



FIRST AMENDMENT TO THE AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

FAMILY SERVICES AGENCY

For the period of

April 1, 2002 to June 30, 2004

Contact Person:

Glen H. Brooks, Jr.

Central Region Director

(650) 802-6579

**First Amendment to the Agreement with
Family Services Agency**

For

Family Loan Program

THIS FIRST AMENDMENT, entered into this _____ day of _____, 2003, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Family Service Agency, hereinafter called "Contractor";

W I T N E S S E T H :

WHEREAS, the County and the Contractor entered into an Agreement on April 1, 2002, for the purpose of performing the professional services of the Family Loan Program; and

WHEREAS, the County and the Contractor wish to amend the Agreement for the purpose of extending the term of the contract for the purpose of using unspent funds from FY 2002-03 to continue the Family Loan Program in FY 2003-04.

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

1. Section 1: Exhibits is hereby amended to read:

Exhibits

The following exhibits are attached hereto and incorporated by reference therein

- Exhibit A: Program Description
- Exhibit B: Payment Schedule for FY 2002-2003
- Exhibit B1: Payment Schedule for FY 2003-04 – New Material**
- Exhibit C: Compliance with Section 504
- Exhibit D: Program Monitoring for FY 2002-03
- Exhibit D1: Program Monitoring for FY 2003-04 – New Material**
- Exhibit E: Equal Benefits Compliance Declaration Form

2. Section 2: Services to be Performed is hereby amended to read as follows:

In consideration of the payments hereinafter set forth in **Exhibit B1**, attached hereto and incorporated by reference herein, Contractor, under the general direction of the Director of Human Services Agency, or her authorized representative, with respect to the product or result of Contractor's services, shall perform services as described in Exhibit A, attached hereto and incorporated by reference herein.

3. Section 3: - paragraph B is hereby amended to read as follows

B. Rate of Payment. The rate and terms of payment shall be as specified in **Exhibit B1**. Any rate increase is subject to the approval of the Director of Human Services or her authorized representative, and shall not be binding on County unless so approved in writing. In no event may the rates established in **Exhibit B1** be increased to the extent that the maximum County obligation shall not exceed the total specified in paragraph 4A above. Each payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Director of Human Services or her representative.

4. Section 18: Term of the Agreement is hereby amended to read:

Subject to compliance with the terms and conditions of this Agreement for the Family Loan Program the term of this Agreement shall be from April 1, 2002 through **June 30, 2004**. 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.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives,

**Contractor
Services**

have affixed their hands.

COUNTY OF SAN MATEO

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

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

Laurie Wishard

Family Service Agency
Laurie Wishard, President

Date: 5/20/07

PAYMENT SCHEDULE

Family Service Agency
April 1, 2002 through June 30, 2004

The Family Loan Program will use the remaining funds from FY 2002-03 as follows:

- The remaining balance of Funds for Family Loans for FY 2002-03 will be used for Family Loan grants as described in Exhibit A for the period of July 1, 2003 through June 30, 2004.
- Each Family Loan grant will be in an increment of up to \$2,000.
- No funds will be issued to the Contractor for FY 2003-04.
- Contractor will submit to the County an itemized statement of actual costs for FY 2002-2003 by July 18, 2003. Statement should be sent to:

Attention: Tessie Tiong
 400 Harbor Blvd, Bldg B
 Belmont, CA 94002

Budget:

San Mateo County , Human Services Agency Funds:

Original Term Dates for Funds	Amount	Purpose of Funds
4/1/02 - 6/30/02	\$55,000	Contractor's Administrative Costs
4/1/02 - 6/30/03	\$116,290.66	For Family Loans
7/1/02 - 6/30/03	\$40,000	Contractor's Administrative Costs
Total Amount	\$211,290.66	

Funds for Loans:

Term Dates for Funds	Amount
Funds Allocated for Loans for FY 2002-03 (\$2,000 per grant)	\$116,290.66
Grants Expensed through 04-16-03	\$(14,706.09)
Grants Approved & Committed through 04-16-03 and yet to be funded	\$(22,000.00)
Grants Approved & Committed from 4/16/03 to June 30, 2003	Not yet determined
Remaining Funds as of 4/16/03	\$ 79,584.57

PROGRAM MONITORING

**Family Services Agency
July 1, 2003 through June 30, 2004**

The Family Services Agency will provide the Human Services Agency with semi-annual reports due December 31, 2003 and June 30, 2004. The reports will answer the following questions:

- What are the program outcomes?
- What are the measurable outcomes, services provided, and number of people served?
- A description of benefits or impact directly or indirectly attributable to funding partners.
- How is information being disseminated about the project?

The reports will be submitted to:

Glen H. Brooks, Jr.
Central Region Director
550 Quarry Road
San Carlos, CA. 94070

SAN MATEO COUNTY
MEMORANDUM

DATE: 9/9/02
TO: Priscilla Harris Morse FAX: 363-4864 PONY: EPS 163
FROM: Deborah Jaeger 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: Family Services Agency

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

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: More than 1

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Administration of the Family Loan Program

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$6m/9m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$6m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: We are extending the term of this Agreement only. No Money is being added. The amount of the Agreement is \$211,290.66.

Priscilla Morse
Risk Management Signature

5-1-03
Date

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CA 11 11 11 11
07 11 11 11

PRODUCER
Talbot Insurance & Fin Services, I
100 Sutter Street, Suite 500
Box 4047
Concord, CA 94524-4047
925-609-6500 ... fax 925-609-6550

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
Family Service Agency of San Mateo Co.
1870 El Camino Real
Burlingame CA 94010

- COMPANIES AFFORDING COVERAGE**
- COMPANY A Nonprofits' Ins Alliance of CA
 - COMPANY B Phoenix Assurance Co of NY
 - COMPANY C
 - COMPANY D

COVERAGES
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO 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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	200207671GLAL	07/01/2002	07/01/2003	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000
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	200207671GLAL	07/01/2002	07/01/2003	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	200207671UMB	07/01/2002	07/01/2003	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	ECF110246	01/11/2002	01/01/2003	<input checked="" type="checkbox"/> WC STATU. <input type="checkbox"/> OTH- <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES/SPECIAL ITEMS
 RE: INTEREST AS A SOURCE
 THE COUNTY OF SAN MATEO ITS OFFICERS, AGENTS,
 AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER
 COUNTY OF SAN MATEO
 OFFICERS, AGENTS & EMPLOYEES
 ...MAN SERVICES AGENCY
 ATTN: MARINA YU
 262 HARBOR BOULEVARD
 BELMONT, CA 94002

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, 10 DAYS NOTICE FOR NON-PAYMENT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: 