

AMENDMENT NO. 1 TO THE AGREEMENT WITH
EL CONCILIO OF SAN MATEO COUNTY

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

W I T N E S S E T H:

WHEREAS, on August 20, 2002 the parties hereto entered into Agreement 65504 (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. Section 2, Payments, Paragraph A, Maximum Amount, of the Original Agreement is hereby amended to read as follows:

“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 SIXTY-SIX THOUSAND NINE HUNDRED TWENTY-ONE DOLLARS (\$66,921) for the contract term.”

2. Schedule A, Services, letter B of the Original Agreement is hereby amended to read as follows:

“B. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

Contractor shall provide follow-up to unduplicated out-of-treatment contacts and their partners in the geographic target area, who participated in the HIV prevention case management or assessment as Level 3 contacts.

a. Provide a six (6) month follow-up to forty-eight (48) of these same Level 3 contacts. Administer the GPRA assessment tool provided by the AIDS Program.

- b. Provide a twelve (12) month follow-up to forty-five (45) of these same Level 3 contacts. Administer the GPRA assessment tool provided by the AIDS Program.
- c. Provide linkage referrals to primary care medical services.
- d. Provide linkage referrals to drug treatment programs.
- e. Provide linkage referrals to social and mental health services. A linkage referral is defined as providing the client with contact information to a service provider and subsequently following-up with the client to ascertain if they received appropriate services.
- f. Maintain a confidential client chart for each individual to include GPRAs, description of the client's HIV risks, and prevention case management notes."

3. Schedule A, Program Objectives, letter B of the Original Agreement is hereby amended to read as follows:

"B. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

- 1. At three (3) months, twenty percent (20%) of the forty-eight (48) standard intervention clients will report reduced unsafe sex.
- 2. At three (3) months, twenty percent (20%) of the forty-eight (48) case managed clients (Level 3) will report reduced substance abuse or increased usage of harm reduction practices as measured by the GPRA assessment tool.
- 3. At three (3) months, forty percent (40%) of the forty-five (45) of the Level 3 clients will report reduced unsafe sex as measured by the GPRA assessment tool.
- 4. At three (3) months, forty percent (40%) of the forty-five (45) of the Level 3 clients will report reduced substance use or increased usage of harm reduction practices as measured by the GPRA assessment tool.
- 5. At three (3) months, twenty percent (20%) of the forty-five (45) Level 3 clients will have entered drug treatment as measured by Contractor's monthly report to the field coordinator. Drug treatment will be defined as an outpatient or residential program."

4. Schedule A, Program Objectives letter C, number 2, of the Original Agreement is hereby amended to read as follows:

“2. for the Prevention Case Management Program during the second week of November 2002. The results of this assessment shall be reported to County by November 30, 2002.”

5. Schedule A, Reporting, letter B, of the Original Agreement is hereby amended to read as follows:

“B. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

1. For Level 3 clients, outreach workers shall submit a copy of the GPRA, and the CSAT contact log with UOS every two (2) weeks.
2. Monthly Financial Reports specifying costs by budget category and with cost(s) per unit(s) of service(s), shall be due the fifteenth (15th) day following the end of the reporting month (Project Budget attached as Attachment IV).
3. A six-month Financial Report shall be due by January 31, 2003.”

6. Schedule B, Payments, letter B of the Original Agreement is hereby amended to read as follows:

“B. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

Contractor shall submit monthly invoices and financial statements for services provided for the AIDS Program under this Agreement by the fifteenth (15th) day following the end of the invoiced month. The AIDS Program Director or his designee shall review and approve all invoices prior to the processing of payment. Invoices shall be based upon actual expenditures in line with the approved budget and upon demonstrated progress. SEE BUDGET ATTACHMENT IV. Total payment amount for this section of the Agreement with the AIDS Program shall not exceed THIRTY-NINE THOUSAND FOUR HUNDRED TWENTY-ONE DOLLARS (\$39,421).”

7. Schedule B, Payments letter C last paragraph, of the Original Agreement is hereby amended to read as follows:

“County shall have the right to withhold payment if County determines that the quality or quantity of the work performed is unacceptable. In any event, the total amount of this Agreement shall not exceed SIXTY-SIX THOUSAND NINE HUNDRED TWENTY-ONE DOLLARS (\$66,921) for the contract term. “

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

EL CONCILIO OF SAN MATEO

By: _____
Jerry Hill, President
Board of Supervisors

By: Ortiz Lopez

Date: _____

Date: 10/21/02

ATTEST:

