

AMENDMENT NO. 1 TO AGREEMENT WITH
CATHOLIC CHARITIES OF SAN FRANCISCO

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and CATHOLIC CHARITIES OF SAN FRANCISCO (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on June 19, 2001, the parties hereto entered into Agreement 64534 (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 as follows:

1. To add the following 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 Program for services provided through three Agreements approved through Resolution No. 64534 dated June 19, 2001 and one Agreement approved through Resolution No. 64980 dated December 18, 2001, 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 ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000).

2. Section 12 Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from July 1, 2001 through June 30, 2005. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon thirty (30) days' written notice to the other party.

3. To add the following to Section 6 Non-Discrimination

With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits Contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

4. To add the following to Schedule A PART I, ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES PROGRAM

- O. 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.
- P. 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

CATHOLIC CHARITIES OF
SAN FRANCISCO

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

By: Jandra Lee

Date: _____

Date: 5/21/02

ATTEST:

By: _____
Clerk of Said Board

Date: _____

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Catholic Charities of the Archdiocese of San Francisco

Contact Person: Sandra Lew, Director of Aging and Clinical Services

Address: 2255 Hayes Street, 4th Floor
San Francisco, CA 94117

Phone Number: (415) 592-9200 Fax Number: (415) 592-9201

II Employees

Does the Contractor have any employees? X Yes No

Does the Contractor provide benefits to spouses of employees? X Yes No

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement, which began on July 1, 1998 and expires on July 1, 2002.

IV Declaration

I declare under penalty of perjury the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 26th day of June, 2001 at San Francisco, California.

Rebecca Powell
Signature

Rebecca Powell
Name (Please Print)

Assoc. Director of HR
Title

94-1498472
Contractor Tax Identification Number

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

Number of pages faxed 4

DATE: May 30, 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: Catholic Charities of San Francisco.

DO THEY TRAVEL?:

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor provides Adult Day Care Program services for clients of the Multipurpose Senior Services Program.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse

5-30-01

JUN 21 2001 10:11 AM
SIC COUNTY COUNSEL

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

CONTRACT APPROVAL FORM

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

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

SUBJECT: Approval of Agreements, Board Memo, and Resolution for:

Catholic Charities of San Francisco, Peninsula Volunteers Rosener
House, and City of South San Francisco Adult Day Care Program
for FY 2001-2002

DATE SUBMITTED: May 24, 2001

CONTRACT PERIOD: July 1, 2001 to June 30, 2004

CONTRACT AMOUNT AND FUNDING SOURCE:

A collective amount of \$115,000 from the California Department of Aging

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

APPROVED BY: 
DEPUTY COUNTY COUNSEL

6/1/01
DATE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD) 07/16/02

PRODUCER
 Gallagher Heffernan Insurance Brokers, Inc. - CA Lic.#0726293
 Market Spear Twr Ste 200
 San Francisco, CA 94105

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 BELONGING TO THE INSURED.

INSURERS AFFORDING COVERAGE

INSURED
 Roman Catholic Archbishop San Francisco A Corporation Sole, etal
 One Peter Yorke Way
 San Francisco, CA 94109-3302

INSURER A: The Ordinary Mutual A. R. R. G.
 INSURER B: American Home Assurance Company
 INSURER C: Federal Insurance Company
 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, IT MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CGAL0022001	07/01/01	07/01/02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG \$1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CGAL0022001	07/01/01	07/01/02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4551904	01/01/01	01/01/02	<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
C	OTHER Crime Empl. Dishonesty	81518390	07/01/01	07/01/02	\$250,000 with \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Catholic Charities of the Archdiocese of San Francisco
 2255 Hayes Street, 4th floor, San Francisco, CA 94117

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

Sea Agency On Aging Of The County Of San Mateo
 San Mateo County Health Serv.
 225 W., AVENUE 225 W. 37th Avenue

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL NOTIFY THE CERTIFICATE HOLDER NAMED TO THE LEFT BY FIRST CLASS MAIL 30 DAYS PRIOR TO THE EFFECTIVE DATE OF CANCELLATION. THIS NOTICE DOES NOT CONSTITUTE AN OFFER OF INSURANCE.
 AUTHORIZED REPRESENTATIVE

Dennis J. O'Hara

Client#: 1488

CATHFRA

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD) 12/28/

PRODUCER
 Gallagher Heffernan Insurance
 Brokers, Inc. - CA Lic.#0726293
 One Market Spear Twr Ste 200
 San Francisco, CA 94105

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 BELONGING TO THE INSURED.

