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"),

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

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. <u>Payments A. Maximum Amount</u>. 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 <u>Schedule A</u> 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 any agency, 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:

Date:

By: Jandra Lo-

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

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 Q	llinical Services
Address:	2255 Haves Street, 4 th Floor	:
	San Francisco, CA 94117	

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

II Employées

Does the Contractor have any employees? X Yes No

Does the Contractor provide benefits to spouses of employees? \underline{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.

Kebeen bruell Signature 1550 Director of the

Keherry

Name (Please Print)

94-1498472 Contractor Tax Identification Number

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COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed <u>4</u>

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:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

REMARKS/COMMENTS

SIGNATURE

DATE

mulla morse

5-30-01

COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

CONTRACT APPROVAL FORM

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

FROM:

TO:

Raymond Swope, County Counsel Telephone X 4759, Pax 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:

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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: INTY COUNSEL

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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"),

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

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 <u>Term of the Agreement</u>

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 <u>Schedule A</u> PART I, ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES PROGRAM

О.

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 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:

By:

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

Date:

Date:____

ATTEST:

By:

Clerk of Said Board

.

Date:

modify

COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

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

DATE:November 14, 2001TO:Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163FROM:Maria Gonzalez - 573-3495, FAX 573-2193, PONY - AAS 321SUBJECT:Contract Insurance Approval

CONTRACTOR NAME:

DO THEY TRAVEL ?:

Mills-Peninsula Senior Focus, Inc.

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 Scnior Services Program.

waive

approve

COVERAGE:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability

Worker's Compensation

REMARKS/COMMENTS

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SIGNATURE DATE rse 11-12-01

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	STATE OF CALIFORNIA
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	NUMBER 1993-K OFFICE OF THE DIRECTOR
	CERTIFICATE OF CONSENT TO SELF-INSURE
	MILLS-PENINSULA HEALTH SERVICES (a California corporation) THIS IS TO CERTIFY, That Subsidiary of Suller 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."
	DEPARTMENT OF INDUSTRIAL RELATIONS
N I	THE 181 DAY OF FADILIARY 1, 2000
	STEPHEN J. SMITH BULANTON
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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"),

$\underline{WITNESSETH}$:

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. <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 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).

Curbinat to compliance with the terms and conditions of this A meamout the term

3. To add the following to Section 6 <u>Non-Discrimination</u>

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 <u>Schedule A</u> PART I, ASSURANCES SPECIFIC TO THE MULTIPURPOSE SENIOR SERVICES PROGRAM

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.

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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

Carbara 7 By:

Date:

Date: 5-16-02

ATTEST:

By:____

Clerk of Said Board

Date:

1-13-5001	10.20
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COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

1 Vendor Identification Volunteers Name of Contractor: Peninsu Executive Director 11.44 Contact Person: Middle, Address: 94025 Menlo 0A Park. Phone Number: 657-326-0665 Fax Number: 6577-326-9547 Il Employees Does the Contractor have any employees? VYes 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 Mentol Part (Citv) Name (Please Print) Signature -129492

TOTAL P.02

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>	<u> </u>		
Motor Vehicle Liability	<u>1M</u>	×,	·····	
Professional Liability D & O	_2M	\checkmark		
Worker's Compensation	_1M	\checkmark		

REMARKS/COMMENTS

) mulla Morse DATE

COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

CONTRACT APPROVAL FORM

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

FROM:

TO:

ພາມຂອບກ

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:

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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 COUNT

