

AGREEMENT WITH PENINSULA NETWORK OF MENTAL HEALTH CLIENTS
FOR MENTAL HEALTH SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO, hereinafter called "County," and PENINSULA
NETWORK OF MENTAL HEALTH CLIENTS, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of
performing the professional services hereinafter described for the Health Services Agency,
Mental Health Services Division; and

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
thereof;

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

1. Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the
general direction of the Director of Health Services, or her designee, with respect to the product
or result of Contractor's services, shall provide socialization services, community programs and
peer support to mentally ill adult consumers as described in Schedule A, attached hereto and
incorporated by reference herein. Such services shall be provided in a professional and diligent
manner.

2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of
the services described in Schedule A, the amount that County shall be obligated to pay for

services rendered under this Agreement shall not exceed ONE HUNDRED FORTY-FIVE THOUSAND EIGHT HUNDRED THIRTY DOLLARS (\$145,830) for the contract term.

B. Rate of Payment. The rate and terms of payment shall be as specified in Schedule B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Director of Health Services or her designee, and shall not be binding on County unless so approved in writing. In no event may the rates established in Schedule B be increased to the extent that the maximum County obligation shall exceed the total specified in paragraph 2A above. Each payment shall be conditioned on the performance of the services described in Schedule A to the full satisfaction of the Director of Health Services or her designee.

C. Time Limit for Submitting Invoices. Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Schedule 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.

3. 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 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.

4. 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, or 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 whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under this Agreement, or (D) any other loss or cost, including but not limited to that caused by 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 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.

5. Insurance

Contractor shall not commence work under this Agreement until all insurance required under this section has been obtained and such insurance has been approved by the Director of Health Services. Contractor shall furnish the Health Services Agency with Certificates of Insurance evidencing the required coverage and there shall be a specific contractual liability endorsement extending Contractor's coverage to include the contractual liability assumed by 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 Health Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

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, County 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.

A. Workers' Compensation and Employer Liability Insurance. Contractor shall have in effect during the entire life of this Agreement, Workers' Compensation and Employer Liability Insurance providing full statutory coverage. In signing this Agreement, County 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 require every employer to be insured against liability for Workers' 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.

B. Liability Insurance. 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 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 or by any subcontractor 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 not be less than the amounts specified below.

Such insurance shall include:

- 1) Comprehensive General Liability\$1,000,000
- 2) Professional Liability\$0
- 3) Worker's Compensation\$ 1,000,000

If this Agreement remains in effect more than one (1) year from the date of its original execution, 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 County, its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy, and that if 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. Said certificate(s) of insurance is (are) attached hereto and incorporated by reference herein as Attachment II (and III).

6. Non-Discrimination

Contractor shall comply with the non-discrimination requirements described in Schedule C, which is attached hereto, and incorporated herein.

Contractor shall comply with County admission and treatment policies which shall provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation.

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

- i. termination of this Agreement;
- ii. disqualification of Contractor from bidding on or being awarded a County contract for a period of up to three (3) years;

- iii. liquidated damages of TWO THOUSAND FIVE HUNDRED DOLLARS (\$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 his 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 thirty (30) days of such filing, provided that within such thirty (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 its response to the complaint when filed.

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.

7. Assignments and Subcontracts

A. Without the written consent of the Director of Health 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 Health Services or her designee is a breach of 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 Health Services or her designee.

C. All assignees, subcontractors, or consultants approved by the Director of Health 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.

8. Amendment of Agreement

This Agreement is complete and contains all the terms and conditions agreed upon by the parties. No amendment 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.

9. 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 financial records relating to this Agreement for a period of four (4) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

10. Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable federal, state, county, and municipal laws, including, but not limited to, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

11. Notice

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
Mental Health Services Division
225 37th Avenue
San Mateo, CA 94403

or to such person or address as County may, from time to time furnish to Contractor.

2) In the case of Contractor, to:

Peninsula Network of Mental Health Clients
19 West 41st Avenue
San Mateo, CA 94403

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.

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, 2002, through June 30, 2003. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon sixty (60) days' written notice to the other party.

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

COUNTY OF SAN MATEO

PENINSULA NETWORK OF MENTAL
HEALTH CLIENTS

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

By: Deborah Anne Tan

Date: _____

Date: August 20, 2022

ATTEST:

By: _____

Date: _____

Clerk of Said Board

SCHEDULE A

PENINSULA NETWORK OF MENTAL HEALTH CLIENTS: 2002-03

- I. Contractor is the only client-run, mental health self-help provider in San Mateo County, with a proven track record of successfully staffing and managing peer support programs for adult mentally ill consumers. Contractor shall provide services described below in a manner consistent with the terms and provisions of this Agreement.
 - A. Operate two consumer drop-in centers known as Network North located at North County Mental Health (NCMH) and Miller Center Central located at Central County Mental Health (CCMH).
 - B. Network North at NCMH will operate a minimum of one (1) day a week and Miller Center Central (CCMH) will operate two (2) days a week. Hours at Network North are 12:00-4:00 PM on Wednesdays. Hours at Miller Center Central are 11:30-3:30 PM Wednesday and Friday.
 - C. The Drop-In centers will be available to consumers at least one hundred forty-five (145) times between July 1, 2002 and June 30, 2003. Drop-In center hours are variable.
 - D. Contractor will coordinate and staff drop-in centers and programs offered at the Peninsula Network sites. Contractor staff will check in with a designated NCMH and CCMH staff member upon arrival between 11:30 a.m. and 12:00 noon, and when leaving between 3:45 and 4:00 p.m.
 - E. Contractor will be responsible for the set-up and clean-up of the room at NCMH and CCMH.
 - F. Contractor will offer at least forty-six (46) movie nights or other socialization programs at each site between July 1, 2002, and June 30, 2003. Currently, Network North has Movie Night from 4:30-9:00 PM on Friday evenings and Miller Central operates a Movie Night on Saturday evenings from 4:30-9:00 PM.
 - G. Contractor will provide, on a monthly basis, a schedule reflecting program activities and weekly count of participants.
 - H. Contractor will provide monthly program expense detail reports with the submission of monthly invoices for payment.
 - I. Contractor will retain the services of an accountant and a bookkeeper throughout the term of this agreement.

II. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

1. Program Capacity and Enhancement Goals

Goal 1: Contractor shall increase unduplicated attendance in programs by 15%.

Goal 2: Contractor shall offer at least two (2) educational sessions at each center during the program year.

Objective 1: Offer two (2) one hour sessions on basic nutrition.

Objective 2: Offer two (2) one-hour sessions on basic computer use and/or internet access.

SCHEDULE B

PENINSULA NETWORK OF MENTAL HEALTH CLIENTS: 2002-03

I. PAYMENTS SCHEDULE

In full consideration of the services provided by Contractor pursuant to this Agreement, County shall pay Contractor in the manner described below, except that any and all payments shall be subject to the conditions contained in this Agreement:

- A. Contractor shall be paid TWELVE THOUSAND ONE HUNDRED FIFTY TWO DOLLARS AND FIFTY CENTS (\$12,152.50) per month, for a contract total not to exceed ONE HUNDRED FORTY FIVE THOUSAND EIGHT HUNDRED THIRTY DOLLARS (\$145,830).
- B. Contractor shall bill County on or before the tenth (10th) working day of each month for the prior month. All claims shall clearly reflect and, in reasonable detail, give information regarding the services for which claim is made.
- C. In the event Contractor claims or receives payment from County for service, reimbursement for which is later disallowed by County or the State of California or the United States government, then Contractor shall promptly refund the disallowed amount to County upon request, or at this option, County may offset the amount disallowed from any payment due or become due to Contractor under the Agreement or any other agreement.

SCHEDULE C

Contract between County of San Mateo and Peninsula Network of Mental Health Clients, hereinafter called "Contractor."

- a. No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement.
- b. Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract. Contractor's personnel policies shall be made available to County upon request.
- c. Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance. Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement.

Attachment I

(Required only from Contractors who provide services directly to the Public on 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 and 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.

DEBORAH ANNE TAN

Name of 504 Person - Type or Print

Peninsula Network of Mental Health Clients

Name of Contractor(s) - Type or Print

19 West 41st Avenue

Street Address or PO Box

San Mateo
City

CA 94403
State Zip Code

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

August 20, 2002
Date

Deborah Anne Tan CC Dir
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 handicapped 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: Peninsula Network of Mental Health Clients
Contact Person: Deborah Tan
Address: 19 West 41st Avenue
San Mateo, CA 94403
Phone Number: 650-571-0616 Fax Number: 650-571-1398

II Employees

Does the Contractor have any employees? X Yes ___ No

Does the Contractor provide benefits to spouses of employees? ___ Yes X 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 and expires on

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 August, 2002, at San Mateo, CA
(City) (State)

Deborah Anne Tan
Signature

DEBORAH ANNE TAN
Name (Please Print)

EXECUTIVE DIRECTOR
Title

94-30-80045
Contractor Tax Identification Number

BOARD AGENDA ROUTING SLIP

DIVISION: Mental Health
 SUBJECT: Peninsula Network Mental Health Clients
 FILE NAME: SVSMCHSA1C/HEALTH CONTRACTS/
 CONTENT SERVICES NUMBER: _____
 PROGRAM MANAGER: Julie Beck
 CONTRACT ADMINISTRATOR: Caryl Jewell

