

| SUBAWARD AMENDMENT #1 | | |
|---|---|--|
| The Board Of Trustees of the Leland Stanford Junior University Office Of Sponsored Research 1215 Welch Road, Modular B Stanford, Ca 94305-5402 | SUBRECIPIENT: San Mateo Medical Center 222 W. 39th Avenue San Mateo, CA 94403 | |
| Prime Award No. 5 R01 HL070781-02 | Subaward No. 26015-A | |
| Prime Awarding Agency NIH | CFDA No. 93.837 | |
| Subaward Period of Performance: 4/1/04 – 3/31/05 | Amount Funded this Action: \$163,751.50 | Est. Total, if incrementally funded: \$256,742.50 |
| Project Title: "Improving Coronary Prevention in a County Health System" | | |

This Amendment #1 is entered into to specify the terms and conditions under which The Board of Trustees of the Leland Stanford Junior University (hereinafter referred to as "STANFORD") and San Mateo Medical Center (hereinafter referred to as "Subrecipient") will participate in the conduct of a project supported by the National Institutes of Health (hereinafter referred to as "Sponsor") entitled "Improving Coronary Prevention in a County Health System", Grant Number **5 R01 HL070781-02**

1. Scope of Work

Subrecipient, as an Independent Contractor and not as an agent of STANFORD, agrees to provide all the necessary qualified personnel, equipment, materials (except as otherwise may be provided herein), and facilities to perform the work as described in the attached Statement of Work.

2. Period of Performance

The period of this Amendment shall be from April 1, 2004 to March 31, 2005 (Year 2) unless extended by duly executed written amendment of this Agreement.

3. Estimated Cost

Stanford agrees to pay Subrecipient an amount not to exceed ONE HUNDRED SIXTY THREE THOUSAND SEVEN HUNDRED FIFTY ONE DOLLARS AND 50/100 (\$163,751.50). Subrecipient's budget is incorporated into this Agreement as Attachment A.

Total budget funded for Year 1 and Year 2 is \$256,742.50.

4. Deliverables

Subrecipient agrees to send annual report regarding availability of project space and project personnel supported by this Agreement.

Except as modified above, all other terms and conditions remain unchanged.

Accepted for: SAN MATEO COUNTY

San Mateo Medical Center

The Board of Trustees of the Leland Stanford Junior University

Name: Mark Church

Name: _____

Title: President, Board of Supervisors

Title: _____

By: _____

By: _____

Date: _____

Date: _____

Tax ID: 94-6000-532

ATTACHMENT A
Budget

Detailed Budget for Initial Contract Period

Budget Period: 04/1/04-3/31/05
Year 2

| Personnel | Role | Appt. (Months) | Inst. Base Salary (annual) |
|--------------------|----------------------|------------------|----------------------------|
| Maren Pedersen, MD | Physician Consultant | 4/1/04 - 3/31/05 | \$ 138,432.00 |
| Silvana Rivera | Case Manager | 4/1/04 - 3/31/05 | \$ 82,144.56 |
| Angela Guardado | Case Manager | 4/1/04 - 3/31/05 | \$ 66,941.76 |
| Anita Booker | Financial Manager | 4/1/04 - 3/31/05 | \$ 71,737.44 |

Total Personnel:

| FACILITIES CLINIC USAGE 10/10/03-3/31/04 | RATE | 12 months |
|--|-------------------|---------------------|
| Willow Clinic | \$463.5 per month | \$ 5,562.00 |
| Fair Oaks Family Health Center | \$463.5 per month | \$ 5,562.00 |
| North County Health Center | \$463.5 per month | \$ 5,562.00 |
| South San Francisco Health Center | \$463.5 per month | \$ 5,562.00 |
| Total Clinic Usage Fees: | | \$ 22,248.00 |

Total Estimates for Current Budget Period: \$163,751.50

Personnel:

Maren Pedersen, MD will serve as Principal Investigator of the subcontract for the San Mateo Heart Study Project. She will co-direct the involvement and integration of San Mateo County Health System staff with the project. During year one, Dr. Pedersen actively participated in Phase I of the project, including coordination of other clinical site staff in this planning process and helping coordinate the informational focus groups. During the year two the project will enter into the intervention itself (Phase II). Dr. Pedersen's role will be to help facilitate communication with other primary care physicians, trouble-shoot logistical issues that may arise, and help customize the case-management process to meet the needs of the population served by the clinical sites. Dr. Pedersen will provide SMCHS oversight for the project as a whole, help determine policy related to the study, interact with the SMCHS Human Subjects Committee and participate in the academic aspects of the project.