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				ł	FIRE DAMAGE (Any one fire)	\$	5			
A	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	1 00			
^					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	1,00			
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1,00			
	POLICY PRO- JECT LOC									
	X ANY AUTO	RP0001395	02/01/2002	02/01/2003	COMBINED SINGLE LIMIT (Ea accident)	\$	1,00			
A	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$				
	HIRED AUTOS				BODILY INJURY (Per accident)	\$	<u> </u>			
					PROPERTY DAMAGE (Per accident)	s				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
					AUTO ONLY: AGG					
	EXCESS LIABILITY	RPX 001396	02/01/2002	02/01/2003	EACH OCCURRENCE	\$	5,00			
_	OCCUR CLAIMS MADE				AGGREGATE	\$	5,000			
A	DEDUCTIBLE					\$				
	RETENTION \$	PR0008280-2	07/01/2001	07/01/2002	WC STATU- OTH- TORY LIMITS ER	\$				
_	EMPLOYERS' LIABILITY		0.701,2001	01/01/2001	E.L. EACH ACCIDENT	s	1,00			
B					E.L. DISEASE - EA EMPLOYEE	\$	1,00			
					E.L. DISEASE - POLICY LIMIT	\$	1,00			
с	OTHER Directors and Officers	555-000056-1	02/01/2002	02/01/2003	\$2,000	,000				
DESC	RIPTION OF OPERATIONS/LOCATIONS/V		EMENT/SPECIAL PROVISION	ONS		*				
	FROOF OF INSUKAN									
CEF		DITIONAL INSURED; INSURER LETTER:	CANCELLATI	ON	-					
	San Mateo County Aging and Adult Serv 225 37th Avenue	vices MSSP	EXPIRATION 30	DATE THEREOF, THE I S WRITTEN NOTICE TO E TO MAIL SUCH NOTIC	RIBED POLICIES BE CANCELLI SSUING COMPANY WILL ENDE D THE CERTIFICATE HOLDER N CE SHALL IMPOSE NO OBLIGAT , ITS AGENTS OR REPRESENT/	AVOR T AMED T TION OF	o Mail O The Le Liability			
	San Mateo, CA 94403		AUTHORIZED RE		Vicinia O Fonta					

©ACORD CORPORATION

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"),

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

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. <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 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 <u>Schedule A</u> PART I, <u>ASSURANCES SPECIFIC TO</u> 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 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.

Ρ.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representativ 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

í. Date:

By:__

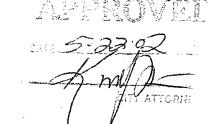
Date: 2 ・クン

ATTEST:

By:

Clerk of Said Board

Date:



COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

Vendor Identification	n
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: <u>650 877-8678</u>
Employees	
Does the Contractor	ha∨e any employees? <u>×</u> YesNo
Does the Contractor	provide benefits to spouses of employees? _x Yes No
If the a	nswer-to one or both of the above is no, please skip to Section IV.
I Equal Benefits Com	pliance (Checkone)
G Yes, the Contrac	tor complies by offering equal benefits, as defined by Chapter 2.93, to its
employees with s	spouses and its employees with domestic partners.
↓ Yes, the Contract	tor complies by offering a cash equivalent payment to eligible employees enefits.
	or does not comply.
The Contractor is and expires on	s under a collective bargaining agreement which began on(date)
Sclaration	DATE 53202
clare under penalty and correct, and t	y of perjury under the laws of the State of California that the foregoing is hat I am authorized to bind this entity contractually.
uted this <u>20</u> da	y of <u>May</u> , 20 <u>02</u> at <u>South San Francisco</u> , <u>CA</u> (City) (State)
	(Ony) (State)
ALL	Mike Wilson

~ ~ ~ *

1-2

COUNTY OF SAN MATEO AGING AND ADULT SERVICES MEMORANDUM

Number of pages faxed_

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.

approve

waive

modify

COVERAGE:

Comprehensive General Liability

Motor Vehicle Liability

Professional Liability D & O

Worker's Compensation

REMARKS/COMMENTS

SIGNATURE mulla Merse 5-30-01

Amount

7M

7M

statutory 1

DATE

									4 -
	BAG <i>PLAN</i>			•			- -	ISSUE DATE (MM	יר כס
	RTIFICATE			<u></u>				JUNE 6, 2	2000
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		GRAND AVE	ANCISCO, CA 94080		COM	C	·····		
.	300	I II SAN FNA	AIICI3CO, CA 94080			D			
term o	R CONDITION OF ANY C	ONTRACT OR OTHER	LISTED BELOW HAVE BEEN ISSUED T DOCUMENT WITH RESPECT TO WHIC EXCLUSIONS AND CONDITIONS OF SL	H THIS CERT	IFICATE N	ia above for the pi tay be issued or m	AY PERTAIN. THE	NOTWITHSTANDING AN COVERAGE AFFORDED I	y requ by the :
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DES	DESCRIPTION: General Liability insurance includes Public Officials gard to confirming that the City of South San Francisco is an active men				ors and (Omissions. This	s Certificate is	issued as Proof of . indicated above	Insu
	CERTIFICATE HOLDER				<u> </u>	LLATION			
	UNTY OF SAN		·· <u>·</u> ·					MENTS BE CANCELED B	
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<u>SAI</u>	MATEO, CA	94403				\sim	\sim	~	
				M	ARCU	SBEVERLY	Risk Man	ager	

