#### AMENDMENT NO. 1 TO AGREEMENT WITH ARCADIA HEALTH CARE

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and ARCADIA HEALTH SERVICES, INC., dba ARCADIA HEALTH CARE (hereinafter called "Contractor"),

# $\underline{WITNESSETH}$ :

WHEREAS, on February 5, 2002, the parties hereto entered into Agreement 65062 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative

agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q.

Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

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

Jerry Hill, President

Arcadia Health Services, Inc. dba ARCADIA HEALTH CARE

By:

Cathy Sparling, Vice President/COO

Date: May 22, 2002

ATTEST:

Date:

By:

By:

Clerk of Said Board

Board of Supervisors, County of San Mateo

Date:

#### COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed  $\frac{2}{2}$ 

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

Arcadia Health Care

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

3

DO THEY TRAVEL?:

Providers go to the homes of clients to provide services.

#### PERCENT OF THE TIME:

#### NUMBER OF EMPLOYEES:

**DUTIES (SPECIFIC):** 

Contractor will provide home health care services for clients of the Multipurpose Senior Services, Adult Protective Services/Intake, Linkages, Public Guardian and AIDS Waiver and Case Management Programs.

COVERAGE:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

**REMARKS/COMMENTS** 

Amount waive modify approve

SIGNATURE

DATE

nulla Morse.

12/18/01

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

# CONTRACT APPROVAL FORM

marie Sharks

Maria Genzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM:

TO:

Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT:

Approval of Amendment 1, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED:

May 24, 2002 / JUNE 7, 2002

CONTRACT PERIOD:

July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

DE

P.01/01

À	CORD CERTIF		ITY INSU	JRANCE		DATE(MM/DD/YY 06/05/01
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Chicago IL 60606			ALTER TH		AFFORDED BY THE P	OLICIES BELOW
	-			COMPANIES A	FFORDING COVERAGE	
			COMPANY A	Continental Ca	sualty Company	
INS	URED	··· <u>··································</u>	COMPANY B	American Cas	ualty Co. of Reading P/	۹
	Arcadia Services, Inc.					
	26777 Central Park Boulevard Ste. 200		COMPANY C	Chicago Ins C	ο	
	Southfield MI 48076 USA		COMPANY			· · · · · · · · · · · · · · · · · · ·
со	VERAGES		<u> </u>			
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CO .TR	TYPE OF INSURANCE	POLICY NUM BER	POLICY EFFECTIVE DATE (MM/DDA'Y)	POLICY EXPIRATION DATE (MM/DDAY)	LD	AITS
c	GENERAL LIABILITY	CDO266-49-52	06/01/01	06/01/02	GENERAL AGGREGATE	\$2,000,00
				00/01/02	PRODUCTS - COMP/OP AGG	\$1,000,00
	CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	\$1,000,00
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,00
				1.	FIRE DAMAGE(Anv one fire)	\$50,00
					MED EXP (Any one person)	\$5,00
4	AUTOMOBILE LIABILITY X ANY AUTO	BUA247898299	06/01/01	06/01/02	COMBINED SINGLE LIMIT	\$1,000,00
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	SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY	
	NON-OWNED AUTOS				(Per accident)	
					PROPERTY DAMAGE	
-	GARAGE LIABILITY		<u> </u>		AUTO ONLY - EA ACCIDENT	· · · · · · · · · · · · · · · · · · ·
	ANY AUTO	·			OTHER THAN AUTO ONLY:	
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			06/01/01	06/01/02	EL EACH ACCIDENT	\$1,000,00
	PARTNERS/EXECUTIVE				EL DISEASE-POLICY LIMIT	\$1,000,00
	OFFICERSARE EXCL		<u> </u>		EL DISEASE-EA EMPLOYEE	\$1,000,00
C		AHC2703298	06/01/01	06/01/02	Per Occurence	\$1,000,00
	Prof Liability				Aggregate	\$3,000,ēC
)ES	CRIPTION OF OPERATIONS/LOCATIONS/V		<u> </u>	<u> </u>		·
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	ORD 25-S (1/95)				© ACORD CO	RPORATION 1999
ert	ificate No: 210000356	861	Holder Identifier			

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## AMENDMENT NO. 1 TO AGREEMENT WITH CARE RESOURCE

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and CARE RESOURCE (hereinafter called "Contractor"),

## $\underline{WITNESSETH}$ :

WHEREAS, on February 5, 2002, the parties hereto entered into Agreement 65062 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative

agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

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

# CARE RESOURCE

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

Clerk of Said Board

Date: <u>5/17/02</u>

ATTEST:

Date:

.

By:

Date:

## COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

RIDK MUMM.

Number of pages faxed

DATE: December 13, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

Care Resource

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

11.44

DO THEY TRAVEL?:

הממשבו לברה ה

Providers go to the homes of clients to provide services.

PERCENT OF THE TIME:	
NUMBER OF EMPLOYEE	:S:
DUTIES (SPECIFIC):	

Contractor will provide home health care services for clients of the Multipurpose Senior Services, Adult Protective Services/Intake, Linkages, Public Guardian and AIDS Waiver and Case Management Programs.

waive

modify

approve

COVERAGE:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

REMARKS/COMMENTS

SIGNATURE Innella Moise

Amount

lm

m

DATE

12-18-01



STATUTORY HOME OFFICE 1013 Centre Road Wilmington, DE 19805 ADMINISTRATIVE OFFICE 555 College Road East Princeton, New Jersey, 08543-5241 (800) 305-4954

#### THIS IS A CLAIMS-MADE POLICY. PLEASE READ IT CAREFULLY.

## HOSPICE AND HOME HEALTH CARE LIABILITY POLICY

RENEWAL DECLARATION

POLICY NO. VH-HL-2000078-1/000 RENEWAL OF VH-HL-2000078-0

1 NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

GUZENT. INC DBA CARE RESOURCE 401 HILLSIDE BLVD DALY CITY CA 94014 Glatfelter Underwriting Services 183 Leader Heights Road PO Box 2726 York, PA 17405

2.POLICY PERIOD: From 04/28/2002 to 04/28/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

3. Form of Insured's Business: CORPORATION

- 4. Limits of Liability: Coverage A. Professional Liability:
  - Coverage B. General Liability:

Coverage C.

