



FIRST AMENDMENT TO THE AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

**SAN MATEO COUNTY CENTRAL
LABOR COUNCIL**

For the Period of

September 1, 2002 through June 30, 2004

Reference:
Workforce Investment Act 1998

Agency Contact Person:
Kristin Cornuelle,
Workforce Development Manager
(650)802-5181

**FIRST AMENDMENT TO THE AGREEMENT WITH
SAN MATEO COUNTY CENTRAL LABOR COUNCIL
FOR
OUTREACH SERVICES FOR THE SAN FRANCISCO AIRPORT PROJECT
AND SUPPORTIVE SERVICES FOR THE PACKARD GRANT**

THIS FIRST AMENDMENT TO AN AGREEMENT, entered into this _____ day of _____, 2003, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and San Mateo County Central Labor Council, hereinafter called "Contractor";

W I T N E S S E T H :

WHEREAS, the Agreement with Central Labor Council was approved on September 24, 2002, to perform the professional services of outreach and improving delivery of services to displaced and under-employed workers in compliance with the Workforce Investment Act of 1998; and

WHEREAS, both parties wish to amend the Agreement to extend the term for the purpose of continuing services.

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

1. Section 3: **Payments** is hereby amended 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 **\$165,000 for FY 2002-03. Unspent funds for FY 2002-03 shall not be carried over to FY 2003-04. Funding for FY 2003-04 will be in the form of an Amendment to the Agreement.**

2. Section 17: **Term of the Agreement** is hereby amended to read as follows:

Subject to compliance with the terms and conditions of this Agreement for Employment Service Outreach the term of this Agreement shall be from September 1, 2002 through June 30, 2004.

This Agreement may be terminated by Contractor, Director of County Human Services or her designee at any time upon thirty (30) days written notice to the other party.

Should Contractor fail to perform the covenants contained herein at the time and in the manner herein provided. County may at that time or any time thereafter terminate this agreement upon written notice. In the event of such termination, County may immediately proceed with the work to be performed under this agreement in any manner deemed proper by County. County may at its sole discretion, deduct from the total amount paid to Contractor under this Agreement all or part of the cost associated with completion of such work.

All other terms and conditions of the Agreement dated September 21, 2002, between the County and the 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: _____
Rose Jacobs Gibson, President
Board of Supervisors

ATTEST:

Clerk of the Board

Date: _____

Date: _____

SAN MATEO COUNTY CENTRAL LABOR
COUNCIL

By: Shelley Kessler
Shelley Kessler, Executive Secretary
Treasurer

Date: 5/30/03

**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: Central Labor Council

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: Employment and Training Services

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	\$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$ _____	<input 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: This is a \$165,000 agreement for employment services. This Agreement is funded by the Governor's Discretionary Fund.

Priscilla Morse
 Risk Management Signature

12-9-02
 Date

Fidelity Bond = \$60,000

American Federation of Labor and
Congress of Industrial Organizations

WASHINGTON, D.C. 20006

Certificate of Coverage

This is to certify,

That subject to the terms, conditions and limitations of Labor Organization Bond Consolidated Form No. 538 68 25-3 executed by the Fidelity and Deposit Company of Maryland effective the first day of July 2002, in favor of the American Federation of Labor and Congress of Industrial Organizations, its Departments, State and Local Central Bodies, and Directly Affiliated Local Unions, indemnity is given against loss sustained:

Through the failure of any officer or employee of the Insured, acting alone or in collusion with others to discharge faithfully his duties in handling funds or other property of the insured as prescribed by law or by the Constitution and By Laws of the Insured, or by resolution of the Insured's governing body, adopted thereunder.

The amount of indemnity under Schedule A of the Bond on each officer and employee of

San Mateo County Central Labor Council, CA

is: \$60,000.00

The bond, which is continuous in form, is in full force and effect as of the date hereof and will continue in force until cancelled or terminated as provided therein.

