



**SECOND AMENDMENT TO
AN AGREEMENT BETWEEN**

COUNTY OF SAN MATEO

AND

**SHELTER NETWORK FOR THE
JUVENILE COURT DEPENDENCY PROGRAM**

For the Period of

JULY 1, 2001 THROUGH JUNE 30, 2003

**Agency Contact Person:
Judy Davila, Program Manager
Human Services Agency
650.595.7967**

SECOND AMENDMENT TO THE AGREEMENT WITH
SHELTER NETWORK

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into on this day _____ of _____ 2003, by and between the COUNTY OF SAN MATEO, hereinafter-called "County", and the SHELTER NETWORK hereinafter called "Contractor";

W I T N E S S E T H:

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, on June 19, 2001, by Resolution No. 64543, the Board of Supervisors authorized execution of an Agreement with Shelter Network for the purpose of providing Transitional Housing for Families involved with the Juvenile Court Dependency Program due to issues related to substance abuse (the "Original Agreement"); and

WHEREAS, on June 18, 2002, by Resolution No. 65358, the Board of Supervisors approved a First Amendment to the Agreement with Shelter Network which added additional funds and extended the term to June 30, 2003 (the "First Amendment") and thereby established as "Amended Agreement".

WHEREAS, of the \$750,000 allocated under the "Original Agreement", \$250,000 was to be used for program services, and \$500,000 was to provide Contractor with funds for the Project in order to enhance Contractor's capacity to expand shelter care services for families in need; and

WHEREAS, in the County's FY 2001-2002 budget, this Board allocated \$350,000 from the County's General Fund for use by Contractor for capital purposes related to the Project; and

WHEREAS, in its FY 2002-2003 budget, the CalWORKS program allocated \$125,000 for use by Contractor for program services related to the Project; and

WHEREAS, the parties now desire to enter into a Second Amendment to decrease funds for Transitional Housing for Families involved in the Juvenile Court Dependency Program by \$90,000 in order to support the continuation of services in the Motel Voucher Program as referenced in Resolution No. 65540, for a total funding amount of \$1,135,000.

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

1. Section 3 A. of the Amended Agreement ("**Payments**") is hereby amended in its entirety 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 \$1,135,000 ONE MILLION ONE HUNDRED THIRTY FIVE THOUSAND DOLLARS for this contract period.

2. Exhibit B to the Amended Agreement is replaced in its entirety by the following:
 - A. Of the original amount allocated by the Board of Supervisors pursuant to Resolution Number 64543, a \$250,000 payment would be issued upon execution of the agreement for Start Up Costs associated with provision of services under this Agreement.
 - B. On or prior June 30, 2002, an escrow account was set up by the Human Services Agency in an amount of \$600,000. This amount consists of \$250,000 of the \$500,000 originally allocated by the Board of Supervisors pursuant to Resolution Number 64543, and \$350,000 allocated to Contractor in the County's FY 2001-2002 budget. Payment by the County to the Contractor out of this escrow account shall be made on a reimbursement basis upon receipt by the County of written claims for reimbursement submitted by Contractor to the County in such form as the Director of the Office of may reasonably require. Request for reimbursement shall include copies of warrants, canceled checks, or other proof of the expenditures. Contractor shall certify in writing that the specific services for which reimbursement is requested have been satisfactorily completed. County reserves the right to verify such completion prior to payment to Contractor.
 - C. Payments may be made directly to authorized third parties upon written request by Contractor to the Director of the Office of Housing. No direct payment shall be made unless Contractor certifies in writing that the services have been satisfactorily performed, that the payments are proper and that all funds to be expended are on behalf of and exclusively for the Project.
 - D. At the sole discretion of the Director of the Office of Housing, requests for payments for actual Project construction costs may have a portion of the payment withheld as retention. The percentage of retention shall be determined by the Director of the Office of Housing, but shall not exceed Fifteen Percent (15%) of each payment request. Said retention shall be held for at least 35 days after completion of the Project, and shall be released after receipt from the construction contractor of all necessary execution lien releases in a form acceptable to the County. Evidence of completion shall be the recording by Contractor or construction contractor of a Notice of Completion recorded at County Recorder's Office, or some other document reasonably acceptable to Office of Housing.
 - E. Of the original amount allocated by the Board of Supervisors pursuant to Resolution Number 64543, \$250,000 was approved for services as specified in Exhibit A, Program Description. An additional \$125,000 in Program Services was approved pursuant to Resolution Number 65358 along with the term extension through 6/30/03 for a total of \$375,000 in approved services.
 - F. As the parties now desire to reduce services by \$90,000, the County shall pay Contractor for program services upon receipt of an invoice for actual expenditures not to exceed \$285,000 for the term of this Agreement.