INSURERS AFFORDING COVERAGE

INSURED
 Roman Catholic Archbishop San Francisco
 A Corporation, Sole, etal
 One Peter Yorke Way
 San Francisco, CA 94109-3302

INSURER A: American Home Assurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, IT MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4551904	01/01/02	01/01/03	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$1,000 E.L. DISEASE-EA EMPLOYEE \$1,000 E.L. DISEASE-POLICY LIMIT \$1,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Catholic Charities of SMC Crisi Intervention, Aids Anxiety Counseling, Depression or Somatization Disorders, Grief and Family Relationship Counseling. Certificate Holder is included as an Additional Insured where contractually required.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION Ten Day Notice for Non-P.

San Mateo County
 Its Officers, Agents & Employees
 225 W. 37th Avenue
 San Mateo, CA 94403

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAY NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Dennis J. O'Hara

AMENDMENT NO. 1 TO AGREEMENT WITH
MILLS-PENINSULA SENIOR FOCUS, INC.

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and MILLS-PENINSULA SENIOR FOCUS, INC., (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on December 18, 2001, the parties hereto entered into Agreement 64980 (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 as follows:

1. To add the following 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 Program for services provided through three Agreements approved through Resolution No. 64534 dated June 19, 2001 and one Agreement approved through Resolution No. 64980 dated December 18, 2001, 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 ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000).

2. Section 12 Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from January 1, 2002 through June 30, 2005. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon thirty (30) days' written notice to the other party.

3. To add the following to Schedule A PART I, ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES PROGRAM

- O. 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.
- P. 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:

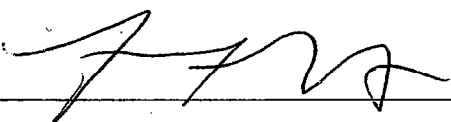
1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all 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

MILLS-PENINSULA SENIOR FOCUS,
INC.

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

By:  _____

Date: _____

Date: _____

ATTEST:

By: _____
Clerk of Said Board

Date: _____

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

Number of pages faxed 5

DATE: November 14, 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: Mills-Peninsula Senior Focus, Inc.

DO THEY TRAVEL?: Contractor may transport clients to and from program site.

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor will provide Adult Day Care services for clients of the Multipurpose Senior Services Program.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	\$ 1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$ 1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$ 1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	Self insd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse 11-12-01

SUTTER — INSURANCE SERVICES CORPORATION

Grosvenor Center, Mauka Tower
 737 Bishop Street #2100
 Honolulu, HI 96813

For further information referencing this Certificate, contact:
 Sutter Health Risk Management Department (916) 286-6520

CERTIFICATE OF COVERAGE

CERTIFICATE NO. 02-1-439

ISSUE DATE: January 1, 2002

NAME OF INSURED

Mills Peninsula Health Services
 Senior Focus, Inc.
 100 South San Mateo Drive
 San Mateo, CA 94401

COVERAGE

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF COVERAGE

Healthcare Professional Liability & Commercial General Liability

SISCO (Claims made):

LIMIT:

Primary: SIS 2002-1 \$2,000,000/Claim

Excess: SIS 2002-2 \$3,000,000/Claim

Retroactive Date: 1/1/98 (MPHS)

The excess policy is supported by reinsurance provided by Lloyd's of London and General Reinsurance Corporation.

CERTIFICATE EFFECTIVE DATE: 1/1/02

CERTIFICATE EXPIRATION DATE: 1/1/03

REASON FOR INTEREST

RE: Mills Peninsula Senior Focus Agreement to provide nutrition and transportation services.

CERTIFICATE HOLDER

County of San Mateo
 225 West 37th Avenue
 San Mateo, CA 94403
 Attn: Aging & Adult Services

CANCELLATION

Should any of the above described policies be canceled 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 give such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

[Signature]
 Authorized Representative

LIABILITY INSURANCE

PRODUCER
 A.J. Gallagher & Co/Comm Lines
 CA Lic# 0726293 (925)460-9900
 4301 Hacienda Dr. #300
 Pleasanton, CA 94588-9101

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 COVERED BY THIS CERTIFICATE.