1,000,000 Each Occurrence Limit 1,000,000 Personal & Advertising Injury Limit 1,000,000 Products & Completed Operations 1,000,000 Fire & Water Damage Limit 3,000,000 Aggregate Limit

1,000,000 Each Medical Incident Limit

50,000 Each Person Limit 500,000 Each Accident Limit

1,000,000 Each Accident Limit

3,000,000 Aggregate Limit

5. Deductible: Coverage A. Professional Liability:

Non-Owned & Hired Auto:

Medical Payments:

NONE Each Medical Incident

Coverage B. General Liability:

NONE Each Occurrence

Insured's copy Page 1 of 3

STATUTORY HOME OFFICE 1013 Centre Road Wilmington, DE 19805

ADMINISTRATIVE OFFICE 555 College Road East Princeton, New Jersey, 08543-5241 (800) 305-4954

# THIS IS A CLAIMS-MADE POLICY, PLEASE READ IT CAREFULLY.

## HOSPICE AND HOME HEALTH CARE LIABILITY POLICY

RENEWAL DECLARATION

POLICY NO. VH-HL-2000078-1/000 RENEWAL OF VH-HL-2000078-0

#### 1.NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

GUZENT, INC DBA CARE RESOURCE 401 HILLSIDE BLVD DALY CITY CA 94014 Glatfelter Underwriting Services 183 Leader Heights Road PO Box 2726 York, PA 17405

2.POLICY PERIOD: From 04/28/2002 to 04/28/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

6. Retroactive Dates: Coverage A. Professional Liability:

04/28/2002

Coverage B. General Liability:

04/28/2002

TOTAL PREMIUM

\$2,274

HGL000 (01-01) 04-22-02



STATUTORY HOME OFFICE 1013 Centre Road Wilmington, DE 19805 ADMINISTRATIVE OFFICE 555 College Road East Princeton, New Jersey, 08543-5241 (800) 305-4954

#### THIS IS A CLAIMS-MADE POLICY. PLEASE READ IT CAREFULLY.

# HOSPICE AND HOME HEALTH CARE LIABILITY POLICY

RENEWAL DECLARATION

POLICY NO. VH-HL-2000078-1/000 RENEWAL OF VH-HL-2000078-0

#### **1.NAMED INSURED AND MAILING ADDRESS**

AGENCY AND MAILING ADDRESS

GUZENT, INC DBA CARE RESOURCE 401 HILLSIDE BLVD DALY CITY CA 94014 Glatfelter Underwriting Services 183 Leader Heights Road PO Box 2726 York, PA 17405

2.POLICY PERIOD: From 04/28/2002 to 04/28/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

#### 8.FORMS AND ENDORSEMENTS

APPLYING TO POLI	CY AND MADE PART	OF THIS POLICY AT	TIME OF ISSUE:		
VLCW01 (05-96)	HIL003 (01-01)	HGL001 (01-01)	HGL012 (01-01)	HGL013 (01-01)	HGL017 (01-01)
HGL018 (01-01)	HģL014 (01-01)	HGL103 (01-01)	HGLC20 (01-01)	HGL032 (02-02)	HGL004 (01-01)
HGL007 (01-01)					·

This policy is issued to a Participating Member of the NHO Purchasing Group, Inc. which is a purchasing group established pursuant to the 1986 Risk Retention Act, as amended.

These Declarations, together with the coverage form and forms and endorsements, if any issued to form a part thereof, complete the above policy number.

BY:

AUTHORIZED REPRESENTATIVE

Insured's copy Page 3 of 3 \*FROM 🐛 CARERESDURCE

1.74

ACORD CERTI	FICATE OF LIABI	LITY INS	SURANC	E	DATE (MM/DD/Y) 01/23/2002
PR Caldwell & Associates In	neurance	HOLDER.	D CONFERS M	UED AS A MATTER NO RIGHTS UPON ATE DOES NOT AM AFFORDED BY THE	THE CERTIFICATE
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Daly city, CA 90 (650) 301-3270	107.5	INSURER D:			
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	3602560-01	12731/01		TORY LIMITS OTH TORY LIMITS OTH EL EACH ACCIDENT EL DISEASE - EA EMPLOYE EL DISEASE - POLICY LIMIT	s 1,000,000
DTHEN N Protessions) A Fidelity Bond Description of Operations/Locations/A	VH-HL-2000078-0/00 VH-HP-0000020-0/00	04/28/01 04/28/01	04/28/02 04/28/02	1,000.000/3,000 \$25,000	), 000
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ACORD 25-5 (7/97)		1		© ACORD C	DRPORATION 1988

## AMENDMENT NO. 1 TO AGREEMENT WITH MATCHED CAREGIVERS

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and MATCHED CAREGIVERS (hereinafter called "Contractor"),

## $\underline{W} \underline{I} \underline{T} \underline{N} \underline{E} \underline{S} \underline{S} \underline{E} \underline{T} \underline{H}$ :

WHEREAS, on February 5, 2002, the parties hereto entered into Agreement 65062 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative

agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

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

# MATCHED CAREGIVERS

By:

Jerry Hill, President Board of Supervisors, County of San Mateo

Date:

By:

Date

ATTEST:

By:

Clerk of Said Board

Date:

RIDK MUMM.

410 303 4004

## COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed

DATE: December 13, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

Matched Caregivers

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

SUBJECT: Contract Insurance Approval

**CONTRACTOR NAME:** 

DEC-IL-5001 02.52

1

**DO THEY TRAVEL?:** 

Providers go to the homes of clients to provide services.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

**DUTIES (SPECIFIC):** 

Contractor will provide home health care services for clients of the Multipurpose Senior Services, Adult Protective Services/Intake, Linkages, Public Guardian and AIDS Waiver and Case Management Programs.

waive

modify

COVERAGE:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

**REMARKS/COMMENTS** 

Amount approve \$ Ins statutory i

SIGNATURE

DATE

la Morse 12/18 0/

JUN-10-2002 08:42

SMC COUNTY COUNSEL

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

#### CONTRACT APPROVAL FORM

Marie Sharks

Marie Genzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM:

SUBJECT:

TO:

Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony CCO 111

Approval of Amendment I, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / June 7, 2002

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\_S120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

COUN

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IED		INSURER A	American Al	ternative Insur	ance
	-	INSURER B			· · · · · · · · · · · · · · · · · · ·
Matched Caregiv	ers, Inc.	INSURER C:	· · ·		
211 Town & Coun Palo Alto CA 94	INSURER J				
		INSURERE			
IY REQUIREMENT, TERM OR CONDI NY PERTAIN, THE INSURANCE AFFOI	BELOW HAVE BEEN ISSUED TO THE TION OF ANY CONTRACT OR OTHER D RDED BY THE POLICIES DESCRIBED H N MAY HAVE BEEN REDUCED BY PAIL	DOCUMENT WITH RESI HEREIN IS SUBJECT TO DICLAIMS.	PECT TO WHICH TH D ALL THE TERMS,	IS DERTIFICATE MAY BE IS EXCLUSIONS AND CONDIT	ISUED OR
TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DDIVY)	POLICY EXPIRATION	LIMIT	5
GENERAL LIABILITY		1		EACH DECURRENCE	5
COMMERCIAL DENERAL LIABILITY				FIRE DAMADE (Any one lite)	5
				MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	5
				GENERAL AGGREGATE	5
GENLAGGREGATE LIMIT APPLIES PER				PHODUCTS - COMPIOP AGG	5
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Es actision)	:
ALL OWNED AUTOS				BÚDILY INJURY (Per person)	\$
HIRED AUTOS				BODILY INJURY (Per socident)	\$
				PROPERTY DAMAGE (Pot accident)	2
GARAGE LIABILITY				AUTO ONLY - EA ACUIDENT	\$
ANY AUTO				OTHER THAN BAACC	
EXCESS LIABILITY		1		EACH DECURRENCE	5
				AGOREDATE	5
	•				5
DEDUCTIBLE					\$
KETENTION S	;				5
WORKERS COMPENSATION AND		]		X TORY LIMITS	
EMPLOYERS' LIABILITY	20A2WC9000174-00	01/01/01	01/01/02	E.L. EACH ACCIDENT	\$ 1000000
				E.L. DISEASE . EA EMPLOYEE	: 1000000
			ł	E.L. DISEASE - POLICY LIMIT	\$ 1000000
OTHER		1 1		~~	
					,
	HICLESIELCLUSIONS ADDED BY ENDORSE				

