



**AGREEMENT BETWEEN  
COUNTY OF SAN MATEO**

**AND**

**YOUTH AND FAMILY ASSISTANCE**

**For the Period of**

**AUGUST 1, 2002 THROUGH JUNE 30, 2005**

**Agency Contact Person:  
Judy Bardales  
Children and Family Services  
Human Services Agency  
(650) 802-6465**

## AGREEMENT WITH YOUTH AND FAMILY ASSISTANCE

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2002, by and between the County of San Mateo, hereinafter called "County," and Youth and Family Assistance hereinafter called "Contractor";

### WITNESSETH:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department/Agency thereof; and

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services for the County of San Mateo Human Services Agency, Children and Family Services Division, hereinafter described, for the provision of Child Abuse Prevention/Intervention, "Warmline" Services:

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

The following exhibits are attached hereto and incorporated by reference therein.

1. **Exhibits**

Exhibit A: Program Description

Exhibit B: Payment Schedule

Exhibit C: Program Monitoring

Exhibit D: Compliance with Section 504

Exhibit E: Equal Benefits Compliance Declaration Form

2. **Services to be Performed**

In consideration of the payments hereinafter set forth in Exhibit B, attached hereto and incorporated by reference herein, Contractor, under the general direction of the Director of Human Services Agency, or her authorized representative, with respect to the product or result of Contractor's services, shall perform services as described in Exhibit A, attached hereto and incorporated by reference herein.

3. **Payments**

- A. **Maximum Amount** In full consideration of Contractor's performance of the services described in Exhibit A, the amount that the County shall be obligated to pay for services rendered under this Agreement shall not exceed One Hundred Twenty Thousand Dollars (\$120,000) for the contract term.
- B. **Rate of Payment** The rate and terms of payment shall be as specified in Exhibit B. Any rate increase is subject to the approval of the Director of Human Services or her authorized representative, and shall not be binding on County unless so approved in writing. In no event may the rates established in Exhibit B be increased to the extent that the maximum County obligation shall not exceed the total specified in paragraph 3.A.above. Each payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Director of Human Services or her representative.
- C. **Time Limit for Submitting Invoices** Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Exhibit B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one-hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.
- D. **Availability of Funds** Payment for all services provided pursuant to this contract is contingent upon the availability of County, State, and Federal funds. In the event the State or Federal government does not appropriate the necessary funds as part of either or both of their budgets, the County shall not be liable for any payment whatsoever; including, but not limited to, payments that are based on County funds. The County may terminate the agreement for unavailability of Federal, State or County funds.

4. **Relationship of Parties**

It is expressly understood that this is an agreement between two (2) independent contractors and that no agency, employee, partnership, joint venture or other relationship is established by this Agreement. The intent by both County and Contractor is to create an independent contractor relationship. Contractor expressly acknowledges and accepts his/her tax status as, and the tax consequences, of an independent contractor. Further, as an independent contractor, Contractor expressly acknowledges and accepts that he/she has no rights, benefits, privileges and/or claims in any form whatsoever under, from through and/or pursuant to the San Mateo County Civil Service Rules.

5. **Hold Harmless**

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomever belonging; or (C) any other loss or cost, including but not limited to, the concurrent active or passive negligence of County, its officers, agents, employees, or servants resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which the County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless, as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

6. **Insurance**

A. The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by the Director of Human Services and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the Human Services Agency with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Human Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

(1) **Worker's Compensation and Employer's Liability Insurance** The Contractor shall have in effect during the entire life of this Agreement Workers' Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the Contractor makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

- (2) **Liability Insurance** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from contractor's operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below.

Such insurance shall include:

|     |                                   |              |
|-----|-----------------------------------|--------------|
| (a) | Comprehensive General Liability   | \$ 1,000,000 |
| (b) | Motor Vehicle Liability Insurance | \$ 1,000,000 |
| (c) | Professional Liability            | \$ 1,000,000 |

After one year from the date this Agreement is first executed, the County may, at its sole discretion, require an increase in the amount of liability insurance to the level then customary in similar County agreements by giving sixty (60) days notice to Contractor. County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to the County, its officers, agents, employees and servants shall be primary insurance to the full limits of liability of the policy, and that if the County or its officers and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, the County of San Mateo at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

7. **Non-Discrimination**

Contractor shall comply with the non-discrimination requirements described below:

A. **Section 504 of the Rehabilitation Act of 1973**

- (1) Pursuant to Section 504 (Public Law 93-112), the Contractor agrees that no otherwise qualified disabled individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this contract.