PROVIDER	-415/546_0300	CERTIFICATE OF INSURANCE BROKER: GALLAGHER HEFFERNAN INSURANCE P. O. BOX 7443 SAN FRANCISCO, CA 94120-7443 415/546-9300					
	ABAG <i>PLAN</i> CO P. O. BOX 2050 OAKLAND, CA	СОМР	STIPULATED UNDER "DESCRIPTION": COMPANIES AFFORDING COVERAGE: COMPANY A ABAG PLAN Corporation COMPANY				
	510/464-7969 CITY OF SOUTH SA P.O. BOX 711 OUTH SAN FRANC		- COMP. COMP. 	ANY	<u>rs Insurance</u>	3	
THIS IS TO CERTIFY I REQUIREMENT, TERM THE POLICIES DESCR	HAT COVERAGE AGREEMENTS LT I OR CONDITION OF ANY CONTRA BED HEREIN IS SUBJECT TO ALL	STED BELOW HAVE BEEN ISSUED TO CT OR OTHER DOCUMENT WITH RESP THE TERMS, EXCLUSIONS AND CONDI	THE INSURED NAM	ED ABOVE FOR THE P CERTIFICATE MAY	ERIOD INDICATE	D. NOTWITHSTANDING Y PERTAIN., THE COVER	
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B PRC		PEPIP 2001/02	7/01/01	6/30/02	PROPERTY.	(per schedule)	

Administered by the Association of Bay Area Governments

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CABAG PLAN Corporation P.O. Box 2050

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

THIS END	ORSEMENT CHANGES THE CONTRACT.
	ADDITIONAL COVERED ENTITY
	PLEASE READ IT CAREFULLY!
Endorsement Effective: JU	JLY, 1 2001 THRU JUNE 30, 2002
Providee:	ITY OF SOUTH SAN FRANCISCO
Additional Covered Entity:	COUNTY OF SAN MATEO
	AGING AND ADULT SERVICES
Address:	225 WEST 37 TH AVENUE
	SA MATEO, CA 94403
	COVERAGE
LIABILITY	다 물건 수 있었다. 그 집에서 가지 않는 것 같은 나는 것 같은 것 같
	* Public Officials Errors and Omissions
LIMIT OF LIABILITY	* Public Officials Errors and Omissions * Automobile Liability
LIMIT OF LIABILITY	* Public Officials Errors and Omissions * Automobile Liability (: \$7,000,000 include coverage for the additional covered entity with respect to
LIMIT OF LIABILITY The contract is amended to hability for activities of the	 * Public Officials Errors and Omissions * Automobile Liability (: \$7,000,000 include coverage for the additional covered entity with respect to Providee or for activities performed by the covered entity for such
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LIMIT OF LIABILITY The contract is amended to liability for activities of the	 * Public Officials Errors and Omissions * Automobile Liability \$7,000,000 include coverage for the additional covered entity with respect to Providee or for activities performed by the covered entity for such
LIMIT OF LIABILITY The contract is amended to hability for activities of the	 * Public Officials Errors and Omissions * Automobile Liability (: \$7,000,000 include coverage for the additional covered entity with respect to Providee or for activities performed by the covered entity for such

ASSOCIATION OF BAY AREA GOVERNMENTS

CABAG PLAN Corporation

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

THIS ENDO	RSEMENT CHANGES THE CONTRACT.
AL	DITIONAL COVERED ENTITY
PLE	ASE 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 37 th Avenue San Mateo, CA 94403
of Supervisors of the County of San Mate	inderstood and agreed that the Conty of San Mateo Aging and Adult Services, the Board o, the County and their agents, employees and officers are hereby named as Additional licy with respect to all activities co-sponsored with the Insured.
	<u>COVERAGE</u>
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



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.

MAY 18

Very truly yours,

Steven T. Mattas City Attorney

STM:pcp

F:\WPD\MNRSW\405\01\LTR\1999\MAY\Aging&AdultServices.514.doc

STATE OF CALIFORNIA

EPARTMENT 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 Connel Di magne ar

Pete Wilson, Gr