	TER:	CANCELLATION
	HEALTOO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATIO
		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 OF LIABILITY OF ANY KIND UPON THE INSURER, ITE AGENTS OR
· · ·		REPRESENTATIVES.
·		Frederick / Station
ACORD 26-S (7/87)		GACORD CORPORATION 1886

RODUCER	CONFERS NO RIGHTS UP	UED AS A MATTER OF INFORMATION ONLY AND ON THE CERTIFICATE HOLDER. THIS CERTIFICATE ND OR ALTER THE COVERAGE AFFORDED BY THE
D Center Ave. r. O. Box 2999 Rancho Cucamonga CA 91729-2999	COMPA	NIES AFFORDING COVERAGE
Kancho Cucamonga CA 91729-2999	COMPANY A Americ	an Alternative
ISURED	COMPANY B	
Matched Caregivers, Inc.	COMPANY C	
211 Town & Country Village Paio Alto CA 94301-0000	COMPANY D	
	COMPANY E	
OVERAGES	•	······································
INDICATED, NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, T	RANCE LISTED BELOW HAVE BEEN ISSUED TO THE I NT, TERM OR CONDITION OF ANY CONTRACT OR OT- THE INSURANCE AFFORDED BY THE POLICIES DESCR IS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY P.	ER DOCUMENT WITH RESPECT TO WHICH THIS BED HEREIN IS SUBJECT TO ALL THE TERMS.
	POLICY NUMBER POLICY EFFECTIVE POLICY	EXPIRATION

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)		EXPIRATION (MM/DD/YY)	LIMITS	•	
GENERAL LIABILITY	H TBI	D	11/15/01	11	/15/02	GENERAL AGGREGATE	\$	3,000,000
X COMMERCIAL GENERAL LIAB	LITY				:	PRODUCTS-COMP/OP AGG.	\$	
X CLAIMS MADE	OCCUR.	•			• •	PERSONAL & ADV. INJURY	\$	1,000,000
OWNER'S & CONTRACTOR'S	ROT	· .			;	EACH OCCURRENCE	5	1,000,000
						FIRE DAMAGE (Any one fire)	\$	100,000
		•	N			MED. EXPENSE (Any one person)	\$	50,00
TOMOBILE LIABILITY		1			÷	COMBINED SINGLE		
ANY AUTO		:				LIMIT	•	
ALL OWNED AUTOS						BODILY INJURY	e	
SCHEDULED AUTOS					:	(Per person)	•	
HIRED AUTOS						BODILY INJURY	•	
NON-OWNED AUTOS						(Per accident)	•	
GARAGE LIABILITY					-	PROPERTY DAMAGE	\$	
	TBI	) )	11/15/01	11	/15/02	EACH OCCURRENCE	\$	1,000,000
UMBRELLA FORM						AGGREGATE	\$	1,000,000
X OTHER THAN UMBRELLA FO	M	· · · ·				•••••••••••••••••••••••••••••••••••••••		
WORKER'S COMPENSATION	i :		•		,	STATUTORY LIMITS		
AND						EACH ACCIDENT	\$	
					:	DISEASE - POLICY LIMIT	\$	
EMPLOYERS' LIABILITY				-		DISEASE - EACH EMPLOYEE	\$	
OTHER		· ···· · · ······· · ······ · ····· ·						• ••
Professional Liability Fidelity \$2,500 Deductible	TBI	-	11/15/01 11/15/01		l/15/02 l/15/02	Prof. Aggregate Prof. Per Occurrence Fidelity		3,000,00 1,000,00 25,00
SCRIPTION OF OPERATIONS/LOCATI	NS/VEHICLES/SPECIAL	LITEMS	· · · · · · · · · · · · · · · · · · ·			<u>.</u>		

2) 122 2nd Avenue, San Mateo, CA 3) 950 S. Bascom, San Jose, CA

# CANCELLATION

ity of San Mateo,	Department	of Aging and
Auult Services	-	
225 W. 37th Avenue	i	
San Mateo	CA	94403

Chris Price Chris Price

BACOHD LC------

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE MAIL \_\_\_\_ MAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BETAMAN BECKXXAMIX SKICKXXXI REFX HAKKXAK MARSEK AKX KIEKDEA KKERXXXXXXXXXXX

135

PRODUCER Barlocker Insurance-Campbell License #0580438 2951 South Winchester Compell CA 95008			ILITY INSURANCE OP ID JE 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.				
Phone: 408-288-6262 Fax		INSURERS .	AFFORDING COVERAG	E .			
ISURED		INSURER A:	State Compe	ensation Ins. Fu	ind		
		INSURER B:					
Matched Caregive	INSURER C:						
Matched Caregive 211 Town & Coun Palo Alto CA 943	301	INSURER D:	·····				
OVERAGES		INSURER E:					
THE POLICIES OF INSURANCE LISTED BELOV ANY REQUIREMENT, TERM OR CONDITION O MAY PERTAIN, THE INSURANCE AFFORDED E POLICIES. AGGREGATE LIMITS SHOWN MAY	F ANY CONTRACT OR OTHER DOCUMENT BY THE POLICIES DESCRIBED HEREIN IS S	WITH RESPECT TO WHICH UBJECT TO ALL THE TERM	H THIS CERTIFICATE N IS. EXCLUSIONS AND	AY BE ISSUED OR			
TR TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s		
GENERAL LIABILITY				EACH OCCURRENCE	\$		
COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$		
CLAIMS MADE OCCUR				MED EXP (Any one person)	s		
1				PERSONAL & ADV INJURY	\$		
· · ·				GENERAL AGGREGATE	\$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	S		
AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$		
ALL OWNED AUTOS				BODILY INJURY (Per person)	\$		
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
				PROPERTY DAMAGE (Per accident)	\$		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	<u>s</u>		
ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	· · · · ·		
EXCESS LIABILITY		• .		EACH OCCURRENCE	\$		
OCCUR CLAIMS MADE				AGGREGATE	\$		
					\$		
DEDUCTIBLE			-		\$		
RETENTION \$				WC STATE I TOTO	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0. 10- 10-	WC STATU- OTH- TORY LIMITS ER			
A	1658882-02	01/01/02	01/01/03	EL EACH ACCIDENT	\$ 1000000		
				E.L. DISEASE - EA EMPLOYEE	\$1000000		
OTHER				E.L. DISEASE - POLICY LIMIT	\$1000000		

Evidence of Insurance.