(2) Compliance of Section 504 of the Rehabilitation Act of 1973, as amended, requires that all benefits; aids and services are made available to disabled persons on an equivalent basis with those received by non-disabled persons. Contractor shall agree to be in compliance with Section 504 requirements by 1) signing the Letter of Assurance, attached and incorporated herein as Exhibit C, or 2) by developing a plan for compliance to be submitted to the Section 504 Coordinator, Department of Health Services, as soon as possible but not later than by the end of the current Fiscal Year.

B. **Non-Discrimination - General** No person shall, on the grounds of age (over 40), ancestry, creed, color, disability, marital status, medical conditions, national origin, political or religious affiliation, race, sex, sexual orientation or any non-job-related criteria be excluded from participation in, be denied the benefits, or be subjected to discrimination under this Agreement.

C. **Non-Discrimination - Employment** Contractor shall ensure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this Agreement. Contractor's nondiscrimination policies shall be made available to County upon request.

D. **Equal Benefits Compliance** With respect to the provision of employee benefits, Contractor will 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.

8. **Violation of Non-Discrimination Provisions**

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the County Manager, including but not limited to:

- i) termination of this Agreement;
- ii) disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;
- iii) liquidated damages of \$2,500 per violation;
- iv) imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this paragraph, the County Manager shall have the authority to:

- i) examine Contractor's employment records with respect to compliance with this paragraph;
- ii) set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contractor between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

9. **Child Abuse Prevention and Reporting**

Contractor agrees to ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency. Contractor agrees to fully comply with the Child Abuse and Neglect Reporting Act, Cal Penal Code 11164 et seq. Contractor will ensure that all known or suspected instances of child abuse or neglect are reported to an agency (police department, sheriff's department, county probation department if designated by the county to receive mandated reports, or the county welfare department) described in Penal Code Section 11165.9. This responsibility shall include:

- A. A requirement that all employees, consultants, or agents performing services under this contract who are required by the Penal Code to report child abuse or neglect, sign a statement that he or she knows of the reporting requirement and will comply with it.
- B. Establishing procedures to ensure reporting even when employees, consultants, or agents who are not required to report child abuse under the Penal Code gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect.
- C. Contractor agrees that its employees, subcontractors, assignees, volunteers, and any other persons who provide services under this contract and who will have supervisory or disciplinary power over a minor or any person under his or her care (Penal Code 11105.3) will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom Contractor's employees, subcontractors, assignees or volunteers have contact. All fingerprinting services will be at County's sole discretion and Contractor's sole expense.

10. **Assignments and Subcontracts**

- A. Without the written consent of the Director of Human Services or her designee, this Agreement is not assignable in whole or in part. Any assignment by Contractor without the written consent of the Director of Human Services or her designee violates this Agreement and shall automatically terminate this Agreement.
- B. Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Director of Human Services or her designee.

- C. All assignees, subcontractors, or consultants approved by the Director of Human Services or her designee shall be subject to the same terms and conditions applicable to Contractor under this agreement, and Contractor shall be liable for the assignee's, subcontractor's or consultant's acts and/or omissions.
- D. All agreements between Contractor and subcontractor and/or assignee for services pursuant to this Agreement shall be in writing and shall be provided to County.

11. **Records**

- A. Contractor agrees to provide to County, to any Federal or State department having monitoring or reviewing authority, to County's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.
- B. Contractor shall maintain and preserve all records relating to this Agreement in it's possession of any third party performing work related to this Agreement for a period of three (3) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

12. **Compliance with Applicable Laws**

All services shall be performed in accordance with all applicable Federal, State, County and Municipal laws, ordinances, regulations, and funding mandates, including but not limited to appropriate licensure, certification regulations, confidentiality, civil rights, and quality assurance. Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

13. **Alteration of Agreement**

This Agreement is entire and contains all the terms and conditions agreed upon by the parties. No alteration or variation shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement shall be binding on the parties hereto.