INSURERS AFFORDING COVERAGE

INSURED
 Mills-Peninsula Hospital
 100 San Mateo Drive
 Senior Focus, Inc.
 San Mateo, CA 94401

INSURER A: Great American Ins (Cincinnati)
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE 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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	CAP375367101	07/31/01	07/31/02	COMBINED SINGLE LIMIT (EA accident) \$1,000, 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 AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				(WC STATUTORY LIMITS) (OTHER) E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Cert holder is named as additional insured with respect to liability arising out of the operation of covered autos on the additional insured's premises.

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
County of San Mateo Area Agency of Aging Attn: Mary Roblee 25 37th Ave. San Mateo, CA 94403		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS 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>Mary E. Lindahl</i>

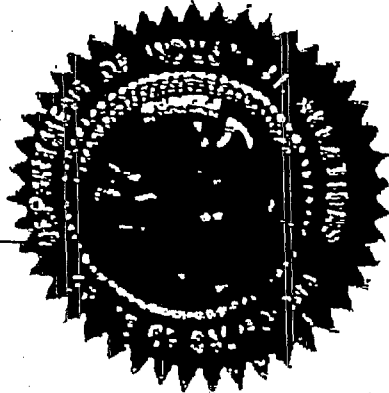
STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 1993-K

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That MILLS-PENINSULA HEALTH SERVICES (a California corporation)
Subsidiary of Sutter Health
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE
THE 1st DAY OF February, 2000

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA
Stephen J. Smith
STEPHEN J. SMITH DIRECTOR

Mark B. Ashcraft
MARK B. ASHCRAFT MANAGER

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

003
#2988 P.003/005
KLSA MANAGEMENT
38.0572001 03:25 916 286-65

DEC 21 2001 1:06PM
MILLS HEALTH CENTER 600 696 4638
NO. 1286 P. 2/2

AMENDMENT NO. 1 TO AGREEMENT WITH
PENINSULA VOLUNTEERS/ROSENER HOUSE

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and PENINSULA VOLUNTEERS/ROSENER HOUSE (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on June 19, 2001, the parties hereto entered into Agreement 64534 (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 as follows:

1. To add the following 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 Program for services provided through three Agreements approved through Resolution No. 64534 dated June 19, 2001 and one Agreement approved through Resolution No. 64980 dated December 18, 2001, 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 ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000).

Subject to compliance with the terms and conditions of this Agreement, the term

3. To add the following to Section 6 Non-Discrimination

With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits Contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

4. To add the following to Schedule A PART I, ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES PROGRAM

- O. 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.
- P. 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

PENINSULA VOLUNTEERS/ROSENER
HOUSE

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

By: Barbara Hart
Director

Date: _____

Date: 5-16-02

ATTEST:

By: _____
Clerk of Said Board

Date: _____

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Peninsula Volunteers, Inc.
 Contact Person: Bernadette Mellott, Executive Director
 Address: 800 Middle Ave.
Menlo Park, CA 94025
 Phone Number: 650-326-0665 Fax Number: 650-326-9547

II Employees

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

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

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on _____ (date) and expires on _____ (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 20 day of June, 2001 at Menlo Park, CA
 (City) (State)

Bernadette Mellott
 Signature
Executive Director
 Title

Bernadette Mellott
 Name (Please Print)
94-1294939
 Contractor Tax Identification Number

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

Number of pages faxed 2

DATE: May 30, 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: Peninsula Volunteers/Rosener House

DO THEY TRAVEL?:

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor provides Adult Day Care Program services for clients of the Multipurpose Senior Services Program.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability D & O	<u>2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<u>1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse

5-30-01

JUN 21 2001 09:11
SUN COUNTY COUNSEL

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

CONTRACT APPROVAL FORM

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

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

SUBJECT: Approval of Agreements, Board Memo, and Resolution for:

Catholic Charities of San Francisco, Peninsula Volunteers Rosener House, and City of South San Francisco Adult Day Care Program for FY 2001-2002

DATE SUBMITTED: May 24, 2001

CONTRACT PERIOD: July 1, 2001 to June 30, 2004

CONTRACT AMOUNT AND FUNDING SOURCE:

A collective amount of \$115,000 from the California Department of Aging

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

APPROVED BY:


DEPUTY COUNTY COUNSEL

6/1/01
DATE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE 02/12/2

PRODUCER (650)341-4484 FAX (650)341-4465
 Business Professional Ins. Assoc. Inc.
 1519 South B Street
 San Mateo, CA 94402

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED Peninsula Volunteers
 800 Middle Avenue
 Menlo Park, CA 94025