....

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
County or Aging and 225 37th San Mateo	d Adı Ave	ult Services , Rm 140	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRANE DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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

GACORD CORPORATION 1988

# AMENDMENT NO. 2 TO AGREEMENT WITH AT HOME HEALTH CARE

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and AT HOME HEALTH CARE (hereinafter called "Contractor"),

#### $\underline{W} \underline{I} \underline{T} \underline{N} \underline{E} \underline{S} \underline{S} \underline{E} \underline{T} \underline{H}$ :

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

- 2. To <u>Schedule A</u> PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS
- P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any

federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

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

AT HOME HEALTH CARE

By:

Jerry Hill, President Board of Supervisors, County of San Mateo

5-23-02 Date:

ATTEST:

Date:

By:\_\_\_\_\_Clerk of Said Board
Date:\_\_\_\_\_

ACORD. CERTIFICATE OF LIAB	ILITY INSURANCE OP ID VA 05/30/02					
WKODUCER (WC) Heffernan Insurance Brkrs 13 Carlback Ave, Suite 200 Wallt Creek CA 94596	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					
Phone: 925-934-8500 Fax: 925-934-8278	INSURERA: State Fund					
÷	INSURER B: American Alternative Ins.					
At Home Health Care						
Bob Brock	INSURER C:					
160-B Birch Street Redwood City CA 94062						
	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.

	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
_	GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
в	X COMMERCIAL GENERAL LIABILITY	AALBINDER	02/01/02	02/01/03	FIRE DAMAGE (Any one fire)	s 100,000
			[		MED EXP (Any one person)	s 50,000
					PERSONAL & ADV INJURY	\$1,000,000
			ļ		GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			•	PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PRO- LOC			· · ·		
в	AUTOMOBILE LIABILITY	AALBINDER	02/01/02	02/01/03	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X HIRED AUTOS			4	BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY	······································			AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC	\$
	· · ·				AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	S
	OCCUR CLAIMS MADE				AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION S					S
	WORKERS COMPENSATION AND	· · · · · · · · · · · · · · · · · · ·			X TORY LIMITS ER	
A	EMPLOYERS' LIABILITY	76126702	01/01/02	01/01/03	E L. EACH ACCIDENT	s 1000000
	1				E.L. DISEASE - EA EMPLOYEE	s 1000000
					E.L. DISEASE - POLICY LIMIT	\$ 1000000
в	OTHER Professional Liab.	AALBINDER	02/01/02	02/01/03		1 mil/3mil

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Certificate holder is named additional insured as respects to General Liabilty as per policy form. \*Except 10 day notice of cancellation for non-payment of premium.

CERTIFIC	ATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER: A	CANCELLATION
	County of Aging & Ac Attn: Mar 225 W. 37t San Mateo	iul ia h	t Services Gonzalez Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPLAN DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAI IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

STATUTORY HOME OFFICE 1013 Centre Road Wilmington, DE 19805 ADMINISTRATIVE OFFICE 555 College Road East Princeton, New Jersey, 08543-5241 (800) 305-4954

#### PROFESSIONAL/GENERAL LIABILITY

GENERAL CHANGE ENDORSEMENT

POLICY NO. VH-HL-2001254-0/001

1.NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

THE BROCK GROUP D/B/A AT HOME HEALTH CARE	Glatfelter Underwriting Services 183 Leader Heights Road
160-B BIRCH STREET	PO Box 2726
REDWOOD CITY CA 94062	York, PA 17405

2.POLICY PERIOD: From 02/01/2002 to 02/01/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. ENDORSEMENT DATE: 03/18/2002

#### PROFESSIONAL & GENERAL LIABILITY

For an additional/return premium, the items below are changed as indicated: ADDED ADDITIONAL INSUREDS AS FOLLOWS:

COUNTY OF SAN MATEO AGING AND ADULT SERVICES 225 W 37TH AVENUE SAN MATEO, CA 94403 WITH RESPECT TO SERVICES PROVIDED

BIRCH DENTAL PROPERTIES 20 MELROSE COURT SAN MATEO, CA 94402 WITH RESPECT TO LEASED PREMISE AT

WITH RESPECT TO LEASED PREMISE AT 160-B BIRCH STREET, REDWOOD CITY, CA

;			1			The strength				
1	NO	ΔΠΠΤΤΤΟΝΔΙ.	/ RETTIRN	PREMITIM	TIS	DHE	RUB	THIS	ENDORSEMENT	
	110	HUD TITOWHU/	NHI OKA	T IVERIT OF			T OIL			

03-26-02

Add'l Insurëd Copy Page 1 of 2

STATUTORY HOME OFFICE 1013 Centre Road Wilmington, DE 19805 ADMINISTRATIVE OFFICE 555 College Road East Princeton, New Jersey, 08543-5241 (800) 305-4954

PROFESSIONAL/GENERAL LIABILITY

GENERAL CHANGE ENDORSEMENT

POLICY NO. VH-HL-2001254-0/001

#### 1.NAMED INSURED AND MAILING ADDRESS

THE BROCK GROUP D/B/A AT HOME HEALTH CARE 160-B BIRCH STREET REDWOOD CITY CA 94062

#### AGENCY AND MAILING ADDRESS

Glatfelter Underwriting Services 183 Leader Heights Road PO Box 2726 York, PA 17405

2.POLICY PERIOD: From 02/01/2002 to 02/01/2003 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. ENDORSEMENT DATE: 03/18/2002

#### FORMS AND ENDORSEMENTS

APPLYING TO POLICY AND MADE PART OF THIS POLICY AT TIME OF ISSUE: HGL019 (01-01)

This policy is issued to a Participating Member of the NHO Purchasing Group, Inc. which is a purchasing group established pursuant to the 1986 Risk Retention Act, as amended.

These Declarations, together with the coverage form and forms and endorsements, if any issued to form a part thereof, complete the above policy number.

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed 5

**DATE:** July 27, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

DO THEY TRAVEL?:

yes

At Home Health Care.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC):

Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

COVERAGE:

Comprehensive General Liability

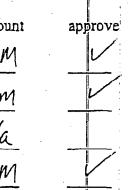
Motor Vehicle Liability

Professional Liability

Worker's Compensation

**REMARKS/COMMENTS** 

Amount \$ | M M :/M



modify

waive

SIGNATURE

DATE

7-31-01

SUN-10-2002 08:42

SINC COUNTY COUNSEL

P.01/01

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

#### CONTRACT APPROVAL FORM

Marie Sharks

Maria Genzalez - 573-3495, FAX 573-3729, PONY - AAS 321

.