14. **Interpretation and Enforcement**

A. Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed:

- 1) In the case of County, to:  
San Mateo County, Human Services Agency  
Judyt Bardales, Community Liaison, Children and Families  
400 Harbor Blvd., Bldg. B  
Belmont, CA 94002  
(650) 802-6465
- 2) In the case of Contractor, to:  
Youth and Family Assistance  
Margaret Bouttell, Finance Director  
609 Price Avenue, Suite 2051  
Redwood City, CA 94063  
(650) 363-8401

B. **Controlling Law**

The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

15. **Monitoring**

All services performed and payments made pursuant to this agreement shall be monitored according to the protocols set forth in Exhibit C, attached hereto and incorporated by reference herein.

16. **Term of the Agreement**

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

17. **Contractor's Outcome Based Management Responsibilities:**

Contractor will engage in activities and supply information required to implement the County's Outcome-Based Management and Budgeting (OBM) initiative. Activities include, but are not limited to:

- a. Attending planning and informational meetings;
- b. Developing program performance and outcome measurements;

- c. Collecting and submitting data necessary to fulfill measurement requirements;
- d. Participating in technical assistance and training events offered by the Human Services Agency and seeking technical assistance and training necessary to fulfill measurement requirements; and
- e. Participating in a review of performance and outcome information;
- f. Comply with OBM Implementation Guidelines as specified in memos released by the Human Services Agency.

**Human Services Agency's Outcome Based Management Responsibilities:**

- a. Provide technical assistance and support to assist contractor's implementation of the County's Outcome-Based Management and Budgeting (OBM) initiative.
- b. Issue and review OBM Implementation Guidelines.
- c. Conduct review of performance and outcome information.

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

COUNTY OF SAN MATEO

By: \_\_\_\_\_

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

Date: \_\_\_\_\_


ATTEST:

\_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

**Youth and Family Assistance**

Robert Rybicki  
Name, Title - Print

Signature 

Date: 7/18/02

<sup>F40</sup>  
Tax ID# 943094966

CA 9103112-0

**YOUTH AND FAMILY ASSISTANCE (YFA)  
Child Abuse Prevention/Intervention, "Warmline"**

**PROGRAM DESCRIPTION  
AUGUST 1, 2002 THROUGH JUNE 30, 2005**

**Services to be performed by Contractor:**

The Child Abuse Prevention/Intervention, "Warmline" is an information and referral phone line that provides parents in San Mateo County with immediate emotional support as well as referral to other parenting resources. It is intended to help to reduce the County's rate of child abuse. It is easily accessible, confidential and provides free child abuse prevention services to community residents. It operates 24-hours per day, 365 days per year. A minimum of one volunteer or paid staff person is available at all times to answer calls. Every call is documented. A database of available community resources is maintained from which referrals can be given.

**Contractor will provide:**

- a. A telephone referral line that provides parents with emotional support and referral to parental resource services existing in the community. Services will be provided twenty-four (24) hours per day, seven (7) days a week, three hundred and sixty five (365) days per year.
- b. Referral services to callers in Spanish and English
- c. Training to volunteers and staff in order to ensure that all calls are handled appropriately and referral given to clients as needed.

**YOUTH AND FAMILY ASISTANCE (YFA)  
Child Abuse Prevention/Intervention, "Warmline"**

**PAYMENT SCHEDULE  
AUGUST 1, 2002 THROUGH JUNE 30, 2005**

**I. PAYMENTS**

In full consideration of the services provided by Contractor pursuant to this Agreement, and subject to the provisions of paragraph 3.A of agreement herein, County shall pay Contractor in the manner described below, unless otherwise specifically authorized by the Director Human Services or her designee:

- A. County will pay Contractor no later than thirty (30) working days after receipt of invoice. In any event, the total payment to Contractor shall not exceed ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000) for the term of this agreement.
- B. County shall pay Contractor for services described in Exhibit A, Section I as follows:

**August 1, 2002 through June 30, 2003**

|                             |      |                    |
|-----------------------------|------|--------------------|
| August                      | 2002 | \$6,666.66         |
| September                   | 2002 | \$3,333.33         |
| October                     | 2002 | \$3,333.33         |
| November                    | 2002 | \$3,333.33         |
| December                    | 2002 | \$3,333.33         |
| January                     | 2003 | \$3,333.33         |
| February                    | 2003 | \$3,333.33         |
| March                       | 2003 | \$3,333.33         |
| April                       | 2003 | \$3,333.33         |
| May                         | 2003 | \$3,333.33         |
| June                        | 2003 | \$3,333.37         |
| <b>Total for FY 2002-03</b> |      | <b>\$40,000.00</b> |

