



**TENTH AMENDMENT TO AN AGREEMENT
BETWEEN**

COUNTY OF SAN MATEO

AND

CALIFORNIA CHECK CASHING STORES, INC.

**For the period of
December 17, 1991 through March 1, 2003**

Contact Person:

Glen Brooks

Central Region Director

(650) 802-6579

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

THIS AMENDMENT TO AN AGREEMENT, entered into on this day of _____, 2002, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and California Check Cashing Stores, Inc., hereinafter called "Contractor".

W I T N E S S E T H:

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 further amend the agreement which has been amended on nine occasions, to increase the maximum fiscal obligation of the Agreement and extend the term of the Agreement;

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

1. Section C of the agreement as amended: **Maximum Amount** is hereby further 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 **\$ 622,148.00** for the contract term.

2. Section 18 of the agreement as amended : **Term of the Agreement** is hereby further amended to read:

Subject to compliance with the terms and conditions of this Agreement with California Check Cashing Stores, Inc. the term of this Agreement shall be from December 17, 1991 through March 1, 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.

3. All other terms and conditions of the agreement and amendments one through nine 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Clerk of Said Board

Date: _____

Date: _____

California Check Cashing Stores, Inc. _____
Contractor - Print Name

Jonathan B. Eager President
Name Title - Print

Signature

Date: 5/7/02

Tax ID# 94-3018878

COUNTY OF SAN MATEO
MEMORANDUM

DATE: 03/15/02

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	\$ 1m	✓	_____	_____
Motor Vehicle Liability	\$ 1m	✓	_____	_____
Professional Liability	_____	_____	✓	_____
Worker's Compensation	Statutory	✓	_____	_____
Crime	\$225,000	✓	_____	_____

REMARKS/COMMENTS: This is an amendment to the contract. This Tenth amendment corrects the ninth amendment by showing that the amount of \$622,148 which is the total amount of the contract.

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)
08/28/0

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

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

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

INSURER A: CNA
INSURER B: State Compensation Insurance Fund
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, MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SAID 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	1078146319	08/30/01	08/30/02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$300,000 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
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	1078146319	08/30/01	08/30/02	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 EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	1078146319	08/30/01	08/30/02	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	158404301 155960501	07/01/01 07/01/01	07/01/02 07/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	OTHER Crime Food Stamps	169716554	08/29/01	08/29/02	\$125,000 Location #1 \$100,000 Location #2

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Location #1: 2505 Middlefield Road, Redwood City, Ca
 Location #2: 1310 E. El Camino Rio, San Bruno, Ca
 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 WILL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Johnnie J. Steinert</i>