This Certificate replaces any prior certificate(s) issued.

FIDELITY AND DEPOSIT COMPANY
OF MARYLAND

By: *John W. Harrison, Jr.*
John W. Harrison, Jr. Attorney in Fact

Dated: July 1, 2002

THIS CERTIFICATE IS EVIDENCE OF YOUR BOND COVERAGE —
PRESERVE WITH YOUR IMPORTANT PAPERS.



WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY
INFORMATION PAGE

TIG INSURANCE COMPANY, NCCI COMPANY NO. 13854
ADMINISTRATIVE OFFICE, IRVING, TX 75039
Phone Number (972) 831-5000

1. Insured's Name and Address

SAN MATEO CENTRAL LABOR COUNCIL
(A LABOR COUNCIL)
ATTN: MARY GALLAGHER
1153 CHESS DRIVE
SUITE 200
FOSTER CITY, CA.
EIN: 940376370
IIN:

POLICY IDENTIFIER	
Office Location LG	Policy Symbol WCS
Policy Number	80244812

Previous Policy 80243522

Producer Code 629667

94404 Producer NETWORKED INSURANCE AGENTS

The Insured is TRADE CORP

Other workplaces not shown above:SEE SCHEDULE W40353

2. The policy period is from 07-27-2002 to 07-27-2003 12:01a.m. Standard Time at the Insured's mailing address.

3. A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed below.
SEE SCHEDULE W40446

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in 3.A. above. The limits of our liability under Part Two are:

Bodily Injury by Accident \$100,000.00 each accident
Bodily Injury by Disease \$500,000.00 policy limit, \$100,000.00 each employee

C. Other State Insurance: Part Three of the policy applies to the states, if any, listed below:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WEST VIRGINIA, WYOMING, MAINE, AND STATES DESIGNATED IN ITEM 3A OF THE DECLARATIONS.

D. This policy includes these endorsements and schedules:
SEE SCHEDULE W40179

4. CLASSIFICATION OF OPERATION	PREMIUM BASIS	RATE
SEE EXTENSION OF INFORMATION PAGE		
TOTAL SURTAX AND/OR SURCHARGES	\$50.58	

Minimum Premium	Deposit Premium	Total Estimated Annual Premium
\$500.00	\$2,152.00	\$2,152.00

Direct Bill - Qtr 40% Down +3 Pmts

If indicated, interim adjustments of premium shall be made:

() Semi-Annual () Quarterly () Monthly

NETWORKED INSURANCE AGENTS

Countersigned By

BY: *A. Lee Johnson*

State Farm General Insurance Company

6400 State Farm Drive
Rohnert Park, CA 94926-0001

N-2719-F151 FU 3

SAN MATEO COUNTY CENTRAL LABOR
COUNCIL AFL-CIO
1153 CHESS DR # 200
FOSTER CITY CA 94404-1197



Location: 1153 CHESS DR 200
FOSTER CITY CA

Forms, Options, and Endorsements
Form 3
Fidelity Bond \$10,000
Personal Injury Exclusion
Loss Deductible - Section I
Mandatory Endorsement
Debris Removal
Policy Endorsement
Policy Endorsement-Business

FP-6143
OPT ED
FE-6346
FE-6538.1
FE-6205
FE-6451
FE-6506.1
FE-6464

POLICY NUMBER	C3-1743-5
BUSINESS-OFFICE	FEB 15 2002 to FEB 15 2003
DATE DUE	PLEASE PAY THIS AMOUNT
FEB 15 2002	\$653.00

Coverages and Limits

Section I

A Buildings	Excluded
B Business Personal Property	63,700
C Loss of Income	Actual Loss

Deductibles - Section I

Basic	250
Other deductibles may apply - refer to policy	

Section II

L Business Liability	\$1,000,000
M Medical Payments	5,000
Gen Aggregate (Other than PCO)	2,000,000
Products-Completed Operations (PCO Aggregate)	2,000,000

