

**SECOND AMENDMENT TO AN AGREEMENT FOR SERVICE BETWEEN  
Redwood City School District and The County of San Mateo**

This Amendment to the Agreement is made on this \_\_\_\_\_ day \_\_\_\_\_ 2004 by and between the Redwood City Elementary School District (RCSD) and the County of San Mateo (CONTRACTOR).

WHEREAS, the parties entered into an Agreement on December 5, 2002, whereby the County provides Social Workers at school sites in exchange for partial payment from RCSD; and

WHEREAS, the Agreement has been amended on a prior occasion and;

WHEREAS, the Agreement provides that the parties will negotiate amendments specifying the level of service and rate of payment; and

WHEREAS, the CONTRACTOR provided mental health services for the RCSD, who serves as fiscal agent for the Redwood City Family Centers; and

WHEREAS, the parties wish to enter into said amendment to add funds for Fiscal Year 2004-05; and

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

**SECTION 2 - AMOUNT OF SERVICES is amended to add the following:**

RCSD agrees to pay partial contribution to the CONTRACTOR for the five (5) Psychiatric Social Workers in the amount of **\$216,914** for the **Fiscal Year 2004-05** as follows:

	Reimbursement Rate	Flat Rate Payment
1. 1 FTE Psychiatric Social Worker at Taft	- 25%	\$20,412
2. 1 FTE Psychiatric Social Worker at Fair Oaks	- 50%	\$47,938
3. 1 FTE Psychiatric Social Worker at Hoover	- 25%	\$23,864
4. 1 FTE Psychiatric Social Worker at Hoover (Pre-Sch)	- 100%	\$80,155
5. 1 FTE Psychiatric Social Worker at Kennedy	- 50%	\$44,546

**SECTION 8 - COMPENSATION is amended to add the following:**

The CONTRACTOR agrees to perform all of the services of this Agreement for a total not to exceed **\$216,914** for the **Fiscal Year 2004-05** only, and that funding for future fiscal year will be negotiated by the parties and reflected in the form of an amendment to the Agreement.

**All other terms and conditions of the agreement dated December 5, 2002 between the RCSD 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: \_\_\_\_\_  
President, Board of Supervisors,  
San Mateo County

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

REDWOOD CITY SCHOOL DISTRICT,

Ronald E. Crates  
Superintendent


Ronald E. Crates  
Signature

Date: 9/22/04

**SAN MATEO COUNTY  
MEMORANDUM**

**DATE:** August 26, 2004

**TO:** Priscilla Harris Morse **FAX:** 363-4864 **PONY:** EPS 163

**FROM:**  Nalini Nath **FAX:** 596-3478 **PONY:** HSA210

**SUBJECT:** Contract Insurance Approval

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

**CONTRACTOR NAME:** Redwood City School District

**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:** School based social services

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	<u>\$1,000,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	<u>\$1,000,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$1,000,000</u>	<input checked="" 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:** Thanks.

  
Risk Management Signature

\_\_\_\_\_ Date

Nor Cal ReLIEF

CERTIFICATE OF COVERAGE

ISSUE DATE 06/23/04

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:  
SAN MATEO COUNTY SIG  
Redwood City Elementary School District  
750 Bradford Street  
Redwood City, CA 94063

ENTITIES AFFORDING COVERAGE  
ENTITY A Northern California  
ReLIEF

ATTN:

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	<b>GENERAL LIABILITY</b> <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"/>	NCR0120007	07/01/04 07/01/05	\$200,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <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	NCR0120007	07/01/04 07/01/05	\$200,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>PROPERTY</b> ALL RISK EXCLUDES EARTHQUAKE & FLOOD	NCR0120007	07/01/04 07/01/05	\$200,000	\$ 150,000,000 EACH OCCURRENCE
A	<b>STUDENT PROFESSIONAL LIABILITY</b>	NCR0120007	07/01/04 07/01/05	\$200,000	\$ Included EACH OCCURRENCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL PROVISIONS:  
SCHOOL-BASED SOCIAL SERVICES PROGRAM.

CERTIFICATE HOLDER:  
  
San Mateo County Human Service Agency  
400 Harbor Blvd.  
Belmont, CA 94002

ATTN:

CANCELLATION ..... SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/ JPA WILL BE REQUIRED 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

## NORTHERN CALIFORNIA ReLIEF

## ENDORSEMENT

## ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Redwood City Elementary School District	NCR0120007	KEENAN & ASSOCIATES

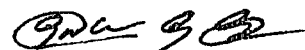
Subject to all its terms, conditions, exclusions and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

San Mateo County Human Service Agency  
400 Harbor Blvd.  
Belmont, CA 94002

As Respects:

SCHOOL-BASED SOCIAL SERVICES PROGRAM.



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Authorized Representative