Angela Guardado and Silvana Rivera registered nurses will serve as nurse case-managers for the project. They will report to Dr. Pedersen and Kathy Berra, the Stanford Clinic Manager for the San Mateo County Heart Project.

Anita Booker will continue to serve as financial manager to oversee the expenditures and payments on this contract.

Facilities:

Usage Fees for Office Space. Included in this budget is an expected payment to San Mateo County to partially compensate for the project's use of space at each of the four clinical sites. Because the project will be using this space only one day per week per site, we will provide the County with a payment of \$450 per month per site (year 1 costs) for the use of a clinical office environment adequate for the project's three case-managers. Expenses are based on 6 months in year 1 and 12 months in years 2 through 4. The total expense involved will be \$10,800 in year 1, \$22,248 in year 2, \$22,915 in year 3, and \$23,602 in year 4. The four clinic sites are Willow Clinic in Menlo Park, Fair Oaks Family Health Center in Redwood City, North County Health Center in Daly City, and South San Francisco Health Center in South San Francisco.

Statement of Work: Contract with San Mateo County Health System

Period of Contract: 04/01/03-03/31/05

Scope of Work:

The amendment to add an additional year of funding to the San Mateo County Health System (SMCHS) contract will allow the San Mateo Heart Study Project to fulfill its scope of work. The contract includes the payment of San Mateo County personnel to perform work on the San Mateo Heart Study Project and it allows for the rental of facilities at four San Mateo County facilities. The specific functions of San Mateo County personnel and the locations of facilities are described in detail below. The detailed budget for the contract are located in a separate Excel file. The contract involves handling of protected health information and SMCHS will ensure their employees have met HIPAA and human subjects training requirements.

Deliverables:

Personnel supported through this subcontract are expected to contribute to the San Mateo Heart Study Project. The financial manager Anita Booker will provide itemized invoice billing. Maren Pedersen will attend weekly meetings, help coordinate relations between SMCHS and Stanford personnel, and confer with clinic members to advise on study participant treatment. Case managers Angela Guardado and Silvana Rivera will attend weekly case manager meetings, work as case managers with participants. They report to our clinic direct Kathy Berra and will provide forms from the participants they case manage.

The financial manager and liaison for the contract at San Mateo County is Anita Booker. Her contact information follows:

Anita Booker
222 West 39th Avenue
San Mateo, CA 94403
Phone: (650) 573-2327
E-mail: abooker@co.sanmateo.ca.us

Invoices should be sent to the attention of Rebecca Drieling for approval by the principal investigator Randall S. Stafford, MD PhD.

Rebecca Drieling
Hoover Pavilion, Room N164
211 Quarry Road
Stanford, CA 94305-5705
Phone: (650)723-6528
Fax: (650)725-6906
E-mail: rdrieling@stanford.edu

COUNTY OF SAN MATEO
SAN MATEO MEDICAL CENTER

MEMORANDUM

Date: September 25, 2003
To: Priscilla Morse, Risk Management/ Pony # EPS 163 Fax # 363-4864
From: Tere Larcina, San Mateo Medical Center/Pony # HOS316/Fax # 2267
Subject: Contract Insurance Approval

CONTRACTOR: Stanford University (Coronary Study)

DO THEY TRAVEL:

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: More than one.

DUTIES (SPECIFIC): San Mateo Medical Center and Stanford University will conduct a clinical trial on Coronary Health Prevention with San Mateo County patients to evaluate whether diet and counseling will lower the risk for patient heart disease. The study will be conducted at four of San Mateo Medical Center Clinics: Fair Oaks Family Center, Willow Clinic, North County Health Center, and South San Francisco.

| <u>COVERAGE:</u> | Amount | Approve | Waive | Modify |
|--------------------------|-----------|---------|-------|--------|
| Comprehensive Liability: | \$1m | ✓ | _____ | _____ |
| Motor Vehicle Liability: | _____ | _____ | ✓ | _____ |
| Professional Liability: | \$1m | ✓ | _____ | _____ |
| Worker's Compensation: | statutory | ✓ | _____ | _____ |

REMARKS/COMMENTS:

Priscilla Morse

SIGNATURE

SHC/LPCH INSURANCE COMPANY, INC.