3. All other terms and conditions of the Amended Agreement 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: _____
Rose Jacobs Gibson, President
San Mateo County Board of Supervisors

Date: _____

ATTEST:

Clerk of the Board

Date

Michele Jackson

SHELTER NETWORK

By: *Michele Jackson*

Print name and title *Executive Director*

Date: *5-12-03*

EXHIBIT C

**SHELTER NETWORK FOR THE
MANAGEMENT OF A MOTEL VOUCHER PROGRAM**

(Required only from Contractors who provide services
directly to the Public on the 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 regulations, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of 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), it's 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.

Shelter Network Randy Walker
Name of 504 Person

1450 Chapin 2nd Floor
Street Address

Burlingame CA 94010
City, State, Zip Code

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

8/13/02
Date

Michelle Jackson ^{EXECUTIVE}
DIRECTOR
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 disabled person seeking it's services, there is no method of complying with (the facility regulations)...other than making a significant alteration in it's existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor:

Shelter Network

Contact Person:

Michele Jackson / Randy Walker

Address:

1450 Chapin 2nd Fl
Burlingame, CA 94010

Phone Number:

650-685-5880

Fax Number:

650-685-5881

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 : . (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 13th day of August 2002 at Belmont _____ (City)

CA
(State)
Michele Jackson
Signature

Michele JACKSON
Name (Please Print)

Executive Director
Title

77-0160469
Contractor Tax Identification Number

SAN MATEO COUNTY
MEMORANDUM

DATE:

8/7/02

TO:

Priscilla Harris Morse

FAX: 363-4864 PONY: EPS 163

FROM:

Nalini Nath

FAX: 596-3478

Nalini Nath
PONY: HSA210

SUBJECT:

Contract Insurance Approval

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

CONTRACTOR NAME: Shelter Network

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

yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: more than 1

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Provide motel vouchers to clients for temporary housing.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$1,000,000</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 checked="" 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

8-12-02
Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/07/2002

PRODUCER Sinclair-Dwyer & Co., Inc. 15890 Foothill Blvd. San Leandro, Ca. 94578-2101 510.317.7000	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 Shelter Network of San Mateo Coun 1450 Chapin Avenue, 2nd Floor Burlingame, CA 94010 650-685-5880 x17	INSURER A: Nonprofits Insurance Alliance CA
	INSURER B: State Compensation Insurance Fund
	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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	2002-01344-NPO	07/01/02	07/01/03	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 100,000 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	2002-01344-NPO	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) \$
	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 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	170217302	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
	OTHER				

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

Certificate Holder is named additional insured as respects liability arising from named insured operations

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: A	CANCELLATION 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>Pat Curran</i>
County of San Mateo Office of Housing Attn: Judy DaVila 262 Harbor Blvd, Building A Belmont, CA 94402	



**FIRST AMENDMENT TO
AN AGREEMENT BETWEEN**

COUNTY OF SAN MATEO

AND

**SHELTER NETWORK FOR THE
MOTEL VOUCHER PROGRAM**

For the Period of

JULY 1, 2002 THROUGH JUNE 30, 2003

**Agency Contact Person:
Judy Davila, Program Manager
Human Services Agency
650.595.7967**

FIRST AMENDMENT TO THE AGREEMENT WITH
SHELTER NETWORK

THIS FIRST AMENDMENT TO THE AGREEMENT, entered into on this day _____ of _____ 2003, by and between the COUNTY OF SAN MATEO, hereinafter-called "County", and the SHELTER NETWORK hereinafter called "Contractor";

W I T N E S S E T H:

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, on September 10, 2002, by Resolution No. 65540, the Board of Supervisors authorized execution of an Agreement with Shelter Network for the purpose of providing Motel Voucher Program (the "Original Agreement").