1. Review by Division Director
 Comments: TJ 8/14/02

 Initials-Date

2. Review by Division Fiscal Officer
 Comments: to JW 8/13/02

8/16/02

 Initials-Date

3. Review by Risk Management
 Comments:

 Initials-Date

4. Review by County Counsel
 Comments: TB PF 8/18/02

plf 8/20/02

 Initials-Date

4. Copies of agreement and resolution made by
 division

 Initials-Date

5. Review by Health Services Administration Analyst
 Comments:

 Initials-Date

6. Review by Health Services Administration
 Deputy Director
 Comments:

 Initials-Date

7. ATR Approval by Finance Director

 Initials-Date

8. Review and Signature by Margaret Taylor
 Comments:

 Initials-Date

Date Received by Health Services Administration: _____

Date sent to County Manager: _____

**SAN MATEO COUNTY
MENTAL HEALTH SERVICES**

Gale Bataille, Director

225 37th Avenue
San Mateo, CA 94403
650-573-2541
FAX: 650-573-2841

FAX

Date: 9/5/02
Number of pages including cover sheet: _____

To: Debbie
YFA

Phone: 366-8408
Fax phone: 366-8455
CC: _____

From: Camp Fairfull

Phone: 573-2242
Fax phone: 573-2841

REMARKS: Urgent For your review Reply ASAP Please comment

*Dear Debbie -
Here is the background info
and the resolutions that we
have agreed on between SMCO
France and Margaret. I
look forward to completing
this project.*

Camp

***COMMENTS:** The information contained in this FAX transmission is confidential and may be privileged and exempt from disclosure under applicable law. This information is intended only for the use of the individual or entity to which it is addressed. If you are not the intended recipient, or the agent of employee responsible to deliver it to the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received the FAX transmission in error, please immediately notify us by telephone and return the original message by mail to the address above (postage available, upon request). Thank you.

PLEASE NOTE: If you have any difficulties receiving this transmittal, please call (650) 573-2541 immediately. Thank you!

BOARD AGENDA ROUTING SLIP

DIVISION: Mental Health
 SUBJECT: Peninsula Network Mental Health Clients
 FILE NAME: SVSMCHSAIC/HEALTH CONTRACTS/
 CONTENT SERVICES NUMBER: _____
 PROGRAM MANAGER: Julie Beck
 CONTRACT ADMINISTRATOR: Caryl Jaufull

1. Review by Division Director
 Comments: To JK 8/13/02 OK 8/22/02
To LR 8/20/02

JB 9/4/02
 Initials-Date

2. Review by Division Fiscal Officer
 Comments: To JW 8/13/02

JW 8/16/02
 Initials-Date

3. Review by Risk Management
 Comments: OK
8/20 needs written copy sent 9/5/02

MD 9-5-02
 Initials-Date

4. Review by County Counsel
 Comments: TB PE 8/19/02

8/20/02
 Initials-Date

4. Copies of agreement and resolution made by division

 Initials-Date

5. Review by Health Services Administration Analyst
 Comments: To LL 9/4/02

LL 9/4/02
 Initials-Date

6. Review by Health Services Administration Deputy Director
 Comments:

 Initials-Date

7. ATR Approval by Finance Director

 Initials-Date

8. Review and Signature by Margaret Taylor
 Comments:

 Initials-Date

Date Received by Health Services Administration: myt 9/4/02

Date sent to County Manager: _____

COUNTY OF SAN MATEO

HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: July 31, 2002

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: Caryl Fairfull, Mental Health Services/PONY #MLH 322

CONTRACTOR: Peninsula Network of Mental Health Clients

DO THEY TRAVEL: No

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: No

DUTIES (SPECIFIC):

COVERAGE:

Comprehensive General Liability:	\$1,000,000
Motor Vehicle Liability:	\$0
Professional Liability:	\$0
Worker's Compensation:	\$Yes

APPROVE ✓

WAIVE _____

MODIFY _____

REMARKS/COMMENTS:

Caryl Fairfull

 SIGNATURE
 9-5-02

G: mhmaryandkaren/InsuranceApprovalPriscillaHarris

ACORD INSURANCE BINDER

DATE
08/20/2002

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Business Professional Ins. Assoc. Inc. 1519 South B Street San Mateo, CA 94402		PHONE (A/C, No. Ext) (650)341-4484 FAX (650)341-4465	COMPANY NIAC	BINDER # B02082001221
CODE: AGENCY CUSTOMER ID: 00001160 INSURED Peninsula Network of Mental Health Center 19 West 41st Avenue San Mateo, CA 94402		SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
		DATE EFFECTIVE 08/01/2002	TIME 12:01	EXPIRATION DATE 09/30/2002
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
DESCRIPTION OF OPERATION/VEHICLES/PROPERTY (including Location)				

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	2002 02485X RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2002 02485X			COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE STATED AMOUNT \$ OTHER
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/OTHER COVERAGES Social Service Professional \$1,000,000/\$1,000,000 Liquor Limits Aggregate/Common Cause \$1,000,000/\$1,000,000				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS Insured's Copy	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE Peter Kelly/MARIA <i>Peter Kelly</i>	

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/05/2002

PRODUCER (650)369-2921 FAX (650)369-2929
Boring-Johndrow-Leveroni-Vreeburg, Inc.
Insurance Services
845 Marshall St
Redwood City, CA 94063

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 Network of Mental Health Clients
19 West 41st Avenue
San Mateo, CA 94402

INSURER A: State Comp. Ins. Fund
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 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								
	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 - COM/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 AUTO ONLY: 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 \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TBD	09/05/2002	09/05/2003	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	E.L. DISEASE - POLICY LIMIT	\$ 1,000,
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
videncing Proof of Insurance

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Evidence of Insurance		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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: <i>Marshall Doherty</i>