Annual Premium	\$592.00
Forms, Opts, & Endrmnt	38.00
Bus Liability - Cov L	23.00
Amount Due	\$653.00

Premium Reductions

Your premium has already been reduced by the following:
Renewal Year Discount
Yrs in Business Discount
Claim Record Discount

Cov. A - Inflation Index: N/A
Cov. B - Consumer Price: 178.3

Thanks for letting us serve you...
Agent JERRY SELVITELLA
Telephone (650) 343-5976

See reverse side for important information.
Please keep this part for your record.



FIRST AMENDMENT TO THE AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

OAKLAND PRIVATE INDUSTRY COUNCIL

For the Period of

SEPTEMBER 1, 2002 - JUNE 30, 2004

Reference: Workforce Investment Act 1998

Agency Contact Person:

*Kristin Cornuelle,
Workforce Development Manager
(650)802-5181*

**First Amendment to the Agreement with the
Oakland Private Industry Council
For
Case Management, Training and Employment Services**

THIS FIRST AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 2003, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and OAKLAND PRIVATE INDUSTRY COUNCIL, hereinafter called "Contractor";

W I T N E S S E T H :

WHEREAS, the Agreement with the Oakland Private Industry Council was approved on January 21, 2003, for the purpose of performing the professional services of case management, training and employment services that comply with: Workforce Investment Act of 1998; and

WHEREAS, the County and the Contractor wish to amend the Agreement to extend the term for the purpose of continuing case management, training and employment services.

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

1. Section 3: **Pavments** is hereby amended 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 \$155,000 for FY 2002-03. Unspent funds for 2002-03 shall not be carried over to FY 2003-04. Funding for FY 2003-04 will be in the form of an Amendment to this Agreement.

2. Section 17: **Term of the Agreement** is hereby amended to read:

Subject to compliance with the terms and conditions of this Agreement for Employment Services and Outreach, the term of this Agreement shall be from September 1, 2002 through **June 30, 2004.**

This Agreement may be terminated by Contractor, County Director of County Human Services, or her designee at any time upon thirty (30) days written notice to the other party.

Should Contractor fail to perform the covenants contained herein at the time and in the manner herein provided, County may at that time or any time thereafter terminate this agreement upon written notice. In the event of such termination, County may immediately proceed with the work to be performed under this agreement in any manner deemed proper by County. County may at its sole discretion, deduct from the total amount paid to Contractor under this Agreement all or part of the cost associated with completion of such work.

All other terms and conditions of the Agreement dated September 21, 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

ATTEST:


By: _____
Rose Jacobs Gibson, President
Board of Supervisors

Clerk of Said Board

Date: _____

Date: _____

OAKLAND PRIVATE INDUSTRY
COUNCIL

#2 

Gay Plair Cobb, Chief Executive Officer

Date: 5/29/03

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: Oakland PIC

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

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: 0 - The Oakland PIC is a board comprised of employers and Government personnel.

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Administer funds for Employment Services

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$ <u>2m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$ <u>2m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$ <u>1m</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>statutory</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: There is no Workers Compensation because the PIC is a board, Workers Compensation for the Board Members would reside with their employers, businesses or government. *They have WC.*

Priscilla Morse
Risk Management Signature

11/12/02
Date

Client#: 07116

OAKLAPRV

ACORD - CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/03/03
PRODUCER Commercial Lines Unit ABD Insurance & Financial Services 820 Bay Avenue, Suite 111 Capitola, CA 95010-2185	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 Oakland Private Industry Council 1212 Broadway, Suite 300 Oakland, CA 94612	INSURERS AFFORDING COVERAGE INSURER A: Great American Insurance Company INSURER B: State Compensation Insurance Fund INSURER C: INSURER D: INSURER E:	NAIC #