WHEREAS, the County and Contractor desire to enter into a First Amendment to increase Contractor's Motel Voucher Program funds by \$90,000 from the Transitional Housing for Families in the Juvenile Court Dependency Program as referenced in Resolution No. 65358.

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

1. Section 3 A - Payments is hereby amended to read as follows :

A. 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 \$315,000 THREE HUNDRED FIFTEEN THOUSAND DOLLARS for this Agreement period.

2. Exhibit B – Payment Schedule is amended to read as follows:

In full consideration of the services provided by the Contractor pursuant to this Agreement, County shall pay the Contractor according to the payment schedule described below:

A. County shall pay Contractor upon receipt of the invoice on a quarterly basis for the management of a Motel Voucher Program described in Exhibit A. Payment for these services shall not exceed THREE HUNDRED FIFTEEN THOUSAND DOLLARS (\$315,000) for the contract term.

B. Quarterly payments for the administration of the Motel Voucher Program shall be made as follows:

July	2002	\$20,978.25
November	2002	\$20,978.25
March	2003	\$20,978.25
June	2003	<u>\$20,978.25</u>

Motel Voucher Program Administration Subtotal \$83,913.00

- C. In addition, County shall pay Contractor upon receipt of an itemized invoice on a quarterly basis the amount to be reimbursed for the actual cost of motel vouchers.

Motel Vouchers Subtotal \$231,087.00

Total payment to Motel Vouchers \$315,000.00

- D. All payments under this Amendment to the Agreement must directly support services in this Amendment.
3. All other terms and conditions of the Original Agreement, as applicable, 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: _____
Rose Jacobs Gibson, President
San Mateo County Board of Supervisors

Date: _____

ATTEST:

Clerk of the Board

Date


SHELTER NETWORK

By: Michele Jackson Executive
Print name and title Director

Date: 5-12-03

EXHIBIT C

**SHELTER NETWORK FOR THE
MANAGEMENT OF A MOTEL VOUCHER PROGRAM**

(Required only from Contractors who provide services
directly to the Public on the 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 regulations, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of 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), it's 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.

Shelter Network Randy Walker
Name of 504 Person

1450 Chapin 2nd Floor
Street Address

Burlingame CA 94010
City, State, Zip Code

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

8/13/02
Date

Michelle Jackson ^{EXECUTIVE} _{DIRECTOR}
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 disabled person seeking it's services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in it's existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor:
Contact Person:
Address:
Phone Number:
Fax Number:

Shelter Network
Michele Jackson / Randy Walker
1450 Chapin 2nd Fl
Burlingame, CA 94010
650-685-5880
650-685-5881

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 13th day of August 2002 at Belmont (City)

CA
(State)
Michele Jackson
Signature
Executive Director
Title

Michele JACKSON
Name (Please Print)
77-0160469
Contractor Tax Identification Number

SAN MATEO COUNTY
MEMORANDUM

DATE:

8/7/02

TO:

Priscilla Harris Morse

FAX: 363-4864

PONY: EPS 163

FROM:

N. M. Morse

Chuck Brown

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: Shelter Network

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

yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: more than 1

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Provide motel vouchers to clients for temporary housing.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$1,000,000</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 checked="" 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

8-12-02
Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/07/2002

PRODUCER
Sinclair-Dwyer & Co., Inc.
15890 Foothill Blvd.
San Leandro, Ca. 94578-2101
510.317.7000

INSURED Shelter Network of San Mateo County

1450 Chapin Avenue, 2nd Floor
Burlingame, CA 94010
650-685-5880 x17

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

INSURER A: Nonprofits Insurance Alliance CA
INSURER B: State Compensation Insurance Fund
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	2002-01344-NPO	07/01/02	07/01/03	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 \$2,000,000
					PRODUCTS - COMP/OF 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	2002-01344-NPO	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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				OTHER THAN EA ACC AGG \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	170217302	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
	OTHER				E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Certificate Holder is named additional insured as respects liability arising from named insured operations

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: A	CANCELLATION
County of San Mateo Office of Housing Attn: Judy DaVila 262 Harbor Blvd, Building A Belmont, CA 94402		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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>Pat Curran</i>