

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. Employs fewer than 15 persons.
- b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

MARYCLAIRE TIFFANY

Name of 504 Person - Type or Print

JOHNSON CONTROLS INC

Name of Contractor(s) - Type or Print

3526 BREAKWATER CT

Street Address or P.O. Box

HAYWARD, CA 94545

City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

Signature

BRANCH MANAGER - FIRE & SECURITY

Title of Authorized Official

Date

7/21/06

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:	JOHNSON CONTROLS INC	Phone:	510-783-4000
Contact Person:	MARY CLARE TIFFANY	Fax:	510-785-3170
Address:	3526 BREAKWATER CT HAYWARD, CA 94545		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

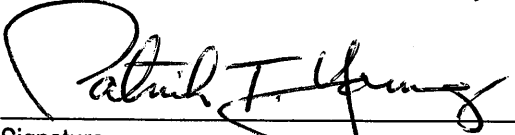
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for \$100,000 or less.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.


 Signature _____
 8/15/2007
 Date _____

PATRICK T. YOUNG
 Name _____
 REG. FIRE + SECURITY MGR.
 Title _____

CONTRACT INSURANCE APPROVAL

DATE: August 13, 2007

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Joy Cheechov

PHONE: 363-4550 FAX: 363-7800 PONY: ISD120

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

CONTRACTOR NAME: Johnson Controls, Inc.

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? Yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: Maintenance on proprietary software and hardware for the County's Cardkey Security System

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	\$1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	\$1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

Faiza Steele
 Faiza Steele
 Risk Management Analyst

8/22/07
 Date

MARSH USA INC.

CERTIFICATE OF INSURANCE

DATE
09/08/2007

PRODUCER Marsh USA Inc. 411 East Wisconsin Avenue Suite 1600 Milwaukee, Wisconsin 53202-4419 Attn: CPU, Phone (414) 290-4912 Fax (414) 290-4953 CPU_Milwaukee@marsh.com	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		
	Company A ACE American Insurance Company P.O. Box 41484, Philadelphia, PA 19101	AM Best Rating (As of 09/04/07) *See Below A+ XV	
	Company B Sentry Insurance A Mutual Co. 1800 North Point Drive, Stevens Point, WI 54481	A+ XV	
INSURED Johnson Controls, Inc. Johnson Controls Battery Group, Inc. Johnson Controls Interiors, L.L.C. Johnson Controls of Puerto Rico, Inc. Cal-Air, Inc. GES America, L.L.C. Optima Batteries, Inc. Pro-Tel, Inc. USI Companies, Inc. York International Corporation	Attn: Corp. Risk Mgmt. X-92 P.O. Box 591 Milwaukee, WI 53201	Company C Indemnity Insurance Company of North America and for CA, WI and EX WC: ACE American Insurance Company P.O. Box 41484, Philadelphia, PA 19101	A+ XV
		Company D Lexington Insurance Company 100 Summer Street, Boston, MA 02110	A+ XV

COVERAGES This certificate supersedes and replaces any previously issued certificate. 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, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY (1) (3) (4)	HDOG2373283A	10-1-2007	10-1-2008	GENERAL AGGREGATE	\$ 5,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 5,000,000	
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> Contractual				FIRE DAMAGE (Any one fire)	\$ 5,000,000	
	<input checked="" type="checkbox"/> X,C,U (Explosion, Collapse, Underground)				MED EXP (Any one person)	\$ 50,000	
B	AUTOMOBILE LIABILITY (2) (3) (4)	90-04606-01	10-1-2007	10-1-2008	COMBINED SINGLE LIMIT	\$ 5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)		
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE		
	<input checked="" type="checkbox"/> HIRED AUTOS						
D	EXCESS LIABILITY	5577735	10-1-2007	10-1-2008	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (4)	WLRC44473094 - AOS WLRC44473136 - CA SCFC44473057 - WI WCUC4447301A - EX WC	10-1-2007	10-1-2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	EL EACH ACCIDENT	\$ 1,000,000
					<input type="checkbox"/> EXCL	EL DISEASE-POLICY LIMIT	\$ 1,000,000
						EL DISEASE-EACH EMPLOYEE	\$ 1,000,000