INSURER A: Riverport Insurance
 INSURER B: Safety National
 INSURER C: US Liability Insurance
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RP0001395	02/01/2002	02/01/2003	EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000 GENERAL AGGREGATE \$ 2,000 PRODUCTS - COMP/OP AGG \$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RP0001395	02/01/2002	02/01/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	RPX 001396	02/01/2002	02/01/2003	EACH OCCURRENCE \$ 5,000, AGGREGATE \$ 5,000, \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PR0008280-2	07/01/2001	07/01/2002	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000, E.L. DISEASE - EA EMPLOYEE \$ 1,000, E.L. DISEASE - POLICY LIMIT \$ 1,000,
C	OTHER Directors and Officers	555-000056-1	02/01/2002	02/01/2003	\$2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

PROOF OF INSURANCE

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
San Mateo County Aging and Adult Services MSSP 225 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. AUTHORIZED REPRESENTATIVE Virginia Fontana/SANDEE <i>Virginia Fontana</i>

AMENDMENT NO. 1 TO AGREEMENT WITH CITY OF
SOUTH SAN FRANCISCO ADULT DAY CARE PROGRAM

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and CITY OF SOUTH SAN FRANCISCO ADULT DAY CARE PROGRAM (hereinafter called "Contractor"),

WITNESSETH:

WHEREAS, on June 19, 2001, the parties hereto entered into Agreement 64534 (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 as follows:

1. To add the following 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 Program for services provided through three Agreements approved through Resolution No. 64534 dated June 19, 2001 and one Agreement approved through Resolution No. 64980 dated December 18, 2001, 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 ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000).

2. Section 12 Term of the Agreement
Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from July 1, 2001 through June 30, 2005. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon thirty (30) days' written notice to the other party.

3. To add the following to Section 6 Non-Discrimination

With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits Contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

4. To add the following to Schedule A PART I, ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES PROGRAM

- O. 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.
- P. 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 representative have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

CITY OF SOUTH SAN FRANCISCO AI
DAY CARE PROGRAM

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

By: MAW

Date: _____

Date: 5-23-02

ATTEST:

By: _____
Clerk of Said Board

Date: _____

APPROVED

DATE 5-23-02

[Signature]
CITY ATTORNEY

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: City of South San Francisco
Contact Person: Elaine Porter
Address: 33 Arroyo Drive
South San Francisco, CA 94080
Phone Number: 650 877-5996 Fax Number: 650 877-8678

II Employees

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

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

III Equal Benefits Compliance (Check one)

- [] Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
[] Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
[x] No, the Contractor does not comply.
[] The Contractor is under a collective bargaining agreement which began on ___ (date) and expires on ___ (date).

APPROVED

Declaration

DATE 5/22/02

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 20 day of May, 2002 at South San Francisco, CA (City) (State)

[Signature]

Mike Wilson

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
MEMORANDUM

Number of pages faxed 5

DATE: May 30, 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: City of South San Francisco Adult Day Care Program

DO THEY TRAVEL?:

PERCENT OF THE TIME:

NUMBER OF EMPLOYEES:

DUTIES (SPECIFIC): Contractor provides Adult Day Care Program services for clients of the Multipurpose Senior Services Program.

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	<u>7M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>7M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability D & O	<u> </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<u>statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS

SIGNATURE

DATE

Priscilla Morse

5-30-01

ABAG PLAN Corporation
CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

JUNE 6, 2000

BROKER: GALLAGHER HEFFERNAN INSURANCE
P. O. BOX 7443
SAN FRANCISCO, CA 94120-7443
415/546-9300

PROVIDER: ABAG PLAN CORPORATION
P. O. BOX 2050
OAKLAND, CA 94604-2050
510/464-7969

INSURED: CITY OF SOUTH SAN FRANCISCO
400 GRAND AVENUE
SOUTH SAN FRANCISCO, CA 94080

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND DOES NOT ALTER OR EXTEND THE RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW, AS STIPULATED UNDER "DESCRIPTION":

COMPANIES AFFORDING COVERAGE:

- COMPANY **A ABAG PLAN CORPORATION**
- COMPANY **B TRAVELERS' INSURANCE COMPANY**
- COMPANY **C**
- COMPANY **D**

THIS IS TO CERTIFY THAT COVERAGE AGREEMENTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENTS.