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 ADD'L 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 checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PAC6535957	03/16/03	03/16/04	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000
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	PAC6535957	03/16/03	03/16/04	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 \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	UMB6535958	03/16/03	03/16/04	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	BOR1702089	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATU-TORY 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

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

CERTIFICATE HOLDER

CANCELLATION Ten Day Notice for Non-Payment of Premium

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

INTERIM BILLING RATE MODIFICATION

REP 01
1702089-02
RENEWAL
NB
1-71-10-08
PAGE 1

IND
HOME OFFICE
SAN FRANCISCO

ENDORSEMENT AGREEMENT

EFFECTIVE JULY 1, 2002 AT 12.01 A.M.

EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

OAKLAND PRIVATE INDUSTRY
COUNCIL, INC.
1212 BROADWAY STE 300
OAKLAND, CA 94612

ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT WILL BE
CONTROLLED BY THIS ENDORSEMENT.

IT IS AGREED THAT THE INTERIM BILLING RATE AND RATING PLAN
CREDITS (DEBITS) ARE AMENDED AS FOLLOWS.

EFFECTIVE FROM 7/01/02 TO 7/01/03

RATING PLAN MODIFIER

ESTIMATED PREMIUM DISCOUNT MODIFIER

COMPOSITE FACTOR APPLIED TO BASE RATES
TO DERIVE INTERIM BILLING RATES.



NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JULY 17, 2002

29001

Thomas Hansen

Kenneth C. Bollier



FIRST AMENDMENT TO THE AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

SAN MATEO COMMUNITY COLLEGE DISTRICT

For the Period of

September 1, 2002 – June 30, 2004

Reference:
Workforce Investment Act 1998

Agency Contact Person:
Kristin Cornuelle,
Workforce Development Manager
(650)802-5181

**First Amendment to the Agreement
With the San Mateo Community College District
For
Administering a Career Assessment and Job Training Program**

THIS FIRST AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 2003, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and San Mateo Community College District, hereinafter called "Contractor";

W I T N E S S E T H :

WHEREAS, the Agreement with San Mateo Community College was approved on January 12, 2003, for the purpose of providing a career assessment and job-training program to dislocated workers of the airline and travel industries that meets the criteria of the Workforce Investment Act of 1998; and

WHEREAS, the County and Contractor wish to amend the Agreement to extend the term for the purpose of continuing career assessment and job-training services.

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

1. Section 1: **Exhibits** is hereby amended to read as follows:

Exhibit A:	Program Description
Exhibit A-1:	Course Descriptions
Exhibit B:	Payment Schedule - Rate and Terms of Payment
Exhibit B-1:	Program Budget
Exhibit B-2:	Payment Schedule for FY 2003-04 – New Material
Exhibit C:	Compliance with Section 504
Exhibit D:	Program Monitoring
Exhibit E:	Program Specific Requirements and General Provisions
Exhibit F:	Equal Benefits Compliance Declaration

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

In consideration of the payments hereinafter set forth in Exhibit B, Exhibit B-1 and **Exhibit B2**, 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, **Exhibit A1** and Exhibit E, attached hereto and incorporated by reference herein.

3. Section 3: Payments paragraph A and paragraph B are hereby amended to read as follows:

B. Rate of Payment The rate and terms of payment shall be as specified in Exhibit B, Exhibit B1 and **Exhibit B-2 respectively**. 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 B, Exhibit B-1 and **Exhibit B-2** be increased to the extent that the maximum County obligation shall not exceed the total specified in paragraph 3A 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.

C. Time Limit for Submitting Invoices Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Exhibit B, Exhibit B-1 and **Exhibit B-2**. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one-hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

4. Section 17: Term of the Agreement is hereby amended to read as follows:

Subject to compliance with the terms and conditions of this Agreement for provisions of a career assessment and job training program, the term of this Agreement shall be from September 1, 2002 through **June 30, 2004**.

