



**ELEVENTH AMENDMENT TO AN AGREEMENT**

**BETWEEN**

**COUNTY OF SAN MATEO**

**AND**

**CALIFORNIA CHECK CASHING STORES, INC.**

**For the period of**

**December 17, 1991 through June 30, 2003**

Contact Person:

*Glen Brooks*

*Central Region Director*

*(650) 802-6579*

**AMENDMENT TO THE AGREEMENT**  
**WITH CALIFORNIA CHECK CASHING STORES, INC.**  
**FOR THE ISSUANCE OF FOOD STAMPS**

THIS AMENDMENT TO AN AGREEMENT, entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2003, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and CALIFORNIA CHECK CASHING STORES, INC., hereinafter called "Contractor".

W I T N E S S E T H:

WHEREAS, the parties entered into an agreement on December 17, 1991, for the purpose of issuing Food Stamps in San Mateo County; and

WHEREAS, the parties now wish to further amend the Agreement, which expires on March 1, 2003 and, which has been amended on ten occasions, to extend the term of the Agreement to June 30, 2003.

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

1. Letter B of the Agreement: Duties and Responsibilities, Section 1 is hereby amended to add:
  - h. The County will be responsible for the destruction of any remaining Food Stamp coupons after Electronic Benefit Transfer (EBT) is in effect. The County will have 30 days after the implementation of EBT to collect any remaining Food Stamp coupons from the Contractor. If the County deems it necessary to transport the remaining Food Stamp coupons to another location for destruction or disposal, the County may do so at its own expense.
  - i. The Contractor will provide up to 30 days of Food Stamp coupon storage after the implementation of EBT for a one time fee of \$2,000.
2. Letter C of the Agreement: Payments, Audits and Fiscal Provisions, Section 1 as amended is hereby further amended to add:

From the implementation date of Electronic Benefit Transfer, the County shall pay the Contractor a one time fee of \$2,000 for up to 30 days of Food Stamp coupon storage. No transaction fees of any type will be paid to the Contractor during the time of storage.

3. Letter D of the Agreement as amended: Term of the Agreement is hereby further amended to read:

Subject to compliance with the terms and conditions of this Agreement with California Check Cashing Stores, Inc. the term of this Agreement shall be from December 17, 1991 through June 30, 2003. This Agreement may be terminated by Contractor, Director of Human Services or her designee at any time upon thirty (30) days' written notice to the other party.

All other terms and conditions of the Agreement dated December 17, 1991 and ten previous Amendments 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

ATTEST:

\_\_\_\_\_  
Clerk of the Board

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Rose Jacobs Gibson, President  
San Mateo County Board of Supervisors

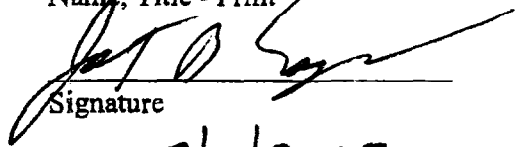
Date: \_\_\_\_\_

California Check Cashing Store

Contractor - Print Name

Jonathan B. Eager, President

Name, Title - Print



Signature

Date: 2/3/2003

COUNTY OF SAN MATEO  
MEMORANDUM

DATE: 03/15/02  
 TO: Priscilla Harris Morse  
 FROM: Deborah Jaeger, HSA210 Fax: (650) 596-3478  
 SUBJECT: APPROVAL OF INSURANCE  
 CONTRACTOR: California Check Cashing Stores, Inc  
 DO THEY TRAVEL: No

PERCENT OF TIME

NUMBER OF EMPLOYEES

DUTIES: This contractor provides food stamp issuance for San Mateo County.

COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Gen Liability	\$ 1m	✓	_____	_____
Motor Vehicle Liability	\$ 1m	✓	_____	_____
Professional Liability	_____	_____	✓	_____
Worker's Compensation	Statutory	✓	_____	_____
Crime	\$225,000	✓	_____	_____

REMARKS/COMMENTS: This is an amendment to the contract. This Tenth amendment corrects the ninth amendment by showing that the amount of \$622,148 which is the total amount of the contract.

*Priscilla Morse*  
 \_\_\_\_\_  
 Manager, Risk Management

Ins form

PONY EPS163

SUBMIT TO RISK MANAGEMENT  
OR

FAX 363-4864

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/06/02

**PRODUCER**  
HRH of Central California 41  
P O Box 1886  
Bakersfield, CA 93303  
661 328-1300

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**  
California Check Cashing  
Stores, Inc., Etal.  
4179 Piedmont Avenue Ste 300  
Oakland, CA 94611

INSURER A: Transportation Insurance Co.  
INSURER B: State Compensation Insurance Fund  
INSURER C: National Union Fire Ins. Co/Pitts  
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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	1078146319	08/30/02	08/30/03	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$300,000 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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	1078146319	08/30/02	08/30/03	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	158404302	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
B		155960502	07/01/02	07/01/03	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	<b>OTHER</b> Crime Food Stamps	005696458	08/29/02	08/29/03	\$1,000,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 RE: 1310 E. El Camino Rio, San Bruno, Ca & 2505 Middlefield Rd. Redwood City Ca  
 Certificate holder is hereby added as loss payee as their interest may appear.

<b>CERTIFICATE HOLDER</b> County of San Mateo Human Services Agency Attn: Mary Coughlin 400 Harbor Blvd. Belmont, CA 94002	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	<b>CANCELLATION</b> 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 <i>Johnnie H. Steinert</i>
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