CO LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMIT	
						EACH OCCURRENCE
A	GENERAL LIABILITY	ABAG PLAN 00/01	7/1/00	6/30/01		
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY	
	<input checked="" type="checkbox"/> PRODUCT/COMPLETED OPERATIONS					
	<input checked="" type="checkbox"/> PREMISES / OPERATIONS				PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD					
	<input checked="" type="checkbox"/> CONTRACTUAL				BI & PD COMBINED	\$7,000,000
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS					
A	AUTOMOBILE LIABILITY	ABAG PLAN 00/01	7/1/00	6/30/01		
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY	
	<input checked="" type="checkbox"/> ALL OWNED AUTO (PRIVATE PASSENGER)				PER PERSON	
	<input checked="" type="checkbox"/> RENTAL / LEASE AUTO				BODILY INJURY PER ACCIDENT	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> ALL OWNED AUTO (OTHER THAN PRIVPASS.)				BI & PD COMBINED	\$7,000,000
B	PROPERTY INSURANCE	<i>See Attached</i>				
	<input checked="" type="checkbox"/> PROPERTY / ALL RISK				PROPERTY	\$100,000,000
	<input checked="" type="checkbox"/> BOILER & MACHINERY				BOILER & MACH	\$50,000,000

DESCRIPTION: General Liability insurance includes Public Officials' Errors and Omissions. This Certificate is issued as Proof of Insurance regard to confirming that the City of South San Francisco is an active member and in good standing with coverage as indicated above.

CERTIFICATE HOLDER

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
225 WEST 37TH STREET
SAN MATEO, CA 94403

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENTS BE CANCELED BEFORE EXPIRATION DATE THEREOF THE PROVIDER/PROVIDEE WILL ENDEAVOR TO 30-DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE L&P. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

MARCUS BEVERLY, Risk Manager

ABAG PLAN Corporation
CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
JULY 25, 2001

BROKER: GALLAGHER HEFFERNAN INSURANCE
P. O. BOX 7443
SAN FRANCISCO, CA 94120-7443
415/546-9300

PROVIDER: ABAG PLAN CORPORATION
P. O. BOX 2050
OAKLAND, CA 94604-2050
510/464-7969

INSURED: CITY OF SOUTH SAN FRANCISCO
P.O. BOX 711
SOUTH SAN FRANCISCO, CA 94083

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW, STIPULATED UNDER "DESCRIPTION":

COMPANIES AFFORDING COVERAGE:

- COMPANY
A ABAG PLAN Corporation
 COMPANY
B Travelers Insurance
 COMPANY
C
 COMPANY
D

THIS IS TO CERTIFY THAT COVERAGE AGREEMENTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENTS.

CO LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMIT	
						EACH OCCURRENCE
A	GENERAL LIABILITY	ABAG PLAN 01-02	7/01/02	6/30/2002		
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY	
	<input checked="" type="checkbox"/> PRODUCT/ COMPLETED OPERATIONS					
	<input checked="" type="checkbox"/> PREMISES / OPERATIONS					
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> CONTRACTUAL				BI & PD COMBINED	\$7,000,000
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS					
A	AUTOMOBILE LIABILITY	ABAG PLAN 01/02	7/01/01	6/30/2002		
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY PER PERSON	
	<input checked="" type="checkbox"/> ALL OWNED AUTO (PRIVATE PASSENGER)				BODILY INJURY PER ACCIDENT	
	<input checked="" type="checkbox"/> RENTAL / LEASE AUTO				PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> NON- OWNED AUTOS				BI & PD COMBINED	\$7,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTO (OTHER THAN PRIV. PASS.)					
B	PROPERTY INSURANCE	PEPIP 2001/02	7/01/01	6/30/02		
	<input checked="" type="checkbox"/> PROPERTY / ALL RISK				PROPERTY.	(per schedule)
	<input checked="" type="checkbox"/> BOILER & MACHINERY				BOILER & MACH	\$50,000,000

DESCRIPTION: General liability insurance includes Public Officials' Errors and Omissions. This Certificate is issued as Proof of Insurance in regard to confirming that the City of South San Francisco is a member and in good standing with coverage as indicated above.

CERTIFICATE HOLDER

COUNTY OF SAN MATEO
AGING AND ADULT SERVICES
225 WEST 37TH AVENUE
SAN MATEO, CA 94403

CANCELLATION

Marcus Beverly
MARCUS BEVERLY, Risk Manager
ABAG PLAN CORPORATION

ASSOCIATION OF BAY AREA GOVERNMENTS

ABAG PLAN Corporation

P.O. Box 2050
Oakland, California 94604-2050
(510) 464-7969

THIS ENDORSEMENT CHANGES THE CONTRACT.