This Agreement may be terminated by Contractor, Director of County Human Services or her designee at any time upon thirty (30) days written notice to the other party.

Should Contractor fail to perform the covenants contained herein at the time and in the manner herein provided, County may at that time or any time thereafter terminate this agreement upon written notice. In the event of such termination, County may immediately proceed with the work to be performed under this agreement in any manner deemed proper by County. County may at its sole discretion, deduct from the total amount paid to Contractor under this Agreement all or part of the cost associated with completion of such work.

5. All other terms and conditions of the Agreement dated January 12, 2003, 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

By: _____
Rose Jacobs Gibson, President
Board of Supervisors

Clerk of Said Board

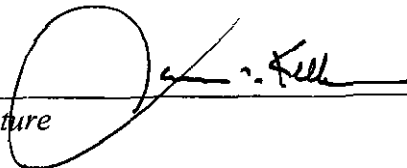
Date: _____

Date _____

SAN MATEO COMMUNITY COLLEGE DISTRICT

James W. Keller

Print Name

Signature  _____

Date: 5/28/03

**Rate of Payment for FY 2003-04
San Mateo Community College District**

1. Contractor will receive payments up to a total of \$420,000.00 by the end of FY 2002-03 for services described in Exhibit A and for Agreement.
2. Contractor did not complete the services as described in Exhibit A or the courses described in Exhibit A1 of this Agreement for the term of September 1, 2002 to June 30, 2003. Contractor will complete the remaining courses and services that it received payment for in FY 2002-2003 and will receive no further funding for services continuing in FY 2003-04. Should this contract be terminated by either party before courses and services can be completed, the contractor will reimburse the County for the balance owed.
3. All terms in Exhibit B apply to FY 2003-04.

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: Community College District

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: Employment and

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$ 5m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$ 5m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	\$ Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: The amount of this Agreement is \$420,000 and will be paid from the Governor's Discretionary Fund.

Priscilla Morse
Risk Management Signature

12-9-02
Date

SWACC

CERTIFICATE OF COVERAGE

ISSUE DATE 11/08/02

ADMINISTRATOR: KEENAN & ASSOCIATES
97 South 2nd Street, Suite 300
San Jose, CA 95113

LICENSE # 0451271

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 COVERAGES AFFORDED BY THE COVERAGE DOCUMENTS BELOW.

COVERED PARTY: BAY AREA CCD JPA
San Mateo Co. Community College Dist.
3401 CSM Drive
San Mateo, CA 94402

ENTITIES AFFORDING COVERAGE
ENTITY A Statewide Assoc. of
Community Colleges

ATTN: Suki Chang

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS, AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

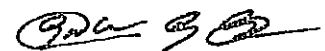
ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE / EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/>	SWC009018	07/01/02 07/01/03	\$100,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	SWC009018	07/01/02 07/01/03	\$100,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 5,000,000
A	PROPERTY ALL RISK EXCLUDES EARTHQUAKE & FLOOD	SWC009018	07/01/02 07/01/03	\$250,000	\$ 100,000,000 EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	SWC009018	07/01/02 07/01/03	\$5,000	\$ Included EACH OCCURRENCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL PROVISIONS:
Partnership between Skyline and County of San Mateo for the Airport project.

CERTIFICATE HOLDER:
County of San Mateo
400 Harbor Blvd Building B
Belmont, CA 94002

ATTN: Dorothy Shavies

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/ JPA WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL, SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/ JPA, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE



FIRST AMENDMENT TO THE AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

**PRIVATE INDUSTRY COUNCIL
OF SAN FRANCISCO, INC.**

For the Period of

SEPTEMBER 1, 2002 - JUNE 30, 2004

Reference: Workforce Investment Act 1998

Agency Contact Person:
Kristin Cornuelle,
Workforce Development Manager
(650)802-5181

First Amendment to the Agreement with the Private Industry Council of San Francisco, Inc.