FROM:

TO:

Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT:

Approval of Amendment 1, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills-Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / JUNE 7, 2002

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

S120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

#### AMENDMENT NO. 2 TO AGREEMENT WITH MEDICAL CARE PROFESSIONALS

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and MEDICAL CARE PROFESSIONALS (hereinafter called "Contractor"),

# $\underline{W} \underline{I} \underline{T} \underline{N} \underline{E} \underline{S} \underline{S} \underline{E} \underline{T} \underline{H}$ :

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. Payments, A. Maximum Amount.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

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

# MEDICAL CARE PROFESSIONALS

By:

Q.

Jerry Hill, President Board of Supervisors, County of San Mateo

5/17/02 Date:

By:

ATTEST:

Date:

By:\_\_\_\_\_ Clerk of Said Board

Date:

RISK MGMT.

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed 3

DATE: July 27, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

Amount

\$ZM

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

Medical Care Professionals

DO THEY TRAVEL?:

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

**DUTIES (SPECIFIC):** 

Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

approve

waive

modify

COVERAGE:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

REMARKS/COMMENTS

SIGNATURE
Man Detom

DATE

8-1-01

FRC	AUFUPITIPE CE Smith Bell & Theo 40 Mein Street, Su P 0 Eex 730 Budington		HOLDER. TH	CONFERS NO F	ED AS A MATTER OF INFO RIGHTS UPON THE CERTIF E DOES NOT AMEND, EXT EDROED BY THE FOLICIES	FICATE END DR S BEI CW
121				New Hampshi	RERS AFFORDING COVERA	
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1	Medical Care Prola 263 El Camino Res			National Unio	n Fire Ins.	
	Suite 215 Se. San Francisca	CA BACKE	NSUFER O:			
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P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

POLICY NUMBER: 761-02 CERTIFICATE EXPIRES: 01-01-03

ISSUE DATE: 01-01-02

UNIT 0000082

ΦNA

#### MSSP PROGRAM SAN MATED COUNTY ATTN: ANNA DA MOTA 225 W. 37TH AVENUE SAN MATEO, CA 94403

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 10 days' advance written notice to the employer.

We will also give you 10 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.

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

MEDICAL CARE PROFESSIONALS, INC 363 EL CAMINO REAL STE 215 SAN FRAN CA 94080 S

LEGAL NAME

MEDICAL CARE PROFESSIONALS, INC.

PRINTED:

12-18-01

P0408

TO:

SMC COUNTY COUNSEL

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

#### CONTRACT APPROVAL FORM

Marie Sharks

Maria Conzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM: Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT: Approval of Amendment 1, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills-Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / JUNE 7, 2002

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

\$120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

#### AMENDMENT NO. 2 TO AGREEMENT WITH NURSE PROVIDERS, INC.

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and NURSE PROVIDERS, INC. (hereinafter called "Contractor"),

#### $\underline{W} \underline{I} \underline{T} \underline{N} \underline{E} \underline{S} \underline{S} \underline{E} \underline{T} \underline{H}$ :

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. <u>Payments</u>, A. <u>Maximum Amount</u>.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

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

NURSE PROVIDERS, INC.

By:

Jerry Hill, President Board of Supervisors, County of San Mateo

Date:

By: Olun

ATTEST:

Date:

Clerk of Said Board

Date:

By:

**1** 3

RISK MGMT.

#### COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed 3

DATE: July 27, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

Nurse Providers, Inc.

DO THEY TRAVEL?:

yes

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

**DUTIES (SPECIFIC):** 

Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

COVERAGE:

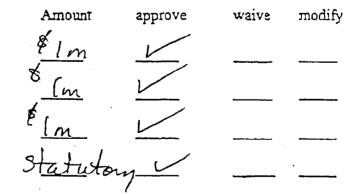
Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

**REMARKS/COMMENTS** 



SIGNATURE ulleMore 7-29-01

DATE

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PRODUCER R Carrie Insurance Agency, Inc 2140 Sutter Street	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.
San Francisco CA 94115 Phone: 415-567-7660 Fax: 415-474-7409	
NSURED	INSURERA: St. Paul Fire & Marine
	INSURER B:
Nurse Providers, Inc. Attn: Jose Katiqbak 355 Gellert Blvd.,Stes.150&152 Daly City CA 94015	INSURER C:
355 Gellert Blvd., Stes.150£152	INSURER D:
	INSURER E:
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	MED EXP (Any one person) \$ 5,000

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©ACORD CORPORATION 1988

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	1			1	BY: Janice B C	Collins	- Spa	nice B. Collins	
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TO:

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

#### CONTRACT APPROVAL FORM

marie Sharks

Meria Genzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM: Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT: Approval of Amendment 1, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills-Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / JUNE 7, 2002

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

S120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

# AMENDMENT NO. 2 TO AGREEMENT WITH OLDER ADULTS CARE MANAGEMENT

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and OLDER ADULTS CARE MANAGEMENT (hereinafter called "Contractor"),

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#### $\underline{WITNESSETH}$ :

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. <u>Payments</u>, A. <u>Maximum Amount</u>.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

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# COUNTY OF SAN MATEO

# OLDER ADULTS CARE MANAGEMENT

By:

Jerry Hill, President Board of Supervisors, County of San Mateo

Date:

Date:

ATTEST:

By:\_\_\_

Clerk of Said Board

Date:\_

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed  $\underline{3}$ 

DATE:	July 27, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

Older Adults Care Management

DO THEY TRAVEL?:

yes

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC):

Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

Amount	approve	waive	modify
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**REMARKS/COMMENTS** 

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SIGNATURE

DATE

8-6.01

TYPE OF INSURANCE     POLICY NUMBER     DATE (MM/DDAY)     DATE (MM/DDAY)       GENERAL LIABILITY     GENERAL LIABILITY     CD0 266-45-70     MAY 30 01     MAY 30 02     PRODUCTS-COMP/OP AGG.     \$ 1,000,00       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       A     OWNER'S & CONTRACTOR'S PROT.     I     I     I     I     I     I       B     I     I     I     I	i						•		
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COUNTY OF SAN MATEO AGING AND ADULT SERVICES DIVISION 225 W. 37TH AVENUE SAN MATEO, CA 94403 AMATEO, CA 94403 AUTOBIZED REPRESENTATIVE				-		•			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 3 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT DAYS WRITTEN NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. 225 W. 37TH AVENUE SAN MATEO, CA 94403 AUTHORIZED REPRESENTATIVE						tation of sources			
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SAN MATEO, CA 94403			19		~				
ATTN: MARIA GONZALES 650-573-3729		· .		OPIZED REPRESENT	1/1)				
	ATTN: MARIA GONZALES 6	50-573-3729	盟/V	WUWU	WVV				