**July 1, 2003 through June 30, 2004**

|           |      |            |
|-----------|------|------------|
| July      | 2003 | \$3,333.33 |
| August    | 2003 | \$3,333.33 |
| September | 2003 | \$3,333.33 |
| October   | 2003 | \$3,333.33 |
| November  | 2003 | \$3,333.33 |
| December  | 2003 | \$3,333.33 |
| January   | 2004 | \$3,333.33 |
| February  | 2004 | \$3,333.33 |
| March     | 2004 | \$3,333.33 |
| April     | 2004 | \$3,333.33 |
| May       | 2004 | \$3,333.33 |
| June      | 2004 | \$3,333.37 |

**Total for FY 2003-04            \$40,000.00**

**July 1, 2004 through June 30, 2005**

|           |      |            |
|-----------|------|------------|
| July      | 2004 | \$3,333.33 |
| August    | 2004 | \$3,333.33 |
| September | 2004 | \$3,333.33 |
| October   | 2004 | \$3,333.33 |
| November  | 2004 | \$3,333.33 |
| December  | 2004 | \$3,333.33 |
| January   | 2005 | \$3,333.33 |
| February  | 2005 | \$3,333.33 |
| March     | 2005 | \$3,333.33 |
| April     | 2005 | \$3,333.33 |
| May       | 2005 | \$3,333.33 |
| June      | 2005 | \$3,333.37 |

**Total for FY 2004-05            \$40,000.00**

**YOUTH AND FAMILY ASSISTANCE (YFA)  
Child Abuse Prevention/Intervention, "Warmline"**

**PROGRAM MONITORING  
AUGUST 1, 2002 THROUGH JUNE 30, 2005**

YFA acknowledges that the San Mateo County Child Abuse Council will be distributing funds from the Child Abuse Trust Fund (AB2994), and YFA's participation with the San Mateo County Child Abuse Council activities is required.

YFA will submit to the San Mateo County Child Abuse Council written reports in accordance with AB2994, and as required by the Office of Child Abuse Prevention (OCAP), the state agency that administrate the Child Abuse Prevention, Intervention and Treatment (CAPIT), and Community Based Family Resource and Support (CBFRS) Programs.

For this funding, YFA will submit written reports to the San Mateo County Human Services Agency's, Community Liaison as follows:

**FY 2002-03**

First report due on December 2002.  
Final report due on July 30, 2003.

**FY 2003-04**

Six month report due on December 2003.  
Final report due on July 30, 2004.

**FY 2004-05**

Six month report due on December 2004.  
Final report due on July 30, 2005.

**YOUTH AND FAMILY ASSISTANCE (YFA)  
Child Abuse Prevention/Intervention, "Warmline"**

**(Required only from Contractors who provide services  
directly to the Public on the County's behalf.)**

Assurance of Compliance with Section 504 of the  
Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

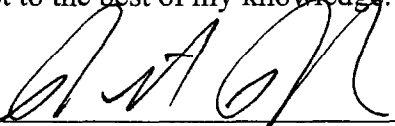
The Contractor(s): (Check a or b)

- a.  employs fewer than 15 persons.
- b.  employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Robert Rybicki  
Name of 504 Person/ Title - Type or Print  
605 PICC  
Address  
Redwood City, CA. 94063  
City & State Zip Code

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

7/18/02  
Date

  
Signature and Title of  
Authorized Official

\*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible"

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor:

Robert Rybicki / YFA

Contact Person:

Robert Rybicki

Address:

609 Price Suite 205

Redwood City, CA 94063

Phone Number:

366-8401

Fax Number:

366-8435

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)

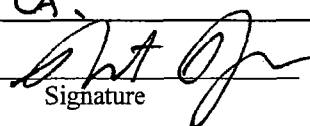
- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does 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 18 day of July, 2002 CA

at Redwood City  
(City)

CA  
(State)  
  
Signature

Robert Rybicki  
Name (Please Print)

EXECUTIVE DIRECTOR  
Title

FED 943094966  
Contractor Tax Identification Number

CA 9103112-0



County of San Mateo  
Departmental Correspondence

**DATE:** 7/15/02  
**TO:** Priscilla Morse, Risk Manager  
Ext.- 4610, Fax -4864, Pony #EPS163  
**FROM:** Nalini Nath, Contract Unit  
Ext: 5184; Fax: 596-3478; Pony: HSA210  
**SUBJECT:** Contract Insurance Approval  
**CONTRACTOR:** YOUTH AND FAMILY ASSISTANCE

