

**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 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 fund for Fiscal Year 2003-04; 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 **\$202,421** for the **Fiscal Year 2003-04** as follows:

		Reimbursement Rate	Flat Rate Payment	
1.	1 FTE Psychiatric Social Worker at Taft	-	25%	\$19,707
2.	1 FTE Psychiatric Social Worker at Fair Oaks	-	50%	\$33,877
3.	1 FTE Psychiatric Social Worker at Hoover	-	25%	\$20,592
4.	1 FTE Psychiatric Social Worker at Hoover (Pre-Sch)	-	100%	\$85,570
5.	1 FTE Psychiatric Social Worker at Kennedy	-	50%	\$42,675

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 **\$202,421** for the **Fiscal Year 2003-04** 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,

for/ Krishna Kirpalani
Superintendent

Kamla Kirpalani
Signature

Date: 3/24/04

5 pages

**SAN MATEO COUNTY
MEMORANDUM**

DATE: March 5, 2004

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

FROM: *N* 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 Elementary 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 program

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.

Priscilla Morse
Risk Management Signature

3-8-04
Date

Nor Cal ReLiEF

CERTIFICATE OF COVERAGE

ISSUE DATE 07/01/03

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	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"/>	NCR0120006	07/01/03 07/01/04	\$200,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$1,000,000
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	NCR0120006	07/01/03 07/01/04	\$200,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$1,000,000
A	PROPERTY ALL RISK EXCLUDES EARTHQUAKE & FLOOD	NCR0120006	07/01/03 07/01/04	\$200,000	\$150,000,000 EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	NCR0120006	07/01/03 07/01/04	\$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 SEND BY FIRST CLASS MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~IF THE POLICY IS CANCELED, THE POLICY WILL BE CANCELED AS OF THE DATE OF THE NOTICE AND THE POLICY WILL BE VOID AND NO REINSURANCE WILL BE PROVIDED.~~



AUTHORIZED REPRESENTATIVE

A.C.# 3254

NORTHERN CALIFORNIA ReLIEF

ENDORSEMENT

ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Redwood City Elementary School District	NCR0120006	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.



Authorized Representative

PIPS**CERTIFICATE OF COVERAGE**

ISSUE DATE (MM/DD/YY)

7/17/2003

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 COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS OF COVERAGE BELOW.

ENTITIES AFFORDING COVERAGE

COVERED PARTY

Redwood City Elementary School District
750 Bradford Street
Redwood City, CA 94063

Attn:

ENTITY A: Protected Insurance Program for Schools

ENTITY B:

ENTITY C:

ENTITY D:

ENTITY E:

COVERAGES

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 THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS		
					WC STATUTORY LIMITS	<input checked="" type="checkbox"/> OTHER	*See Special Provisions Below
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PIPS 00108	07/01/03 12:00 AM	06/30/04 11:59 PM			\$ 1,000,000.00
	OTHER						\$ 1,000,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS

*10 days Notice of Cancellation for non-payment of premium applies.

Healthy start network contract

* Subject to terms and conditions of the Memorandum of Coverage

2003 JUL 25 P 2:28
 HUMAN SERVICES AGENCY
 ALCOHOL & DRUG SERVICES

CERTIFICATE HOLDER

ADDITIONAL COVERED PARTY; ENTITY LETTER:

CANCELLATION

County of San Mateo/Alcohol & Drug Services
400 Harbor Blvd, Bldg C
Belmont, CA 94002

Attn:

Certificate #15

SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY 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 ENTITY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

William J. Blaw

Keenan & Associates
Lic #0451271

Rev. 6/24/03
Confidential Client Use Only

IMPORTANT

If SUBROGATION IS WAIVED, subject to the terms and conditions of the coverage documents may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.