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ERTIFICATE OF INSURA	NCE	•			JE D/ 31/20		
RODUCER CALENDER-ROBINSON CO., INC. 785.MARKET ST. #750 SAN FRANCISCO, CA 94103	Cert# 18609	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICA DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY TH POLICIES BELOW. COMPANIES AFFORDING COVERAGE					
(415) 978-3800 FAX (415) 978-3825							
		COMPANY					
			MPSHIRE INSURAN	CE CO			
SURED		COMPANY					
LDER ADULT CARE MANAGEMENT			L UNION FIRE INSU	BANCE CO.			
		COMPANY					
335 BIRCH STREET		C				• •	
ALO ALTO, CA 94306		COMPANY					
ALO ALTO, OA 34300		D					
OVERAGES			· · · ·	·			
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TYPE OF INSURANCE POLICY	Y NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
GENERAL LIABILITY				GENERAL AGGREGATE	\$	2,000,0	
	342534-01	MAY 30 02	MAY 30 03	PRODUCTS-COMP/OP AGG.	\$	1,000,0	
CLAIMS MADE X OCCUR.	· · ·			PERSONAL & ADV INJURY	5	1,000,0	
OWNER'S & CONTRACTOR'S PROT			1		s		
					s	<u>1,000,0</u> 50,0	
				FIRE DAMAGE(Any One Fire)		5.0	
			) 		/ æ		
AUTOMOBILE LIABILITY . ANY AUTO LX 63	342534-01	MAY 30 02	MAY 30 03		\$	1,000,0	
ALL OWNED AUTOS				BODILY INJURY (Per Person)	\$		
HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per Accident)	\$		
				PROPERTY DAMAGE	\$		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	S		
ANY AUTO				OTHER THAN AUTO ONLY:	 		
				EACH ACCIDENT	ļ		
				AGGREGATE	<u> </u>		
EXCESS LIABILITY				EACH OCCURRENCE	\$	·	
OTHER THAN UMBRELLA FORM	i			AGGREGATE	\$		
······································				STATUTORY LIMITS	┢		
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCIDENT	\$		
THE PROPRIETOR/	i			DISEASE-POLICY LIMIT	\$		
PARTNERS/EXECUTIVE HOL OFFICERS ARE: EXCL				DISEASE-EACH EMPLOYEE	\$		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER	CANCELLATION
COUNTY OF SAN MATEO 5 37TH AVNUE TN: MARIA GONZALES	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 BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
SAN MATEO, CA 94403	10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM
FAX 650-573-3729	Pathume Derles

#### P.O. BOX 807, SAN FRANCISCO, CA 9410 -0807



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-01-02

POLICY NUMBER: 761-02 UNIT 0000050 CERTIFICATE EXPIRES: 01-01-03

AGING & ADULT SERVICES MSSP PROGRAM ATTN: DOREEN MILLER 225 W 27TH AVE. SAN MATEO, CA 94403

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 10 days' advance written notice to the employer.

We will also give you 10 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 peritain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

PRESIDENT

NG

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

OLDER ADULTS CARE MANAGEMENT 3335 BIRCH ST PALO ALTO CA 94305

HIS DOCUMENT

LEGAL NAME

NERNIEDZBACKCHROLU

OLDER ADULTS CARE MANAGEMENT, INC

PRINTED:

12-18-01

STATE TO A CONTRACT OF

P0408

CERTIFICATE OF INS	SURANCE				JE D 31/20		
PRODUCER CALENDER-ROBINSON CO., 785 MARKET ST. #750 SAN FRANCISCO, CA 9411 (415) 978-3800		THIS CERTIFICATE IS ISSUED A. 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 TH POLICIES BELOW.					
FAX (415) 978-3800			COMPANIES AFFOR	DING COVERAGE			
-		COMPANY					
		A NEW HA	MPSHIRE INSURAN	CE CO.			
		COMPANY	· · · · ·				
OLDER ADULT CARE MANAGEI		B NATIONA	LUNION FIRE INS.	CO.			
		COMPANY	······································				
260 SHERIDAN AVENUE #440		С					
PALO ALTO, CA 94306		COMPANY					
·		D		······································			
COVERAGES							
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R TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
GENERAL LIABILITY				GENERAL AGGREGATE	\$	2,000,000	
X COMMERCIAL GENERAL LIABILITY	CDO 266-45-70	MAY 30 01	MAY 30 02	PRODUCTS-COMP/OP AGG.	\$	1,000,000	
CLAIMS MADE X OCCUR.				PERSONAL & ADV INJURY	\$	1,000,000	
OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	s	1,000,000	
				FIRE DAMAGE(Any One Fire)	\$	50,000	
				MED. EXPENSE(Any One Person)	\$	5,000	
				COMBINED SINGLE LIMIT	\$		
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per Person)	\$		
HIRED AUTOS				BODILY INJURY (Per Accident)	s	•	
				PROPERTY DAMAGE	\$		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
ANY AUTO				OTHER THAN AUTO ONLY:			
		i		EACH ACCIDENT			
			 	AGGREGATE			
EXCESS LIABILITY				EACH OCCURRENCE	\$		
OTHER THAN UMBRELLA FORM				AGGREGATE	\$		
				STATUTORY LIMITS			
WORKER'S COMPENSATION AND	1			EACH ACCIDENT	\$		
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY							
				DISEASE-POLICY LIMIT	\$		
EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT	\$ \$		

CERTIFICATE HOLDER	CANCELLATION
DUNTY OF SAN MATEO GING AND ADULT SERVICES DIVISION 225 W. 37TH AVENUE SAN MATEO, CA 94403	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 BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. 10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM ATTEORIZED REPRESENTATIVE
ATTN: MARIA GONZALES 650-573-3729	NWWWW VWV V



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

MARCH 7, 2002

POLICY NUMBER: 761-02 UNIT 0000310 CERTIFICATE EXPIRES: 1-1-03

AGING & ADULT SERVICES MSSP PROGRAM ATTN: DOREEN MILLER 225 W 27TH AVE SAN MATEO CA 94403

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 ten days' advance written notice to the employer,

We will also give you TEN 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.

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Bollier

16 10252 (BEEK

AUTHORIZED REPRESENTATIVE

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

OLDER ADULTS CARE MANAGEMENT, INC 3335 BIRCH STREET PALO ALTO CA 94306 TO:

COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

#### CONTRACT APPROVAL FORM

marie Sharks.

Maria Genzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM: Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony CCO 111

SUBJECT: Approval of Amendment 1, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills-Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / JUNE 7, 2002

CONTRACT PERIOD: July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

S120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

# AMENDMENT NO. 2 TO AGREEMENT WITH RAINBOW HOME CARE SERVICES

THIS AGREEMENT, entered into this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and RAINBOW HOME CARE SERVICES (hereinafter called "Contractor"),

# $\underline{WITNESSETH}$ :

WHEREAS, on August 21, 2001, the parties hereto entered into Agreement 64703 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

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

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended to add the following:

1. To Section 2. <u>Payments</u>, A. <u>Maximum Amount</u>.

In full consideration of Contractor's performance of the services described in Schedule A for the Multipurpose Senior Services, Adult Protective Services, Linkages, and Public Guardian Programs; and Schedule B for the AIDS Waiver/Case Management Program for services provided through five Agreements approved through Resolution 64703 dated August 21, 2001, and three Agreements approved through Resolution No. 65062 dated February 5, 2002, the maximum the county shall be obligated to pay collectively to all Contractors for the period of July 1, 2002 to June 30, 2003 shall not exceed SIX HUNDRED TEN THOUSAND DOLLARS (\$610,000).