For

Case Management, Training and Employment Services

THIS FIRST AMENDMENT TO AN AGREEMENT, entered into this _____ day of _____, 2003, by and between the **COUNTY OF SAN MATEO**, hereinafter called "County," and **PRIVATE INDUSTRY COUNCIL OF SAN FRANCISCO, INC.**, hereinafter called "Contractor";

W I T N E S S E T H :

WHEREAS, the County and the Contractor entered into an Agreement on September 1, 2002, for the purpose of the Contractor performing the professional services of case management, training and employment services for dislocated worker in the airline and travel industries that comply with: Workforce Investment Act of 1998; and

WHEREAS, both parties now wish to amend the Agreement to extend the term for the purpose of continuing services.

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

1. Section 3: Payments is hereby amended 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 \$43,000 for FY 2002-03. Unspent funds for 2002-03 shall not be carried over to FY 2003-04. Funding for FY 2003-04 will be in the form of an Amendment to this Agreement.**

2. Section 17: Term of the Agreement is hereby amended to read as follows:

Subject to compliance with the terms and conditions of this Agreement for Employment Services and Outreach the term of this Agreement shall be from September 1, 2002 through **June 30, 2004**.

This Agreement may be terminated by Contractor, Director of County Human Services or her designee at any time upon thirty (30) days written notice to the other party.

Should Contractor fail to perform the covenants contained herein at the time and in the manner herein provided, County may at that time or any time thereafter terminate this Agreement upon written notice. In the event of such termination, County may

immediately proceed with the work to be performed under this Agreement in any manner deemed proper by County. County may at its sole discretion, deduct from the total amount paid to Contractor under this Agreement all or part of the cost associated with completion of such work.

All other terms and conditions of the Agreement dated September 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: _____
Rose Jacobs Gibson, President
Board of Supervisors

ATTEST:

Clerk of Said Board

Date: _____

Date: _____

PRIVATE INDUSTRY COUNCIL
OF SAN FRANCISCO, INC.

By:  _____
Pamela S. Calloway, President & CEO

Date: May 27, 2003

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: San Francisco Private Industry Council

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: Employment and
Training Services

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	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$ _____	<input 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: This is a new agreement in the amount of \$43,000

Priscilla Morse
Risk Management Signature

1-9-03
Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MN
PRIVA-1

DATE (MM/DD/YYYY)
11/11/02

PRODUCER
Suhr Risk Services
Novato Branch
7049 Redwood Blvd. #204
Novato CA 94945
Phone: 415-892-1660 Fax: 415-898-3833

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

Private Industry Council
Adrian Trujillo
1650 Mission Street Ste. 300
San Francisco CA 94103

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Nonprofits Ins. Alliance of CA	
INSURER B:		
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 ADD'L LTR INSRD	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	2002-6350NPO	11/30/02	11/30/03	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPI/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	200206350UMB	11/30/02	11/30/03	EACH OCCURRENCE \$ 1,000,000
					AGGREGATE \$ 1,000,000
					\$
					\$
					\$
	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 \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Proof of Coverage only. * Except 10 days notice for non payment.

CERTIFICATE HOLDER

County of San Mateo,
Human Services Agency
Kristin Cornuelle
400 Harbor Blvd. Bldg B
Belmont CA 94002

COUNT#6

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

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JANUARY 9, 2003

POLICY NUMBER: 469-02 UNIT 000546
CERTIFICATE EXPIRES: 7-1-03

COUNTY OF SAN MATEO; ADMINISTRATION SERVICE DEPT.
ATTN: DEBRA JAESER
252 HARBOR BLVD., BUILDING A
BELMONT CA 94002

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 ten days' advance written notice to the employer.

We will also give you TEN 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

K. Bollier
PRESIDENT

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

EMPLOYER

PRIVATE INDUSTRY COUNCIL OF SAN FRANCISCO, INC.
1656 MISSION ST., STE. 300
SAN FRANCISCO CA 94103