



**FIRST AMENDMENT TO
AN AGREEMENT BETWEEN**

COUNTY OF SAN MATEO

AND

YMCA, PACIFICA YOUTH SERVICE BUREAU

For the Period of

DECEMBER 1, 2001 THROUGH JUNE 30, 2005

**Agency Contact Person:
Judyt Bardales
Community Liaison
Human Services Agency
650.802.6465**

FIRST AMENDMENT TO THE AGREEMENT WITH
YMCA, PACIFICA YOUTH SERVICE BUREAU

THIS FIRST AMENDMENT TO THE AGREEMENT, entered into on this day _____ of _____ 2002, by and between the COUNTY OF SAN MATEO, hereinafter-called "County", and the YMCA, PACIFICA YOUTH SERVICE BUREAU 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 Human Services Agency, Children and Family Services, hereinafter described, of Child Abuse and Neglect Prevention and Intervention.

WHEREAS, the parties now wish to amend the Agreement to add \$90,000 to provide prevention and early intervention services to children and families that are known to the Agency with unopened cases, and to add \$15,000 to court ordered therapy to children and families who have open cases and have been identified as being at-risk for being abused and to extend the term of the Agreement to June 30, 2005.

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

1. **Paragraph A of Section 4 – Payments, is amended to read as follows :**

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 FORTY FIVE THOUSAND SIX HUNDRED SEVENTY SIX DOLLARS (\$145,676)** for the contract term.

2. **Section 18 – Term of the Agreement is amended to read as follows:**

Term of the Agreement

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

3. **Exhibit A – Program Description is amended to add the following:**

Contractor will provide contracted services at mutually agreed upon location(s) in San Mateo County. All payments under this Agreement must directly support services specified in this Agreement.

PYSB will provide on campus case management and crisis intervention service. They will serve students, which are between five to fourteen years old, and have been identified as being at risk of abuse/or neglect. Counselors will also work with youth to identify what issues are concerning him/her (beyond potential child abuse/neglect), and will help the students to create a plan for addressing those concerns.

Under this amendment contractor will:

- a. Provide weekly on-campus case management and crisis intervention services.
- b. Serve 102 youth that have been identified as being at risk of abuse and/or neglect.
- c. Provide 2,700 hours of case management and crisis intervention.
- d. Provide services in Pacifica at 6 Laguna Salada Union School District Schools (LSUSD).

4. Exhibit B

A. Section A.I - Payment Schedule is amended to add the following :

Payment Schedule for the period September 1, 2002 through June 30, 2003

September	2002	\$7,500.00
December	2002	\$7,500.00
March	2003	\$7,500.00
June	2003	\$7,500.00
Total		\$30,000.00

Payment Schedule for the Period July 1, 2003 through June 30, 2004

September	2003	\$7,500.00
December	2003	\$7,500.00
March	2004	\$7,500.00
June	2004	\$7,500.00
Total		\$30,000.00

Payment Schedule for the Period July 1, 2004 through June 30, 2005

September	2004	\$7,500.00
December	2004	\$7,500.00
March	2005	\$7,500.00
June	2005	\$7,500.00
Total		\$30,000.00

Total Payment to contractor under this amendment for services provided under Section A.I shall not exceed **NINETY THOUSAND (\$90,000) for FY 2002-05.**

B. Section A.II is amended to add the following:

Amount and rate of payment for psychiatric counseling is not to exceed Fifteen Thousand Dollars (\$15,000) for the period of July 1, 2002 through June 30, 2003. The rate of payment shall remain in full force and effect as in the original Agreement. Additional funding for future fiscal years will be negotiated by the parties and reflected in the form of an amendment to the Agreement.

5. Exhibit C – Program Monitoring is amended to add the following:

YMCA, Pacifica Youth Service Bureau (PYSB) acknowledges that the San Mateo County Child Abuse Council will be distributing funds from the Children's Trust Fund Commission (AB2994, CAPIT and CBFRS) and PYSB's participation with the San Mateo County Child Abuse Council activities is required.

PYSB will submit to the San Mateo County Child Abuse Council written reports and 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.

Written reports shall be submitted to the Community Liaison are as follows:

FY 2002-03

Six month report due on December 2002.