2. To <u>Schedule A</u> - PART I ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES, ADULT PROTECTIVE SERVICES/ INTAKE, LINKAGES, AND PUBLIC GUARDIAN PROGRAMS

P. Contractor certifies that to the best of his knowledge and belief i) no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any

federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; ii) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Q. Contractor shall administer a vendor appeal and adjudication process as prescribed by the State. Said process shall assure fair consideration and disposition of vendor claims against Contractor. Said process vests final authority to decide claims with the State.

NOW, THEREFORE, IT IS HEREBY AGREED by the parties that:

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

2

By:

# COUNTY OF SAN MATEO

RAINBOW HOME CARE SERVICES

By:

Jerry Hill, President Board of Supervisors, County of San Mateo

Date: 91812007

ATTEST:

Date:

By:\_\_\_\_\_\_ Clerk of Said Board

Date:\_\_

RISK MGMT.

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed 3

DATE:	July 27, 2001

TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163

FROM: Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321

SUBJECT: Contract Insurance Approval

CONTRACTOR NAME:

DO THEY TRAVEL?:

yes

Rainbow Homo Care Services

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

**DUTIES (SPECIFIC):** 

Contractor provides Home Health Care Services for clients of the AIDS Case Management/Waiver, Adult Protective Services/Intake, Linkages and Multipurpose Senior Services Programs.

COVERAGE:

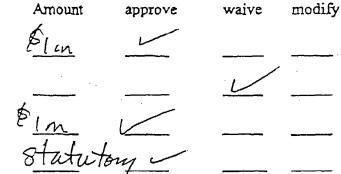
Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

**REMARKS/COMMENTS** 



#### SIGNATURE

DATE

milla Morse

7-29-01

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insured		Company	V(C	
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DAVID ZINK RAINBOW HOME CARE 62 LLOYD STREET		С		
SAN_FRANCISCO	<u>CA 94117</u>	D		
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AJTOMOBILE LIABILITY Any Auto All Owned Autos Scheduled Autos Hirad Autos Non-Owned Autos		,		Combined Single Limit s Bodily Injury (per person) 5 Bodily Injury (per accident) 5 Property Damage 5
GARAGE LIABILITY	_			Auto Only - Ea Accident IS Other Than Auto Only Excellent S Each Accident IS Aggregate IS
DICESS LIABILITY Umbrella Form Other Than Umbrella Por				Each Occurrence S Aggregate S
MORITERS' COMPERSATION AND B'RLOYERS' LIABILITY The Proprietor/ Pathars/Executive In Officers are:	D cl			Statutory Limit     Dthesitive:       EL Each Accident     S       EL Disease-Policy Limit     S       EL Disease-Ea Employee     S
A PROFESSIONAL		11/16/00	11/16,	/01 \$1,000,000. \$500, DED, PER CLAIM
	CATIONS/VEHICLES/SPBCIAL ITEMS			
DEPT. OF HEALTH S OFFICERS, AGENTS,	ERVICES BOARD OF SUF EMPLOYEES AND OTHER	ERVISORS	COUNT MED AS	Y OF SAN MATEO & THEIR CERTIFICATE HOLDER.
CERTIFICATE HOLD	R	a way want to be a should be	TTATE	9N
		EXPIRATIO	DN DATE TH	ABOVE DESCRIBED POLICIES BE CARCELLED BEFORE THE BERSOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL TEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
BOARD OF OF SAN MA	HEALTH SERVICES SUPERVISORS COUNTY ATEO.	LEFT, BU OR LIAB SENTATIVE	IT FALLORS	S TO MALL SUCH NOTICE SHALL DEPOSE NO OFLIGATY ANY KIND UPON THE COMPANY, ITS AGENTS OF REP.
62 LLOYD San Franc	STREET SISCO, CA 94117-3219		=34	Jalen M. Hayes
the QWIK APP com	oany, ind			<b>DWIK</b> 2-55 (01/95)
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Ą	CORD CERTIF	ICAT . OF LIABILI	ry insur	RANCE		Tokie (oznac 🎝	/
	EN HAYES INSURA 0 SAN PABLO DAM SOBRANTE, CA 948	ROAD # C	ONLY A	AND CONFERS NO CERTIFICATE DOES	SUED AS A MATTER OF ME RIGHTS UPON THE CERTIFICA 6 NOT AMEND, EXTEND OR 7 THE POLICIES BELOW.	TE HOLDER.	<u>70</u> 2
				COMPAN	IES AFFORDING CO	VERAGE	
			Company A	COTTSDALE	INSURANCE COM	IPANY	
isur	-ad		Company B				
1341	u l	RAINB01-HCJ	Company	<u> </u>	·		
RA	VID ZINK INBOW HOME CARE		C				
62 SA	LLOYD STREET N FRANCISCO	CA 94117	Company D				
	VERAGES		······································	· · · · ·			
	INDICATED. NOTWITHST THIS CERTIFICATE MAY	HAT THE POLICIES OF INSURANCE LISTED ANDING ANY REQUIREMENT, TERM OR CON BE ISSUED OR MAY PERTAIN. THE INS S AND CONDITIONS OF SUCH POLICIES. LIN	IDITION OF ANY CON SURANCE AFFORDED	TRACT OR OTHER DO BY THE POLICIES DES	CUMENT WITH RESPECT TO WHICH CRIBED HEREIN IS SUBJECT TO AL	н	
CO TR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE	EXPIRATION	LIN	NITS	
	GENERAL LIABILITY	CLS0807462		11/16/02	General Aggregate Products-Completed Ops Agg Personal & Advertising Injury Each Occurrence Fire Damage (any 1 fire)	\$ 1,000, \$ 1,000, \$ 1,000, \$ 1,000, \$ 1,000, \$ 100,	,00 ,00 ,00
{	AUTOMOBILE LIABILITY	/	 	 	Medical Expense (any one person)	\$ 1.	. 00
ļ	Any Auto				Combined Single Limit	\$	
	All Owned Autos Scheduled Autos				Bodily Injury (per person)	\$	
	Hired Autos Non-Owned Autos				Bodily Injury (per accident)	\$	
_	GARAGE LIABILITY		 		Property Damage	\$	
Ì	Any Auto				Auto Only - Eacg Accident Other Than Auto Only	[. 	
					Each Accident Aggregate	\$	
ł	EXCESS LIABILITY				Each Occurrence	\$	
	Other Than Umbrella Form WORKERS' COMPENSATION 8	· · · · · · · · · · · · · · · · · · ·				s	
	EMPLOYERS' LIABILITY				Statutory Limit Other EL Each Accident	\$	
	The Proprietor/ Partners/Executive Officers are: Exc!				EL Disease-Policy Limit EL Disease-Ea Employee	\$	
	OTHER		·			\$	
	PROFESSIONAL LIABILITY			11/16/02	\$1,000,000. \$500, DED. PER	CLAIM	
EP	T. OF HEALTH SER	CATIONS/VEHICLES/SPECIAL ITEN VICES BOARD OF SUE MPLOYEES AND OTHER	ERVISORS	COUNTY MED AS CE	OF SAN MATEO & RTIFICATE HOLD	THEIR ER.	
EF				LLATION			
	BOARD OF SU	ALTH SERVICES PERVISORS COUNTY	EXPIRATIC <u>30</u> * c LEFT, BU OR LIABIL SENTATIV	N DATE THEREOF, DAYS WRITTEN NOT T FAILURE TO MU ITY OF ANY KIND ES.	E DESCRIBED POLICIES BE CA THE ISSUING COMPANY WILI FICE TO THE CERTIFICATE HO AIL SUCH NOTICE SHALL IMP O UPON THE COMPANY, ITS	ENDEAVOR TO LDER NAMED T OSE NO OBLIG	0 MA 10 TH 01TA
	OF SAN MATE 225 37TH AV SAN MATEO,	ENUE ROOM 140	Authorized	Representative	Halen V.	91	

