



FOURTH AMENDMENT TO THE
AGREEMENT BETWEEN WITH

COUNTY OF SAN MATEO

AND

COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA)

For the Period of

OCTOBER 1, 2002 THROUGH JUNE 30, 2005

Agency Contact Person:
April Dunham, Human Services Manager
Children and Family Services
Human Services Agency
650.802.6571

FOURTH AMENDMENT TO THE AGREEMENT WITH
COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA)

THIS FOURTH AMENDMENT TO THE AGREEMENT, entered into on this day _____ of 2004, by and between the COUNTY OF SAN MATEO, hereinafter-called "County", and the COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA) FOR DOMESTIC VIOLENCE PREVENTION hereinafter called "Contractor

WITNESSETH:

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, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services for the Human Services Agency, Children and Family Services Division, hereinafter described:

WHEREAS, on October 22, 2002, the Board of Supervisors authorized execution of an Agreement with Center for Domestic Violence Prevention and Intervention Services to Battered Women and their Children (the "Original Agreement"); and

WHEREAS, on May 6, 2003, the Board of Supervisors approved a First Amendment to the Agreement with Sor Juana Ines Center for Domestic Violence and Prevention (SJICDVP) which added additional funds and extended the term to June 30, 2004 (the "First Amendment") and thereby established as "Amended Agreement".

WHEREAS, on September 23, 2003, the Board of Supervisors approved a Second Amendment to add Violence in Families Initiative (VIP) Grants funds for a newly created position.

WHEREAS, on November 18, 2003, the Board of Supervisors approved a Third Amendment to extend the term to June 30, 2005 and revise Exhibit A, Section I.C.

WHEREAS, the parties now desire to enter into a Fourth Amendment to change the name of the contractor from SJICDVP to COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA) that was effective May 24, 2004 and to add funds in the amount of \$100,000 for the continuation of services for FY 2004-05 to Battered women and their children and in addition add \$30,000 as a new service component for participation on Family Self Sufficiency Team (FSST) through the FY 2004-05.

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

1. Paragraph A of Section 4 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 FIVE HUNDRED FIFTY THREE THOUSAND SIX HUNDRED DOLLARS (\$553,600) for this contract period.

2. Exhibit A – Program Description is amended to add the following to Section I:

IV. Scope of Work relating to Family Self Sufficiency Team (FSST):

CORA's Domestic Violence (DV) Assessors will attend each FSST prepared to assist clients by sharing relevant information on domestic violence. In addition to participation on FSST's, the CORA DV Assessor will provide the following services:

- Consultation on domestic violence issues to Human Service Agency (HSA) staff
- Training to HSA staff regarding domestic violence, i.e, the cycle of violence, issues of power and control, etc.
- Domestic violence education and training to HSA staff
- Link HSA staff to domestic violence and domestic violence-related resources
- Link clients to domestic violence services and resources

The DV Assessor will provide service to FSST clients through assessment and treatment for domestic violence victims and their children, advocate on the client's behalf on domestic violence as an issue, provide assistance to victims that need CaIWORKS waivers and provide direct services and referrals for domestic violence victims/survivors that participate in the FSST process.

Outcomes:

- CORA DV Assessors shall attend ninety percent (90%) of the Family Self-Sufficiency Team (FSST) meetings
- CORA DV Assessors shall provide linkage to services and resources for eighty percent (80%) of clients identified with domestic violence issues

3. Exhibit B – Section I of the Amended Agreement (“Payment Schedule”) is amended to read as following:

October	15,2002	\$13,900
November	15, 2002	\$13,900
December	15, 2002	\$13,900
January	15, 2003	\$13,900
February	15, 2003	\$13,900
March	15, 2003	\$13,900
April	15, 2003	\$13,900
May	15, 2003	\$13,900
June	15, 2003	\$13,900
June	1, 2003	\$25,000
July	15,2003	\$12,500
August	15,2003	\$12,500
September	15,2003	\$74,250
October	15,2003	\$12,500
November	15,2003	\$12,500
December	15,2003	\$12,500
January	15,2004	\$12,500
February	15,2004	\$12,500
March	15,2004	\$12,500
April	15,2004	\$12,500
May	15,2004	\$12,500
June	15,2004	\$12,500
July	15,2004	\$61,750
October	15, 2004	\$32,500
December	15, 2004	\$32,500
March	15, 2005	\$32,500
June	15, 2005	\$32,500
Total for 10/02 – 6/05		\$553,600

4. **Section 14 . Interpretation and Enforcement is amended to read as follows:**