Final report due on July 31, 2003.

FY 2003-04

Six month report due on December 2003.

Final report due on July 31, 2004.

FY 2004-05

Six month report due on December 2004.

Final report due on July 31, 2005.

6. All other terms and conditions of the Agreement dated January 23, 2002, Agreement 74200-02-C218 between the County and Contractor shall remain in full force and effect.

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

COUNTY OF SAN MATEO

By: _____
Jerry Hill, President
Board of Supervisor

Date: _____

ATTEST:

Clerk of the Board

Date

YMCA, PACIFICA YOUTH SERVICE BUREAU

By: Thomas J. Boyer - EXEC. V.P.
Name and Title

Signature: Thomas J. Boyer

Date: 11/5/02

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: YMCA of San Francisco, Pacifica Youth Service Bureau
 Contact Person: Kimberly Wheeler, Executive Director
 Address: PO Box 1879
Pacifica, CA 94044
 Phone Number: 650 366-3900
 Fax Number: _____

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 21st day of December, 2001 at San Francisco
(State) (City)

Marta Bolsinger
Signature

Marta Bolsinger
Name (Please Print)

Pres. + CEO
Title

94-0997140
Contractor Tax Identification Number

4 pages

SAN MATEO COUNTY
MEMORANDUM

DATE: October 11, 2002
TO: Priscilla Harris Morse FAX: 363-4864 PONY: EPS 163
FROM: P Nalini Nath FAX: 596-3478 PONY: HSA210
SUBJECT: Contract Insurance Approval

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: YMCA, Pacifica Youth Service Bureau

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?:
yes

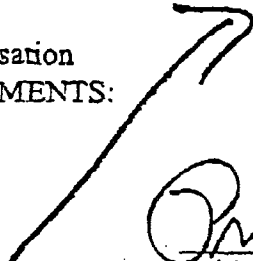
NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: yes

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Provide court ordered therapy and child abuse neglect, prevention and intervention services.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$2,000,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>\$1,000,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$1,000,000</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>\$statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:



Priscilla Morse
Risk Management Signature

10-15-02
Date

need proof of prof liab. not shown on certificate

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/01/02

PRODUCER
Summit Global Partners
Insurance Services, Inc. #0D25347
100 Pine Street, Suite 2200
San Francisco, CA 94111-5222

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
YMCA of San Francisco
Attn: Linda Griffith, Risk Manager
631 Howard Street, Suite 500
San Francisco, CA 94105


INSURER A: **Safeguard Insurance Co.**
INSURER B: **Royal Insurance Company of America**
INSURER C: **Royal Indemnity Company**
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	SP275684	07/01/02	07/01/03	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	SP275684	07/01/02	07/01/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	P2HA206770	07/01/02	07/01/03	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	CS397134	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	OTHER EMP. THEFT	SP275684	07/01/02	07/01/03	\$300,000 BLANKET

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate holder is named as additional insured as respects negligent acts or omissions of named insured in connection with North Peninsula Family Alternatives Center (Juvenile Sexual Responsibility)

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
County of San Mateo Department of Youth & Family Services 225 West 37th Avenue San Mateo, CA 94403		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/24/02

PRODUCER
Summit Global Partners
Insurance Services, Inc. #0D25347
100 Pine Street, Suite 2200
San Francisco, CA 94111-5222

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
YMCA of San Francisco
Attn: Linda Griffith, Risk Manager
631 Howard Street, Suite 500
San Francisco, CA 94105

INSURER A: **Safeguard Insurance Co.**
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
A	GENERAL LIABILITY	SP275684	07/01/02	07/01/03	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$10,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPL OYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Stonestown YMCA RE: Pacifica Youth Service Bureau for the dates of July 2002 - June 2003 Evidence of coverage in force Professional Liability is covered under General Liability

CERTIFICATE HOLDER

ADDITIONAL INSURED:INSURER LETTER:

CANCELLATION

Human Services Agency
400 Harbor Boulevard, Bldg. B
Belmont, CA 94002

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.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED — OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

County of San Mateo , it's officers, agents, employees and volunteers.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your "your work" for that insured by or for you.

RE: Peninsula YMCA
Child Abuse Grant

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.