745 Fort Street, Suite 800

Honolulu, HI 96813

CERTIFICATE OF INSURANCE

CERTIFICATE NO.: SHC-SOM 05-24 | ISSUE DATE September 1, 2004

NAME OF INSURED

SHC/LPCH Insurance Company, Inc.
Stanford University School of Medicine
Office of Risk Management
651 Serra Street, Room 250
Stanford, CA 94305-6207

TYPE OF COVERAGE

Health Care Professional Liability \$1,000,000 Each Loss Event
SHC/LPCH Insurance Company, Inc.
Policy no. 1-M0101-00-2004

Comprehensive General Liability \$1,000,000 Each Loss Event
SHC/LPCH Insurance Company, Inc. \$3,000,000 Policy Aggregate
Policy no. 1-M0101-00-2004

CERTIFICATE EFFECTIVE DATE:
September 1, 2004

CERTIFICATE EXPIRATION DATE:
September 1, 2005

REASON FOR INTEREST

Certificate is issued for coverage for agreement to provide services to the County of San Mateo. Certificate Holder(s) are named as additional insured as respects general liability, and applies to any municipality in which the work occurs.

CERTIFICATE HOLDER

The County of San Mateo, and members of the Board of Supervisors of the County of San Mateo, and their officers, agents and employees
Attn: John Grima/Tere Larcina, HOS316MM
222 - 39th Ave., San Mateo, CA 94403
Phone: (650) 573-2222
Fax: (650) 573-2308



Denys S. Kazama

SHC/LPCH INSURANCE COMPANY, INC.
 745 Fort Street, Suite 800
 Honolulu, HI 96813

CERTIFICATE OF INSURANCE

CERTIFICATE NO.: SHC-SOM 05-33 | ISSUE DATE September 1, 2004

NAME OF INSURED

SHC/LPCH Insurance Company, Inc.
 Stanford University School of Medicine
 Office of Risk Management
 651 Serra Street, Room 250
 Stanford, CA 94305-6207

TYPE OF COVERAGE

| | |
|------------------------------------|------------------------------|
| Health Care Professional Liability | \$1,000,000 Each Loss Event |
| and General Liability | \$5,000,000 Policy Aggregate |
| SHC/LPCH Insurance Company, Inc. | |
| Policy no. 1-M0101-00-2004 | |

CERTIFICATE EFFECTIVE DATE:
 September 1, 2004

CERTIFICATE EXPIRATION DATE:
 September 1, 2005

REASON FOR INTEREST

Certificate is issued for coverage for Stanford University Dept. of Medicine faculty services to the County of San Mateo. Certificate Holder(s) are named as additional insured as respects General Liability, and applies to any municipality in which the work occurs.

CERTIFICATE HOLDER

The County of San Mateo, and members of the Board of Supervisors of the County of San Mateo, and their officers, agents and employees

Attn: Tere Larcina, HOS316MM
 222 - 39th Ave., San Mateo, CA 94403

Phone: (650) 573-2222

Fax: (650) 573-2308



Denys S. Kazama

SHC/LPCH INSURANCE COMPANY, INC.
 745 Fort Street, Suite 800
 Honolulu, HI 96813

CERTIFICATE OF INSURANCE

CERTIFICATE NO.: SHC-SOM 05-15 | ISSUE DATE September 1, 2004

NAME OF INSURED

SHC/LPCH Insurance Company, Inc.
 Stanford University School of Medicine
 Office of Risk Management
 651 Serra Street, Room 250
 Stanford, CA 94305-6207

TYPE OF COVERAGE

Health Care Professional Liability \$1,000,000 Each Loss Event
 SHC/LPCH Insurance Company, Inc.
 Policy no. 1-M0101-00-2004

Comprehensive General Liability \$1,000,000 Each Loss Event
 SHC/LPCH Insurance Company, Inc. \$3,000,000 Policy Aggregate
 Policy no. 1-M0101-00-2004

CERTIFICATE EFFECTIVE DATE:
 September 1, 2004

CERTIFICATE EXPIRATION DATE:
 September 1, 2005

REASON FOR INTEREST

Certificate is issued for coverage for agreement to provide services to the County of San Mateo. Coverage is for: Seble Kassaye, Debika Bhattacharya and Karen Relucio. Certificate Holder(s) are named as additional insured only as respects general liability coverage, and applies to any municipality in which the work occurs.