- A. Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed:
- 1) In the case of County, to:
April Dunham, Violence in Families Initiative Program Manager
San Mateo County, Human Services Agency
400 Harbor Blvd, Bldg. C
Belmont, CA 94002
650-802-6571
 - 2) In the case of Contractor, to:
Melissa Lukin, Executive Director
Community Overcoming Relationship Abuse (CORA)
P.O. Box 5090
San Mateo, CA 94402
650-652-0800
5. All references to Sor Juana Ines Center of Domestic Violence Prevention (SJTC DVP) are hereby amended to read Community Overcoming Relationship Abuse (CORA).
6. 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: _____
President, San Mateo County
Board of Supervisors

Date: _____

ATTEST:

Clerk of the Board

Date

COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA)

Signature: _____

By: _____
Name and Title:

Date: _____

SAN MATEO COUNTY
MEMORANDUM

DATE:

TO: Priscilla Hairis Morse FAX: 3634864 PONY: BPS 163

FROM: (3ia~iiniNath
~PAX: 596-3478 PONY: HSA2IO

SUBJECT: Contract Insurance Approval

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

CONTRACTOR NAME: Community Overcoming Relionship Abuse (CORA)

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

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: yes

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Prevention and Intervention Services to battered women and children

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$1,000~.000</u>			
Motor Vehicle Liability	<u>\$1,000,000</u>			0
Professiona] Liability	<u>\$1,000,000</u>		0	
Workers' Compensation	<u>\$statutory</u>			

REMARKS/COMMENTS: Thanks. —

~ Management Signature _____ Date _____

ACORQ~ CERTIFICATE OF LIABILITY INSURANCE

DATE (M-QtY~ 04-22-04

PROBUCI- ~-au~. 1560 Laurel Street, Suite 200 San Carlos Ca ~4070-511S	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.
CENTER FOR DOMESTIC VIOLENCE PREVENTION, dba: COMMUNITY OVERCOMING RELP~TIONSHIPABUSE	INSURERS AFFORDING COVERAGE ~suA~Nonprofits Ins. ~lliance of Ca. INSLJ-E-D:

COVERAGES
 THE POLICY OF INSURANCE USTEQ ~ELQWHAVE 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. PERMITTED LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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The certificate, holder is named as an additional insured under the policy.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSUREE LETTER!
The County of S~iMateo, Its Elective & AppointE
 Boards, Commissions, **Officers**, Agents, Employees
 and **Servants**, Ruman **Services Agency**, do Youth
 & Family Services **Division**, Attu: ~alini Nath
 400 harbor Blvd~, Bldg. ~
 Bclunoc, California 94002

CANCELLATION
 DATE THEREOF, THE IS~thiIDINSURER WILL ENDEAVOR TO MM. 30 DAYS WRcrtIN
 NOTICE TO THE CERTIFICATE HOLDER HAUED TO THE LEFT. DUT FAILURE TO DO eo EHAXJ.
 IMPOSE NO OBUQA110N OR LIAAILn~OF ANY mND UPON THE INSURER, ITS AGENTS OR
 REP ESHITA1IVE.S.

ACQRQ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/18/2004

PRODUCER (650) 341-4434 FAX (650) 341-4465 Business Professional Ins. Assoc. Inc. 1519 South B Street San Mateo, CA 94402	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 CORA "Community Overcoming Relationship Abuse" 840 Hinckley Rd. #215 Burlingame, CA 94010	INSURERS AFFORDING COVERAGE ~suRERAS State Compensation Ins. Fund INSURERS: INSURERC INSURER D: INSURER E
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COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO WITHSTANDING 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM-DD-YY)	POLICY EXPIRATION	LIMITS
COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN. AGGREGATE LIMIT APPLIES PER: POLICY FILE				EACH OCCURRENCE \$ DAMAGE TO RENTED PROPERTY MED. EXP. INJURY \$ PERSONAL AND ACV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS, COMP. OP. AGG. \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA. ACCIDENT) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
GARAGE LIABILITY				AUTO ONLY - EA. ACCIDENT \$ OTHER THAN AUTO ONLY: AGG. \$
EXCESS UMBRELLA LIABILITY CLAIMS MADE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED Wn. - dia 1 be un or S - CIA PROVISIONS - OTHER	488-686-03	10/02/2003	10/02/2004	X WORKERS COMPENSATION AND EMPLOYERS LIABILITY ILL. EACH ACCIDENT 5 1,000,001 EL. DISEASE - EA. EMPLOYEE \$ 1,000,001 EL. DISEASE - POLICY LIMIT \$ 1,000,001

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
~vidence or Insurance.

 (10) day notice of cancellation for non-payment of premium shall apply.

CERTIFICATE HOLDER County of San Mateo Youth and Services Division 400 Harbor Blvd. Bldg. B Belmont, CA 94002	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL TO THE CERTIFICATE HOLDER THE NOTICE OF CANCELLATION. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Debbie (ipland)/DOM
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