



**FIRST AMENDMENT TO THE AGREEMENT
BETWEEN**

COUNTY OF SAN MATEO

AND

CHILD CARE COORDINATING COUNCIL

For the period of

March 26, 2002 through December 31, 2004

Contact Person:

Lorna Strachan

Child Care Program Manager

(650) 802-5193

*Contractor
Services*

**First Amendment to the Agreement with Child Care Coordinating
Council**

For

**Providing funding for a full-time staff for the purpose of planning,
developing and securing additional financing for those facilities that will
receive funding from the Child Care Facilities Expansion Fund.**

THIS FIRST AMENDMENT TO AN AGREEMENT, entered into this
_____ day of _____, 2003, by and between the COUNTY
OF SAN MATEO, hereinafter called "County," and Child Care Coordinating
Council, 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, the County and the Contractor entered into an Agreement on
March 26, 2002 for the purpose of performing the professional services of child
care housing and development; and

WHEREAS, both parties wish to amend the Agreement to modify the amount
for continued funding to provide a full-time fund manager for the purpose of
planning, developing and securing additional financing for those child care facilities
that will receive funding from the Child Care Facilities Expansion Fund and to
terminate funding for FY 2003-04 for the Warmline and Exempt Provider Programs.

*Contractor
Services*

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

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

The following exhibits are attached hereto and incorporated by reference therein.

1. Exhibit A: Program Descriptions
2. **Revised Exhibit B 06/03: Payment Schedule as amended replaces Exhibit B - revised 06/03**
3. Exhibit C: Program Monitoring
4. Exhibit D: Section 504 Compliance
5. Exhibit E: Equal Benefits Compliance Declaration

2. Section 4: 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 is **\$660,846. This total is a reduction of \$137,000 for the Exempt Provider Program and \$74,843 for the Warmline Program and, the Child Care Expansion Fund is increased by \$25,000 as a one-time advance to provide supplemental funding for a full time Fund Manager as described in Exhibit A section 3.**

3. All other terms and conditions of the Agreement dated March 26, 2002, between the County and Contractor shall remain in full force and effect.

**Contractor
Services**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

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

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

Child Care Coordinating Council

Contractor - Print Name

Janelle E. Stokley, Executive Director

Name, Title - Print

Janelle E. Stokley

Signature

Date: *June 4, 2003*

PAYMENT SCHEDULE

Child Care Coordinating Council
March 26, through December 31, 2004

1. Exempt Provider Program

Contractor received \$137,000 for FY 2001-02 and an additional \$137,000 for FY 2002-03 for a total amount of \$274,000.

This program will not be funded for FY 2003-04 due to the unavailability of funds. This will cause a reduction in the contract in the amount of \$137,000.

2. _____

Contractor received \$74,843 for FY 2001-02 and an additional \$74,843 for FY 2002-03 for a total amount of \$149,686.

This program will not be funded for FY 2003-04 due to the unavailability of funds. This will cause a reduction in the contract in the amount of \$74,843.

3. Full Time Position/Child Care Expansion Fund

Contractor received \$162,161 for FY 2002-03. Contractor will carry over a balance of \$27,055 from the original amount of \$162,161. Upon execution of the First Amendment to the Agreement, County will pay Contractor a one-time advance in the amount of \$25,000 for the continued funding of a Fund Manager for the Child Care Facilities Fund (now known as SmartKids) The \$25,000 is a percentage of the total operating budget for SmartKids of \$110,121. The total amount obligated to this program is \$187,161. See Budget below.

Budget: FY2003-04

Line Item: Cost for a fulltime Fund Manager position	Cost:
Fund Manager (1 FTE @ \$70,000)	\$92,943
Direct Expenses	\$10,217
Books/resources	\$250
Conference/travel	\$450
Local Transportation	\$300
Meeting Expenses	\$300
Membership Dues	\$500
Occupancy	\$7,217
Postage	\$500
Printing/duplication	\$500
Supplies	\$200
Indirect Expenses	\$6,961
	\$5,068
Estimated Total Cost	\$110,121

Child Care Facilities Expansion Fund Funding Sources:

Line Item	Totals
Human Services Agency (carry over from \$162,161)	\$27,055
First Five Funding	\$45,000
City of South San Francisco Funding	\$1,500
Family Services Agency Subcontract Funding	\$2,500
Friedman Family Foundation Funding	\$10,000
Estimated Total Funding	\$86,055

Estimate of Funding Needed:

Line Item	Totals
Cost for Fund Manager position	\$110,121
Child Care Facilities Expansion Fund	(\$86,055)
Estimated Funding Needed	*\$24,066

* The actual funding range need estimated is \$20,000 - \$50,000.

4. HSA Leavers Project:

The Contractor received a one time payment of \$24,999 for this project in FY 2002-03. This project ends in FY 2002-03.

5. Peninsula Quality Fund for Early Childhood Facilities:

The Contractor received a one time payment \$25,000 in FY 2002-03.

Total Agreement Funding:

Program	Amount
Exempt	\$274,000
Warmline	\$149,686
Child Care Expansion Fund	\$187,161
HSA Leavers Project	\$24,999
Peninsula Quality Fund for Early Childhood Facilities	\$25,000
Agreement Total	\$660,846

Invoices, documentation, and reports should be submitted to:

Lorna Strachan, Child Care Program Manager
San Mateo County
Human Services Agency
400 Harbor Boulevard, Bldg B
Belmont, CA 94002

COUNTY OF SAN MATEO
MEMORANDUM

DATE: 04/25/02

TO: Priscilla Harris Morse

FROM: Deborah Jaeger, HSA210 Fax: (650) 596-3478

SUBJECT: APPROVAL OF INSURANCE

CONTRACTOR: Child Care Coordinating Council

DO THEY TRAVEL: No

PERCENT OF TIME

NUMBER OF EMPLOYEES More than 1

DUTIES: Child Care Service

COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Gen Liability	\$1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	statutory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: This second amendment adds \$30,767 to the agreement making the total contract obligation \$69,234.

Manager, Risk Management

Ins.form

PONY EPS163

SUBMIT TO RISK MANAGEMENT
OR

FAX 363-4864

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID G1
CHILD-7

DATE (MM/DD/YY)
07/11/02

PRODUCER
McDermott-Costa Co., Inc.
Lic # 0167057
276 Dolores Ave
San Leandro CA 94577
Phone: 510-351-7460 Fax: 510-357-3230

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

Child Care Coordinating
Council of San Mateo County
700 S. Claremont
San Mateo CA 94402

INSURER A: Philadelphia Insurance Co.
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 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 Liab	PHPKO27157	07/01/02	07/01/03	EACH OCCURRENCE	\$ 1,000,000
	FIRE DAMAGE (Any one fire)				\$ 100,000	
	MED EXP (Any one person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENERAL AGGREGATE				\$ 2,000,000	
	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY; <input type="checkbox"/> PRO-JECT; <input type="checkbox"/> LOC						
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	PHPKO27157	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 EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTR-ER
					E.L EACH ACCIDENT	\$
					E.L DISEASE - EA EMPLOYEE	\$
					E.L DISEASE - POLICY LIMIT	\$
A	OTHER Crime Section	PHPKO27157	07/01/02	07/01/03	Limit	50,000
	Ded				500	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Certificate holder is also additional insured in reference to Endt CG2005.
10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
HUMASEB Human Services Agency ATTN: Viviane Schupbach 262 Harbor Blvd., Bldg A 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 