CERTIFICATE HOLDER

The County of San Mateo, and members of the Board of Supervisors of the County of San Mateo, and their officers, agents and employees

Attn: Tere Larcina, HOS316MM
 222 - 39th Ave., San Mateo, CA 94403

Phone: (650) 573-2222
 Fax: (650) 573-2308
 Attn: Dipal Jadav
 Fax: (650) 573 - 2884



Denys S. Kazama

SHC/LPCH INSURANCE COMPANY, INC.
 745 Fort Street, Suite 800
 Honolulu, HI 96813

CERTIFICATE OF INSURANCE

CERTIFICATE NO.: SHC-SOM 05-23 | ISSUE DATE September 1, 2004

NAME OF INSURED

SHC/LPCH Insurance Company, Inc.
 Stanford University School of Medicine
 Office of Risk Management
 651 Serra Street, Room 250
 Stanford, CA 94305-6207

TYPE OF COVERAGE

Health Care Professional Liability \$1,000,000 Each Loss Event
 SHC/LPCH Insurance Company, Inc.
 Policy no. 1-M0101-00-2004

Comprehensive General Liability \$1,000,000 Each Loss Event
 SHC/LPCH Insurance Company, Inc. \$3,000,000 Policy Aggregate
 Policy no 1-M0101-00-2004

CERTIFICATE EFFECTIVE DATE:
 September 1, 2004

CERTIFICATE EXPIRATION DATE:
 September 1, 2005

REASON FOR INTEREST

Certificate is issued to the San Mateo County General Hospital and Clinics for coverage for agreement to provide services and funding a physician's assistant at the Willow Clinic. Certificate Holder(s) are named as additional insured as respects General Liability coverage, and applies to any municipality in which the work occurs.

CERTIFICATE HOLDER

**San Mateo County General Hospital and Clinics,
 The County of San Mateo, and members of the
 Board of Supervisors of the County of San Mateo,
 and their officers, agents and employees**
 Attn: Tere Larcina, HOS316MM
 222 - 39th Ave., San Mateo, CA 94403

Phone: (650) 573-2280
 Fax: (650) 573-2267



Denys S. Kazama

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
SEA-000787277-03

PRODUCER
MARSH RISK & INSURANCE SERVICES
P. O. BOX 193880
SAN FRANCISCO, CA 94119-3880
CALIFORNIA LICENSE NO. 0437153

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE
A ZURICH AMERICAN INSURANCE COMPANY

INSURED
BOARD OF TRUSTEES
OF THE LELAND STANFORD, JR. UNIVERSITY, ET AL.
C/O RISK MANAGEMENT DEPARTMENT
651 SERRA STREET, ROOM 250
STANFORD, CA 94305-8207

COMPANY B N/A
COMPANY C
COMPANY D

COVERAGES: This certificate supersedes and replaces any previously issued certificate for the policy period noted below.
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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 |
|--------|---|---|----------------------------------|-----------------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT \$ 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 \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: | WC829845204 WC829827301 (MA) (RETRO) | 09/01/04 09/01/04 | 09/01/05 09/01/05 | X WC STATUTORY LIMITS OTH ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EACH EMPLOYEE \$ 1,000,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
THIS CERTIFICATE OF INSURANCE PROVIDES EVIDENCE OF COVERAGE FOR WORKERS' COMPENSATION.
Certificate No. - Certificate is issued as evidence of Stanford employees' worker's compensation insurance.

CERTIFICATE HOLDER
County of San Mateo
Attn: Anita Booker Fax: (650) 571-7802
W. 39th Ave.
San Mateo, CA 94403

CANCELLATION
SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.
MARSH USA INC.
BY: Linda Huang *Linda Huang*

MM/3/03 VALID AS OF: 08/11/04