISK MANAGEMENT
OR

FAX 363-4864

**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.

Kenneth 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 CO
(A NON PROFIT CORP.)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/11/2001

PRODUCER

Talbot Insurance & Fin Services, I
1800 Sutter Street, Suite 500
P.O. Box 4047
Concord, CA 94524-4047
925-609-6500 ... fax 925-609-6550

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.

COMPANIES AFFORDING COVERAGE

COMPANY A North American Specialty Ins

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	AFC000074801	07/01/2001	07/01/2002	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AFC000074801	07/01/2001	07/01/2002	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	AFU000074901	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: 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
HUMAN SERVICES AGENCY
ATTN: MARINA YU
262 HARBOR BOULEVARD
BELMONT, CA 94002

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, 10 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