



SECOND AMENDMENT TO THE AGREEMENT

BETWEEN

COUNTY OF SAN MATEO

AND

FAMILY SERVICES AGENCY

For the period of

April 1, 2002 to June 30, 2005

Contact Person:

Glen H. Brooks, Jr.

Central Region Director

(650) 802-6579

**Second Amendment to the Agreement with
Family Services Agency
For
Family Loan Program**

THIS SECOND AMENDMENT, entered into this _____ day of _____, 2004, 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 parties entered into an Agreement on April 1, 2002, for the purpose of performing the professional services of the Family Loan Program; and

WHEREAS, the parties Amended said Agreement on June 10, 2003 to extend the term to June 30, 2004.

WHEREAS, the County and the Contractor wish to further amend said Agreement for the purpose of extending the term to June 30, 2005 in order to continue the Family Loan Program Services.

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

1. Section 18 of the Agreement is Amended to read as follows:

Term of the Agreement: 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, 2005**. This Agreement may be terminated by Contractor, the Human Services Agency Director or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

2. All other provisions of the Agreement dated April 1, 2002, between parties as amended on 6/10/03 shall remain in full force and effect.

**Contractor
Services**

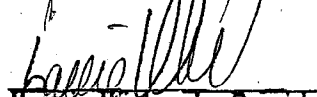
IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

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

Date: _____

Family Services Agency of San Mateo
Contractor



Laurie Wishard,, President

Signature

Date: 6/8/04

ATTEST:

Clerk of Said Board

Date: _____

SAN MATEO COUNTY
MEMORANDUM

DATE: May 17, 2004
TO: Priscilla Harris Morse FAX: 363-4864 PONY: EPS 163
FROM: Brenda Morales FAX: 596-3478 PONY: HSA 210
SUBJECT: APPROVAL OF INSURANCE

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

CONTRACTOR NAME: Ways to Work - family loan program

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

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: More than one

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:

Offers needy families low interest loans.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$ 2/m/3m	<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"/>
Workers' Compensation	\$ Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: This is to request waiver of the insurance requirements for this Contractor.

Priscilla Morse
Risk Management Signature

5-17-04
Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/24/2003

PRODUCER Karen Troy
Talbot Insurance & Fin Services, I
100 Taylor Blvd #300
Sausalito, CA 94523

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.

COMPANIES AFFORDING COVERAGE

- COMPANY A Nonprofits' Insurance Alliance of CA
- COMPANY B State Compensation Insurance Fund of CA
- COMPANY C Hartford Fire Insurance Company
- COMPANY D North American Elite Insurance Company

925-609-6500 ... fax 925-609-6550

INSURED
Family Service Agency of San Mateo Co.
24 - 2nd Avenue
San Mateo CA 94401

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 PROCT	200307671NPO	07/01/2003	07/01/2004	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP 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	200307671NPO	07/01/2003	07/01/2004	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	200307671UMB	07/01/2003	07/01/2004	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	1719773	01/01/2003	01/01/2004	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 FUNDING SOURCE
THE COUNTY OF SAN MATEO, ITS OFFICERS, AGENTS,
AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG2026 11/85 AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

COUNTY OF SAN MATEO
ITS OFFICERS, AGENTS & EMPLOYEES
JMAN SERVICES DIVISION
ATTN: LONNA SPRACHAN
262 HARBOR BOULEVARD, STE C
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

Roy H. Taylor

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

200307671NPO 01-JUL-2003 01-JUL-2004

Family Service Agency of San Mateo Co.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

COUNTY OF SAN MATEO

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you

RE: FUNDING SOURCE