By: _____
Clerk of Said Board

Date: _____

El Concilio of San Mateo County				
ATTACHMENT IV				
BUDGET (COST ALLOCATION BY SERVICE CATEGORY)				
FISCAL YEAR 2002-03				
Line Items	NIGHT	CSAT		TOTAL
		Original Agr.	Amend. 1	
TOTAL REVENUES	27,500	22,921	16,500	66,921
Personnel				
Project Director				0
Community Program Specialist		4,017	2,838	6,855
Community Workers (Outreach)	19,282	11,034	8,166	38,482
Vacation			466	466
Total Salaries	19,282	15,051	11,470	45,803
Eringe Benefits	4,843	2,312	1,650	8,805
Total Personnel	24,125	17,363	13,120	54,608
Consultants				
Program Consultant				0
Evaluation Consultant				0
Fiscal Consultant		500	46	546
Total Consultants	0	500	46	546
Direct Program Costs				
Rent	2,813	2,344	1,563	6,720
Office Supplies		100		100
Printing/Copying				0
Telephone/Cellular phones		300		300
Local Travel	562	450	460	1,472
Non-local Travel				0
Program Supplies/Health Ed. Material		128		128
Training				0
Utilities				0
Promotional/Campaign				0
Postage				0
Subtotal Direct Program Costs	3,375	3,322	2,023	8,720
Equipment/Furnishings				
Subtotal Equipment/Furnishings	0	0	0	0
Indirect				
Insurance Liability				0
Audit				0
Miscellaneous 10%		1,736	1,311	3,047
Subtotal Indirect	0	1,736	1,311	3,047
TOTAL EXPENSES	27,500	22,921	16,500	66,921
Surplus (Deficit)	0	0	0	0

COUNTY OF SAN MATEO
AIDS PROGRAM
MEMORANDUM

Number of pages faxed 4

DATE: November 26, 2002
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163
FROM: Maria Gonzalez - 573-2031, FAX 573-2875 PONY - PBH 328
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: El Concilio of San Mateo County

DO THEY TRAVEL?: Yes

PERCENT OF THE TIME: 90%

NUMBER OF EMPLOYEES: 15

DUTIES (SPECIFIC): Contractor will provide outreach and HIV testing, residential and non-residential drug treatment, and HIV prevention case management services

COVERAGE:	Amount	approve	waive	modify
Comprehensive General Liability	\$1M ✓	✓	_____	_____
Motor Vehicle Liability	\$1M _____	✓	_____	_____
Professional Liability	_____	_____	✓	_____
Worker's Compensation	STAFF.	✓	_____	_____

REMARKS/COMMENTS

SIGNATURE

DATE

[Handwritten Signature]

FAXED
11-26-02

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/10/02

PRODUCER
HRH of Central California 11
P O Box 40022
Fresno, CA 93755-4022
559 432-1800

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
El Concilio Of San Mateo County
1419 Burlingame Ave
Suite N
Burlingame, CA 94010

INSURER A: Great American - Non Profit
INSURER B:
INSURER C:
INSURER D:
INSURER E:

received
6/10/02

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PAC225449903	05/29/02	05/29/03	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS -COMP/OP AGG \$1,000,000
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	CAP344859702	05/29/02	05/29/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER: Health Services Agency
AIDS Program
225 37th Avenue
San Mateo, CA 94403

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION Ten Day Notice for Non-Payment
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: *[Signature]*

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.

STATE
COMPENSATION
INSURANCE
FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JULY 11, 2002

POLICY NUMBER: 469-02 UNIT: 0001571
CERTIFICATE EXPIRES: 7-1-03

SAN MATEO COUNTY AIDS PROGRAM
ATTN: MARIA GONZALEZ
225-37TH AVE. ROOM 23
SAN MATEO CA 94403

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ³⁰ten days advance written notice to the employer.

We will also give you ³⁰ten days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance 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.

Tom Hansen
AUTHORIZED REPRESENTATIVE

Ke Bolter
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS NOTICE EFFECTIVE 07/01/02 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER:

HISPANIC CONCILLO OF SAN MATEO COUNTY
1419 BURLINGAME AVE. STE N
BURLINGAME CA 94010

AMENDMENT NO. 1 TO THE AGREEMENT WITH
FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on August 20, 2002 the parties hereto entered into Agreement 65505 (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. Section 2, Payments, Paragraph A, Maximum Amount, of the Original Agreement is hereby amended to read as follows:

“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 NINETY-THREE THOUSAND SIX HUNDRED EIGHTY-ONE DOLLARS (\$193,681) for the contract term.”

2. Schedule A Services letter C, of the Original Agreement is hereby amended to read as follows:

“C. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

1. Level 3 Contacts

a. Provide HIV prevention case management, assessment, and follow-up to seventy-five (75) unduplicated out-of-treatment contacts and their partners in the geographic target area. Administer the Government Performance and Results Act (GPRA) assessment tool provided by the AIDS Program. These clients will be referred to as “Level 3” contacts.