Does Contractor Travel and what percent? no

**DUTIES:** Provide child abuse "Warmline Services"

| INSURANCE COVERAGE:                              | AMOUNT    | APPROVE                             | WAIVE                    | MODIFY                   |
|--|-----------|-------------------------------------|--------------------------|--------------------------|
| Comprehensive Liability<br>_x Additional Insured | \$1M      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automobile 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"/> |
| Workers' Compensation                            | statutory | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Dishonesty                              |           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**Remarks/Comments:**

Thanks.

**SIGNATURE:** Priscilla Morse 7-15-02  
Risk Management Date


|  |   |
|--|---|
| <b>PRODUCER</b><br>(MP) Heffernan Insurance Brkrs<br>855 Oak Grove Avenue, #100<br>Menlo Park CA 94025-4455<br>Phone: 650-328-1400 Fax: 650-853-3881 | 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. |
|  | <b>INSURERS AFFORDING COVERAGE</b>  |
| <b>INSURED</b><br>Youth & Family Assistance<br>609 Price Avenue, #205<br>Redwood City CA 94063   | INSURER A: <b>General Ins Co of America</b>   |
|  | INSURER B: <b>First Natl ins. Co. of Amer.</b>  |
|  | INSURER C: <b>Phoenix Assurance Co. of NY</b>   |
|  | INSURER D: <b>Safco Surplus Lines Ins. Co.</b>  |
|  | 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.

| INSUR LTR                                | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|--|--|---------------|----------------------------------|-----------------------------------|---|
| A  | GENERAL LIABILITY  | CP7757378H    | 07/01/02                         | 07/01/03                          | EACH OCCURRENCE \$ 1000000  |
|  | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 200000  |
|  | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR   |               |                                  |                                   | MED EXP (Any one person) \$ 10000   |
|  |  |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1000000  |
|  |  |               |                                  |                                   | GENERAL AGGREGATE \$ 2000000  |
|  |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 2000000   |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   |   |
| B  | AUTOMOBILE LIABILITY   | BA7757378C    | 07/01/02                         | 07/01/03                          | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000  |
|  | <input checked="" type="checkbox"/> ANY AUTO   |               |                                  |                                   | BODILY INJURY (Per person) \$   |
|  | <input type="checkbox"/> ALL OWNED AUTOS   |               |                                  |                                   | BODILY INJURY (Per accident) \$   |
|  | <input type="checkbox"/> SCHEDULED AUTOS   |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$   |
| <input type="checkbox"/> HIRED AUTOS     |  |               |                                  |                                   |   |
| <input type="checkbox"/> NON-OWNED AUTOS |  |               |                                  |                                   |   |
|  | GARAGE LIABILITY   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$  |
|  | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN EA ACC \$  |
|  |  |               |                                  |                                   | AUTO ONLY: AGG \$   |
|  | EXCESS LIABILITY   |               |                                  |                                   | EACH OCCURRENCE \$  |
|  | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  |               |                                  |                                   | AGGREGATE \$  |
|  | <input type="checkbox"/> DEDUCTIBLE  |               |                                  |                                   | \$  |
|  | <input type="checkbox"/> RETENTION \$  |               |                                  |                                   | \$  |
|  |  |               |                                  |                                   | \$  |
| C  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | ECF108305     | 07/01/02                         | 07/01/03                          | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ |
|  |  |               |                                  |                                   | E.L. EACH ACCIDENT \$ 1000000   |
|  |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$ 1000000   |
|  |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$ 1000000  |
| D  | OTHER  | LP7757378H    | 07/01/02                         | 07/01/03                          | Per Occur 100000  |
|  | Prof Liability   |               |                                  |                                   | Aggregate 200000  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Certificate Holder is named as Additional Insured as respects to service provided by the Named Insured.

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|--|--|---|
| <b>CERTIFICATE HOLDER</b><br>County of San Mateo<br>Alcohol & Drug Program<br>Attn: Lucho Bravo<br>400 Harbor Blvd, Bldg C<br>Belmont CA 94002 | Y <b>ADDITIONAL INSURED; INSURER LETTER: A</b> | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|---|