

AMENDMENT TO AGREEMENT

WITH THE SPHERE INSTITUTE

THIS AMENDMENT TO AN AGREEMENT, entered into on this _____ day of _____, 2002, by and between the COUNTY OF SAN MATEO, hereinafter called "County", and The SPHERE Institute, hereinafter called "Contractor."

W I T N E S S E T H:

WHEREAS, the parties entered into an Agreement on March 5, 2002, by Resolution Number 65105, for the purpose of performing professional services in connection with the Outcome Based Management and Budgeting Implementation Project; and

WHEREAS, the parties now wish to amend the Agreement to extend the term of the Agreement.

NOW, THEREFORE, IN CONSIDERATION OF THE BENEFITS SPECIFIED IN THE UNDERLYING AGREEMENT, IT IS HEREBY AGREED BY THE PARTIES AS FOLLOWS:

1. Section 14 is hereby amended to read as follows:

Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of the Agreement shall be from February 1, 2002 through June 30, 2003. This Agreement may be terminated by Contractor, Director of Human Services or her designee at any time upon (30) days' written notice to the other party.

All other terms and conditions of the Agreement dated February 1, 2002, between the County and Contractor shall remain in full force and effect.

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

ATTEST:

Clerk of the Board

Date: _____

Dated: _____

SPHERE Institute

Contractor - Print Name

Michael Dardia, Vice President
Name, Title - Print

Michael Dardia
Signature

Date: 11/27/02

**SAN MATEO COUNTY
MEMORANDUM**

DATE: 11/27/02

TO: Priscilla Harris Morse **FAX:** 363-4864 **PONY:** EPS 163

FROM: Carla Damante
FAX: (650) 596-3478 **PONY:** HSA210

SUBJECT: Contract Insurance Approval

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

CONTRACTOR NAME: The SPHERE Institute

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?:
No

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: N/A

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Continuing services in connection with the Outcome-Based Management and Budgeting Implementation.

The following will be completed by Risk Management:

INSURANCE 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$ <u>1m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	\$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMARKS/COMMENTS:				

Risk Management Signature

Date

Tuesday, November 26, 2002 6:01 PM

April Silveira 650-469-0420

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID AS SPHER-1	DATE (MM/DD/YYYY) 11/26/02
PRODUCER SBC Insurance Services, Inc. 5150 El Camino Real Bldg B #31 Los Altos CA 94022 Phone: 650-469-0400 Fax: 650-469-0420		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	
INSURED The Sphere Institute Kathy Beaulac 1415 Rollins Road, Suite 204 Burlingame CA 94010		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Safeco Insurance Company	24724
		INSURER B: Houston Casualty Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 ADD'L	LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	02BP00046010	11/21/02	11/21/03	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		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	02BP00046010	11/21/02	11/21/03	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 \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER Errors & Omissions	H70210992	04/01/02	12/01/02	Aggregate 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						

CERTIFICATE HOLDER

CANCELLATION

SANMASH San Mateo HSA 262 Harbor Blvd 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 April Silveira
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