OTHER
 (1) ADDITIONAL INSURED: If required by contract, includes coverage for Additional Insureds per attached endorsement.
 (2) ADDITIONAL INSURED: If required by contract, includes coverage for Additional Insured and Loss Payees as required by contract.
 (3) PRIMARY COVERAGE: Where required by lease or contract, this coverage is primary and not excess of or contributing with other insurance or self-insurance.
 (4) WAIVER OF SUBROGATION: Insured waives subrogation to the extent required by contract.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS JCI Contract No. 78447281
 Project Name: San Mateo County
 Customer PO Number: Signed Renewal

CERTIFICATE HOLDER COUNTY OF SAN MATEO 455 COUNTY CENTER 3RD FLOOR REDWOOD CITY, CA 94063	CANCELLATION SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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. MARSH USA INC. BY: <i>Kathleen S. Johnson</i>
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*A.M. Best ratings of insurers are provided for information purposes only and are based upon information with respect to such ratings available to Marsh USA Inc. on the date set forth herein with respect to such ratings. Marsh USA Inc. will not, and will have no responsibility or obligation to, inform the certificate holder or any person relying upon this certificate of any changes in such A.M. Best ratings occurring after such date. Marsh USA Inc. will have no liability with respect to the solvency or future ability to pay claims of any of the insurance companies which have issued the insurance policies referenced herein.
 **The Auto Liability placement was made by Risk Management Resources, Inc., 205 W. Wacker Dr., Suite 622, Chicago, IL. Marsh USA Inc. acts in the role of consultant to the Insured with respect to this placement, which is indicated for your convenience.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE
Name of Additional Insured Person(s) Or Organization(s): If required by contract, COUNTY OF SAN MATEO
Location(s) Of Covered Operations As required by contract, San Mateo County
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Endorsement #A2

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – NAMED INSURED’S ACTS OR OMISSIONS ONLY	
<p>A. Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused solely by:</p> <ol style="list-style-type: none"> 1. Your acts or omissions; or 2. The acts or omissions of those acting on your behalf; <p>in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.</p>	<p>B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:</p> <p>This insurance does not apply to “bodily injury” or “property damage” occurring after:</p> <ol style="list-style-type: none"> 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or 2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Endorsement #A2A

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS – NAMED INSURED’S ACTS OR OMISSIONS ONLY	
<p>Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or “property damage” caused solely by “your work” at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the “products-completed operations hazard.”</p>	

DEPARTMENT OF INDUSTRIAL RELATIONS**SELF-INSURANCE PLANS**

2265 Watt Avenue, Suite 1

Sacramento, CA 95825

Phone No. (916) 483-3392

FAX (916) 483-1535

**CERTIFICATION OF SELF-INSURANCE
OF WORKERS' COMPENSATION**

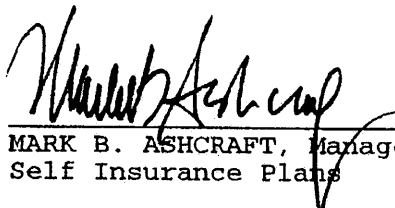
TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure
No. 2082 was issued by the Director of Industrial Relations
to:

JOHNSON CONTROLS, INC.

under the provisions of Section 3700, Labor Code of
California, on December 1, 1987. The Certificate is now and
has been in full force and effective since that date.

Dated at Sacramento, California
This 17th day of December, 2001


MARK B. ASHCRAFT, Manager
Self Insurance Plans

Orig: Phyllis N. Doane
Paralegal Assistant
Ned L. Gaylord & Associates
3530 Atlantic Ave., Suite 210
Long Beach, CA 90807

cc: Kathleen E. Theisen
Vice President
Marsh USA, Inc.
411 E. Wisconsin Ave., #900
Milwaukee, WI 53202