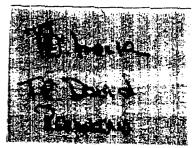
ACORD 25-8 (01.95)

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By: Insurance Visions, Inc.

GACORD CORPORATION 1988

#### NO. 269 2 1 2



# HEFFERNAN GROUP

1350 Carlback Ave. Suite 200 P.O. Box 5608 Walnut Creek, CA 94596 Phone Number: 925-934-8500 Fax Number: 925-934-8278 License #0564249

# FAX TRANSMITTAL

- Date:
- To:
- Attn:
- Fax#:
- Regarding:
- From:
- Total # of Pages:

# **COMMENTS:**

Thank you for choosing Heffernan Group and our Home Health Worker's Compensation Program!

2

We are faxing you a binder confirming coverage is bound. The binder is temporary proof of coverage until your policy arrives; the policy dates are actually 12/31/01 to 12/31/02. Please remit the deposit premium immediately, payable to State Fund, in the amount of \$7,255. The insurance company needs the payment by this Thursday 1/10 to continue insuring your company.

A claims kit and billing instructions will follow in the next few days. In the meantime, should you have questions or require further assistance, please contact us.

If this fax is incomplete or difficult to read, please call 925-934-8500. The information contained in this facsimile punsmission is legally privileged and confidential, intended only for the addressec. Any use, review, dissemination, distribution or copying of this pansmission by anyone other than the addresses is saidly prohibited and is not a waiver of any applicable privilege against disclosure. If you have received this transmission in error, please contact the above and immediately return the original to Heffernan Group.

January 8, 2002 Rainbow Home Care David Zink 415-621-4266 Workers Compensation Insurance LuAnn Watkins

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AV. 31. 202 12 14 TV	FICATE OF LI				DATE (MMODY		
					05/31/0		
ODUCER WC) Heffernan Insurance Brkrs 350 Carlback Ave, Suite 200 alnut Creak CA 94596			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.				
ne: 925-934-8500 Far	1:925-934-8278	i	INSURERS AFFORDING COVERAGE				
RED	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	INSURERA:	State Fund				
		I INSUAER E					
Rainbow Home Ca David Zink	I •	INSURER C					
62 Lloyd St. San Francisco C	1 94117	, INSURER C:					
ean crancisco C	0 31211	INSURER S					
ERAGES							
E POLICIES OF INSURANCE LISTED BELO Y REQUIREMENT, TERM OR CONDITION O Y "ERTAIN, THE INSURANCE AFFORDED I LICIES ASGREGATE LIMITS SHOWN MAY	F ANY CONTRACT OR OTHER DOCUME BY THE POLICIES DESCRIBED HEREIN	NT WITH RESPECT TO WHICH S SUBJECT TO ALL THE TERMS	THE CERTIFICATE M S. BXCLUSIONS AND C	AY BE ISSUED OR			
TYPE OF INSURANCE	POLICY NUMBER	DATE MM/DDAY	DATE (MM/DD/YY)	LIMIT			
GENERAL LUBILITY		1		EACH OCCURRENCE	\$		
COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	5		
CLAIMS MADE OCCUR				MED EXP (Any one person)	5		
	i i i i i i i i i i i i i i i i i i i			PERSONAL & ADV INJURY	\$		
	ł			GENERAL AGGREGATE	\$		
CEAL AGGREGATE LIMIT APPLIES PER: POLICY PRO-				PRODUCTE - COMPIOP AGG	5		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (E8 accident)	5		
ALL OWNED AUTOS				BODILY INJURY (Per person)	5		
HIRED AUTOS				BODILY INJURY (Per Bodideni)	\$		
				PROPERTY DAMAGE (Per acciestin)	\$		
GARAGE LIABILITY		1		AUTO ONLY - EA ACCIDENT	3		
ANY AUTO				OTHER THAN EA ACC	3		
		1		AUTO ONLY: AGG	3		
EXCESS LIABILITY				ACH OCCURRENCE	15		
					15		
	. , I		F 	1	5		
DEDUCTIBLE				;	18		
RETENTION S		1			18		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X TORYLIMITS' ER			
	7000031101	12/31/01	12/31/02	E.L. BACH ACCIDENT	\$1000000		
			-	EL DISEASE - EA EMPLOYNE	\$ 1000000		
				EL DISEASE - POLICY LIMIT			
OTHER		1		1			
	<b>\$</b>			1			

ICATE HOLDER N ADDITIONAL INSURED; INSURER LETTER: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION IVIDE-0 DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 302 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL FOR EVIDENCE OF INSURANCE IMPOSE NO OBLICATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES AUTHORIESETHENAEVENJATINE

# COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

# CONTRACT APPROVAL FORM

TO:

# Marie Sharks

Maria Gonzalez - 573-3495, FAX 573-3729, PONY - AAS 321

FROM:

Raymond Swope, County Counsel Telephone X 4759, Fax 363-4034, Pony @CO 111

SUBJECT:

Approval of Amendment 1, Board Memo and Resolution for:

Catholic Charities of San Francisco, Mills-Peninsula Senior Focus, Peninsula Volunteers/Rosener House, and City of South San Francisco Adult Day Care Program

DATE SUBMITTED: May 24, 2002 / JUNC 7, 2002

CONTRACT PERIOD:

July 1, 2001 to June 30, 2005

CONTRACT AMOUNT AND FUNDING SOURCE:

S120.000 for fiscal year 2002-03 from Multipurpose Senior Services Program\_

COUNTY COUNSEL'S OFFICE HAS REVIEWED AND HEREBY APPROVED AS TO FORM THE AGREEMENT STIPULATED ABOVE.

APPROVED BY:

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