- b. Provide prevention case management interventions on average once every six (6) weeks to each of the seventy-five (75) Level 3 clients. The "prevention case management" intervention shall be defined as an HIV risk assessment of the client's behavior, recommendations, plan and goals for reducing HIV risk, assessment of substance use issues, appropriate referrals, and assessment of other factors which may be influencing the client's risk for HIV. On second and subsequent visits, the "standard" intervention will include an assessment of the client's progress toward meeting their risk reduction goals and a plan of action.
- c. Provide a six (6) month follow-up to fifty-three (53) of these same Level 3 contacts. Administer the GPRA assessment tool provided by the AIDS Program.
- d. Provide a twelve (12) month follow-up to fifty-three (53) of these same Level 3 contacts. Administer the GPRA assessment tool provided by the AIDS Program.
- e. Provide linkage referrals to primary care medical services.
- f. Provide linkage referrals to drug treatment programs.
- g. Provide linkage referrals to social and mental health services. A linkage referral is defined as providing the client with contact information to a service provider and subsequently following-up with the client to ascertain if they received appropriate services.
- h. Maintain a confidential client chart for each individual to include, GPRAs, description of the client's HIV risks, and prevention case management notes."

3. Schedule A Program Objectives letter C, of the Original Agreement is hereby amended to read as follows:

"C. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

- 1. At three (3) months, twenty percent (20%) of the seventy-five (75) Level 3 clients will report reduced unsafe sex as measured by the GPRA assessment tool.
- 2. At three (3) months, twenty percent (20%) of the seventy-five (75) Level 3

clients will report reduced substance use or increased usage of harm reduction practices as measured by the GPRA assessment tool.

3. At three (3) months, forty percent (40%) of the fifty-three (53) of the Level 3 clients will report reduced unsafe sex as measured by the GPRA assessment tool.
4. At three (3) months, forty percent (40%) of the fifty-three (53) of the Level 3 clients will report reduced substance use or increased usage of harm reduction practices as measured by the GPRA assessment tool.
5. At three (3) months, twenty percent (20%) of the fifty-three (53) Level 3 clients will have entered drug treatment as measured by Contractor's monthly report to the field coordinator. Drug treatment will be defined as an outpatient or residential program."

4. Schedule A Program Objectives letter D, number 2, of the Original Agreement is hereby amended to read as follows:

"2. for the Prevention Case Management Program during the second week of November 2002. The results of this assessment shall be reported to County by November 30, 2002."

5. Schedule A Reporting letter C, number 3, of the Original Agreement is hereby amended to read as follows:

"C. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

3. A six-month Financial Report shall be due by January 31, 2003."

6. Schedule B Payments letter C, number 2, of the Original Agreement is hereby amended to read as follows:

"C. Prevention Case Management

Services under this section will be provided from July 1, 2002 to December 31, 2002.

2. In any event, the total payment for services of Contractor provided under this section of this Agreement shall not exceed FIFTY-TWO THOUSAND NINE HUNDRED THIRTY-ONE DOLLARS (\$52,931). County shall have the right to withhold payment if County determines that

the quantity or quality of the work performed is unacceptable.”

7 Schedule B Payments letter D, last paragraph of the Original Agreement is hereby amended to read as follows:

“D. Entire Agreement

In any event, the total amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE HUNDRED NINETY-THREE THOUSAND SIX HUNDRED EIGHTY-ONE DOLLARS (\$193,681) for the contract term.”

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

FREE AT LAST

By: _____
Jerry Hill, President
Board of Supervisors

By: David Tillery

Date: _____

Date: 10/24/02

ATTEST:

By: _____
Clerk of Said Board

Date: _____

Free at Last: Community Recovery and Rehabilitation Services

ATTACHMENT IV BUDGET (COST ALLOCATION BY SERVICE CATEGORY) FISCAL YEAR 2002-03

Service Category	#1		#2		#3		#4		Total
	CSAT		CSAT Amendment 1		Redwood City/ East Menlo Park		East Palo Alto		
	FTE		FTE		FTE		FTE		
Personnel Expenses									
Executive Director		457		400		102		575	1,534
Chief Operating Officer		1,033		654					1,687
Director of Outreach		2,527		2,737		1,235		8,184	14,683
Program Administrator		889		388					1,277
Program Assistant		1,326				649		3,648	5,623
Administrative Support						432		2,432	2,864
Senior Outreach Worker						1,140		7,649	8,789
Outreach Worker 1		2,268		1,719		598		7,795	12,380
Outreach Worker 2		2,268		1,719		958		3,508	8,453
Outreach Worker 3		2,268		1,719		1,504		6,625	12,116
Outreach Worker 4		2,268		1,719		649		3,367	8,003
Outreach Worker 5		2,268		1,719		1,166		3,648	8,801
Outreach Worker 6						505		2,837	3,342
Referral and Intake Staff		2,027		168					2,195
Court and Custody Advocate		1,435							1,435
Total Salaries		21,034		12,942		8,938		50,268	93,182
Fringe Benefits @ 22%		4,627		2,845		1,966		11,059	20,498
Total Personnel		25,661		15,787		10,904		61,327	113,680
Operating Expenses									
Rental of Property		1,035		430		423		2,377	4,265
Utilities		743		195		17		314	1,269
Building Maintenance		176		195		22		123	516
Janitorial Service						76		431	507
Office Supplies/Postage		480		273		61		343	1,157
Printing/Copying		289		141		103		584	1,117
Program/Educational Supplies		359		352		366		1,781	2,858
Insurance		213		156		194		1,091	1,654
Staff Training, Ed. Reim., Conference		154		195		62		350	761
Staff Travel (local & out-of-town)		348		548		314		832	2,042
Telephones and Pagers				273		86		483	842
Advertising				36		8		39	83
Furniture and Equipment				38		24		792	854
Gas and Maintenance		214		272					486
Vehicle Insurance		68		156					224
Total Operating Expenses		4,079		3,259		1,756		9,540	18,634
Total Direct Expenses		29,740		19,046		12,660		70,867	132,314
Indirect Expenses @ 10% of personnel		2,566		1,579		1,090		6,133	11,368
TOTAL EXPENSES		32,306		20,625		13,750		77,000	143,681

COUNTY OF SAN MATEO
AIDS PROGRAM
MEMORANDUM

Number of pages faxed 4

DATE: November 26, 2002
TO: Priscilla Morse, Risk Manager - X4610, Fax 363-4864, Pony EPS-163
FROM: Maria Gonzalez - 573-2031, FAX 573-2875 PONY - PBH 328
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Free at Last

DO THEY TRAVEL?: Yes

PERCENT OF THE TIME: 90%

NUMBER OF EMPLOYEES: 7

DUTIES (SPECIFIC): Contractor will provide outreach and HIV testing, residential and non-residential drug treatment, and HIV prevention case management services

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

REMARKS/COMMENTS

SIGNATURE

Walter C. DePalma

DATE

FAXED
11-26-02

Client#: 734

FREEAT

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/01/02

PRODUCER
 Arthur J. Gallagher & Co. Ins.
 Brokers of CA Inc Lic.#0726293
 One Market Spear Twr Ste 200
 San Francisco, CA 94105

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

INSURERS AFFORDING COVERAGE

INSURED
 Free At Last Community Recovery & Reha
 1796 Bay Road
 East Palo Alto, CA 94303

INSURER A: Travelers Insurance Company
 INSURER B: Phoenix Assurance
 INSURER C: (Revised)
 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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	X660807X711402	09/01/02	09/01/03	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Errors And Omission Incl' GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY	8103034W98902	09/01/02	09/01/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<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				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ECF108140	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 County of San Mateo and its respective divisions, officers, agents and employees are included as Additional Insureds are included as additional insured per attached attendant endorsement RE:Named-Insured programs, operations & activities Date:Policy Term

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION Ten Day Notice for Non-Payment of Premium
San Mateo County Aids Program 66 Bovet Drive San Mateo, CA 94402		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL CONTACT TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. NO OTHER NOTICE SHALL BE REQUIRED OF THE INSURER, ITS AGENTS OR ADJUSTERS REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>George</i>

POLICY NUMBER: X660807X711402

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON or ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

San Mateo County Aids Program
66 Bovet Drive
San Mateo, CA 94402

(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 operations or premises owned by or rented to you.

County of San Mateo and its respective divisions, officers, agents and employees are included as Additional Insureds as included as additional insured per attached attendant endorsement RE:Named-Insured programs, operations & activities Date:Policy Term

PRIMARY INSURANCE:

IT IS UNDERSTOOD AND AGREED THAT THIS INSURANCE IS PRIMARY AND ANY OTHER INSURANCE MAINTAINED BY THE ADDITIONAL INSURED SHALL BE EXCESS ONLY AND NOT CONTRIBUTING WITH THIS INSURANCE.

AS RESPECTS LIABILITY, IT IS AGREED THAT ALL RIGHT OF SUBROGATION IS HEREBY WAIVED UNDER SUCH INSURANCE POLICY AS RESPECTS THE ADDITIONAL INSURED AS IDENTIFIED IN THIS ENDORSEMENT.

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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.