



**FIRST AMENDMENT TO
AN AGREEMENT BETWEEN**

COUNTY OF SAN MATEO

AND

CHILD ABUSE PREVENTION CENTER

For the Period of

JULY 1, 2001 THROUGH SEPTEMBER 30, 2002

**Agency Contact Person:
Mary Ann Tse
Regional Program Manager
Human Services Agency
650.802.5115**

FIRST AMENDMENT TO THE AGREEMENT WITH
CHILD ABUSE PREVENTION CENTER

THIS FIRST AMENDMENT TO THE AGREEMENT, entered into on this day _____ of _____
2002, by and between the COUNTY OF SAN MATEO, hereinafter-called "County", and the
CHILD ABUSE PREVENTION CENTER hereinafter called "Contractor

WITNESSETH:

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 for Human Services Agency, Children and Family Services,
hereinafter described, of Child Abuse and Neglect Prevention and Intervention. In accordance
with:

1. W & II 8965 et. Seq. (AB2994, Statutes 1982)
2. Title IV- A & B, Social Security Act
3. State Department of Social Services Manual of Policy
4. California's Title XX Block Grant Report

WHEREAS, the parties now wish to amend the Agreement to add \$28,700 to the
Volunteer Case Aide Program and to extend the term of the Agreement from July 1, 2001
through June 30, 2002 to July 1, 2001 through September 30, 2002.

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

1. Paragraph A of Section 4 – Payments, is amended 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 **THREE HUNDRED ONE THOUSAND
TWO HUNDRED SEVENTY TWO DOLLARS (\$301,272)** for the contract term.

2. Exhibit B – Payment Schedule is amended to add the following to Section I.A:

Payment Schedule (7/02 – 9/02)

The County shall contribute to the funding as following to Child Abuse Prevention
Center, for the Volunteer Case Aides Program for the three month extension
beginning July 1, 2002 ending September 30, 2002 as follows upon receipt of the
invoice from the Child Abuse Prevention Center:

July 1, 2002	-	\$9,566.67
August 1, 2002	-	\$9,566.67
September 1, 2002	-	<u>\$9,566.66</u>
Total for 7/02-9/02		\$28,700

3. Section 19 – Term of the Agreement is amended to read as follows:

Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement for Child Abuse Prevention Center the term of this Agreement shall be from July 1, 2001 through September 30, 2002. 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.

4. Exhibit A – is hereby amended to add the following to Section I:

- Contractor will provide a minimum 50 volunteer case aides who will provide monitoring of at least 180 visits between children in foster care and their parents, 35 client transportations, 60 hours of childcare for meetings, 45 hours of tutoring serving 100 Children and Family Services clients.
- Contractor will provide one full time on site coordinator.
- The services of the Voluntary Case Aides will be geographically allocated -35% of the services will be provided for families in the Northern Region, 35% in the Southern Region and 30% in Central San Mateo County.

5. All other terms and conditions of the agreement dated September 18, 2001, Resolution number 64775 between the County and Contractor shall remain in full force and effect.

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

COUNTY OF SAN MATEO

By: _____
Jerry Hill, President
Board of Supervisor

Date: _____

ATTEST:

Clerk of the Board

Date

CHILD ABUSE PREVENTION CENTER

By: *Agnes E. Bayden, Executive Director*
Name and Title

Date: 5.30.02 Tax ID# 94-2598852

CHILD ABUSE PREVENTION CENTER

(Required only from Contractors who provide services directly to the Public on the 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 regulations, 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), it's 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.

Child Abuse Prevention Center

Name of 504 Person

400 Convention Way, Suite 200

Redwood City, California 94063

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

August 22, 2017
Date

[Signature]
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 it's services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in it's existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Child Abuse Prevention Center
Contact Person: Lynda E. Gayden
Address: 400 Conception Way Ste 100 Redwood City CA 94063
Phone Number: (650) 562-0730
Fax Number: (650) 562-0794

II Employees

Does the Contractor have any employees? [X] Yes [] No
Does the Contractor provide benefits to spouses of employees? [X] Yes [X] No

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

III Equal Benefits Compliance (Check one)

- [X] 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.
[X] 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 22 day of August, 2001 at Belmont (City)

(State) Signature: Lynda E. Gayden
Title: Executive Director

LYNDA E. GAYDEN
Name (Please Print)

Contractor Tax Identification Number

County of San Mateo
Departmental Correspondence

413 363 4864 P.01/02
278

DATE: ~~May 21, 2002~~ 5/23/02
TO: Priscilla Morse, Risk Manager
Ext.- 4610, Fax -4864, Pony #EPS163
FROM: Nalini Nath, Contract Unit
Ext: 5184; Fax: 596-3478; Pony: HSA210
SUBJECT: Contract Insurance Approval
CONTRACTOR: Child Abuse Prevention Center

Does Contractor Travel and what percent? No

DUTIES: Provide Volunteer Case Aid Program.

INSURANCE COVERAGE:	AMOUNT	APPROVE	WAIVE	MODIFY
Comprehensive Liability _x Additional Insured	<u>\$1M</u>	<u>✓</u>	<u> </u>	<u> </u>
Automobile Liability	<u>\$1M</u>	<u>✓</u>	<u> </u>	<u> </u>
Professional Liability	<u>\$1M</u>	<u>✓</u>	<u> </u>	<u> </u>
Workers' Compensation	<u>statutory</u>	<u>✓</u>	<u> </u>	<u> </u>
Employee Dishonesty	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks/Comments:

Thanks.

SIGNATURE: Priscilla Morse 5-23-02
Risk Management Date

PRODUCER
Lawson-Hawks Ins-Mountain View
Lic. #0401806
883 N.Shoreline Blvd,PO Box 39
Mountain View CA 94042
Phone: 650-964-8000 Fax:650-964-0816

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
Child Abuse Prevention Center
San Mateo & Santa Clara Counties
400 Convention Way #200
Redwood City CA 94063

INSURER A: Philadelphia Ins. 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PHPK000869	02/15/02	02/15/03	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				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	AUTOMOBILE LIABILITY <input 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	PHPK000861	02/15/02	02/15/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Professional Liab.	PHPK000861	02/15/02	02/15/03	Occurrence 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
County of San Mateo is shown as Additional Insured as their interests may appear. Coverage includes volunteers as Named Insured; Social Workers Professional Liability. Exclusions: Pollution and Employment Related Practices. *Except 10 days for non-payment.

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER: <u>A</u>	CANCELLATION
County of San Mateo Human Services Agency Maggie Wong 400 Harbor Blvd., Bldg. B Belmont CA 94002		HUMAIN	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 