ADDITIONAL COVERED ENTITY

PLEASE READ IT CAREFULLY!

Endorsement Effective: JULY, 1 2001 THRU JUNE 30, 2002

Providee: CITY OF SOUTH SAN FRANCISCO

**Additional Covered Entity: COUNTY OF SAN MATEO
AGING AND ADULT SERVICES**

**Address: 225 WEST 37TH AVENUE
SA MATEO, CA 94403**


Description of Operation: It is hereby understood and agreed that the County of San Mateo Aging and Adult Services the Board of Supervisors of the County of San Mateo, County and their agents, employees and officers are hereby named as Additional Insured to the City's General Liability Policy with respect to all activities co-sponsored with the insured.

COVERAGE

**LIABILITY: * Bodily Injury and Property Damage
* Public Officials Errors and Omissions
* Automobile Liability**

LIMIT OF LIABILITY: \$7,000,000

The contract is amended to include coverage for the additional covered entity with respect to liability for activities of the Providee or for activities performed by the covered entity for such Providee or on its behalf, but only to the extent of liability of Providee.


Authorized Signature: Marcus Beverly, Risk Manager

DATE: July 25, 2001

ASSOCIATION OF BAY AREA GOVERNMENTS

ABAG PLAN Corporation

P.O. Box 2050
Oakland, California 94604-2050
(510) 464-7969

THIS ENDORSEMENT CHANGES THE CONTRACT.

ADDITIONAL COVERED ENTITY

PLEASE READ IT CAREFULLY!

Endorsement Effective: July 1, 2000 through June 30, 2001

Providee: City of South San Francisco

Additional Covered Entity: County of San Mateo
Aging and Adult Services

Address: 225 West 37th Avenue
San Mateo, CA 94403


Description of Operation: It is hereby understood and agreed that the County of San Mateo Aging and Adult Services, the Board of Supervisors of the County of San Mateo, the County and their agents, employees and officers are hereby named as Additional Insured to the City's General Liability policy with respect to all activities co-sponsored with the Insured.

COVERAGE

LIABILITY: * Bodily Injury and Property Damage
* Public Officials Errors and Omissions
* Automobile Liability

LIMIT OF LIABILITY : \$7,000,000

The contract is amended to include coverage for the additional covered entity with respect to liability for activities of the Providee or for activities performed by the covered entity for such Providee or on its behalf, but only to the extent of liability of Providee.


Authorized Signature: Marcus Beverly, Risk Manager

DATE: June 6, 2000

MAY 18



OFFICE OF THE
CITY ATTORNEY
(650) 877-8515
FAX (650) 829-6642

May 14, 1999

TO WHOM IT MAY CONCERN;

The City of South San Francisco is self-insured for Worker's Compensation by permission of the State of California as authorized by Certificate Number 4-0281-114.

Very truly yours,

Steven T. Mattas
City Attorney

STM:pcp

F:\WPDI\MNRSW\405101\LTR\1999\MAY\Aging & Adult Services.314.doc

DEPARTMENT OF INDUSTRIAL RELATIONS
ELF-INSURANCE PLANS
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone (916) 483-3392
FAX (916) 483-1535

CERTIFICATION OF SELF-INSURANCE
OF WORKERS' COMPENSATION

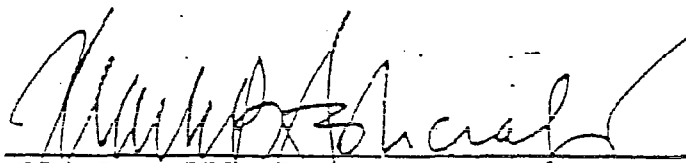
TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 7206 was issued by the Director of Industrial Relations to:

CITY OF SOUTH SAN FRANCISCO

under the provisions of Section 3700, Labor Code of California, on January 1, 1979. The Certificate is now and has been in full force and effective since that date.

Dated at Sacramento, California
This 2nd day of January, 1996



MARK B. ASHCRAFT, Manager
Self Insurance Plans

/bs

cc: Steven T. Mattas
City Attorney/Risk Manager
CITY OF SOUTH SAN FRANCISCO
P.O. Box 711 - 315 Maple Avenue
South San Francisco, CA 94083
(originals)

Susan Gonzales
Personal Director