

County of San Mateo ~ Contract Amendment

Contract Number:
075644

Amendment Number:
1

Agreement between the County of San Mateo and LifeMoves

THE AGREEMENT IS CHANGED AS FOLLOWS (cite each section to be changed and state the new amounts, terms or conditions; ignore sections that do not change; use additional sheets as necessary) Please note that total contract amounts exceeding \$100,000 (including this revision) require approval by the Board of Supervisors.

Agreement Amount

Original Amount:	Current Amount:	Addition or Reduction:	New Amount:
\$40,805	\$40,805	N/A	N/A

Agreement Term:

Original Start Date:	Original End Date:	New Start Date:	New End Date:
1/18/2018	5/1/2018	N/A	6/30/2018

Paragraph: 3. Term & Termination is hereby added amended as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall begin on the date of execution by the Parties through June 30, 2018. This Agreement will not automatically renew, nor shall it create any reliance on the possibility of future grants.

Exhibit B is hereby added amended as follows:

In accordance with the terms of this Grant Agreement, Grantee will provide, or cause to be provided the services for the Project detailed in Exhibit A and will report back to the County regarding various performance measures including, but not limited to, those noted below. Such reporting data shall be delivered to the County no later than June 30, 2018.

Performance Measure	FY2017-19
Completion of Fire Suppression System, including the sprinkler system component, no later than June 30, 2018 and within grant amount in this agreement.	100%

Other changes: N/A

This change is effective as of: March 29, 2018

ALL OTHER PRICES, TERMS AND CONDITIONS OF THE AGREEMENT REMAIN UNCHANGED



Contractor Signature

3/29/2018

Date

Life Moves

Contractor Name (please print)

Contractor Requestor Signature
County of San Mateo

Date

Contractor Requestor Name (please print)
County of San Mateo

Contractor Requestor Title (please print)

I hereby certify that the requested changes are necessary, and that all insurance certificates including Worker's Compensation are on file in this office and cover the term of this Agreement.



Purchasing Agent Signature
(Department Head or Designee)
County of San Mateo

3-29-2018

Date

Iliana M. Rodriguez

Purchasing Agent Name (please print)
(Department Head or Designee)
County of San Mateo

Budget Unit

Deputy County Manager
Purchasing Agent Title (please print)

**MEASURE K GRANT AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
LIFEMOVES**

This Agreement is entered into this 18th day of January, 2018 by and between the County of San Mateo, a political subdivision of the state of California, hereinafter called "County," and LifeMoves, hereinafter called "Grantee."

* * *

WHEREAS, the Grantee has applied to the County seeking a grant for the purpose of funding the matters set forth in its Project described in Exhibit A (the "Grant");

WHEREAS, the County has approved the grant of certain funds to Grantee pursuant the terms set forth in this Agreement;

NOW, THEREFORE, it is agreed by the parties to this agreement as follows:

1. Exhibits and Attachments

The following exhibits and attachments are attached to this Agreement and incorporated into this Agreement by this reference:

- Exhibit A—Project Description
- Exhibit B—Reporting

2. Grant

County hereby grants to Grantee a sum not to exceed **FORTY THOUSAND EIGHT HUNDRED AND FIVE DOLLARS (\$40,805)** in consideration of and on the condition that the sum be expended for the sole purpose of carrying out the objectives of Grantee's Project as identified in Exhibit A, and in no event shall the County's total fiscal obligation under this Agreement exceed this amount. Grantee agrees to assume any obligation to secure and furnish any additional funds that may be necessary to carry out its Project.

Funds granted under this Agreement shall not be disbursed until execution of this Agreement by County and Grantee.

County shall disburse grant funds to Grantee upon receipt of invoices. Invoices should be accompanied by back up documentation (e.g., receipts for professional services rendered, salary and benefits back up, etc.) and submittal of any required summary reports outlined in Exhibits A or B. The County reserves the right to change the disbursement method during the term of this Agreement.

The disbursement schedule is as follows:

- **Payment 1-** Invoice for up to 50% of the grant (\$20,402.50), upon execution of this Agreement.
- **Payment 2-** Invoice for remainder of the grant (\$20,402.50), upon receipt of Final Project Report including cost breakdown, backup receipts and invoices, performance measures (Exhibit B), and photographs and use of Measure K logo as approved by the County.

INVOICES: Requests for grant disbursement should be (1) on the organization's official letterhead, (2) include date of invoice, amount requested, and Agreement number, and (3) submitted to the attention of: Paniz Amirnasiri, Measure K Coordinator
400 County Center, 1st Floor, Redwood City, CA 94063
(650) 363-4226
Email: pamirnasiri@smcgov.org

3. Term & Termination

Subject to compliance with all terms and conditions, the term of this Agreement shall begin on the date of execution by the Parties through **May 1, 2018**. This Agreement will not automatically renew, nor shall it create any reliance on the possibility of future grants.

County may terminate this Agreement based upon the unavailability of Federal, State, or County funds by providing written notice to Grantee within a reasonable time after County learns of said unavailability of funding. Grantee acknowledges that this Agreement may be subject to approval of the Board of Supervisors, and assumes all risk of possible non-appropriation and non-approval of funds.

County may suspend and/or terminate this Agreement if Grantee fails to comply with the terms of this Agreement and may, in its sole discretion, withhold or cancel pending and future disbursements of grant funds and/or require Grantee to return some or all funds disbursed under this Agreement.

4. Relationship of Parties

Notwithstanding any publicity or other references to the County required to be made in connection with the Project as set forth in Exhibit A, Grantee understands and agrees that the Project performed under this Agreement is not performed by Grantee as an independent contractor of the County or as an employee of County and that neither Grantee nor its employees acquire any of the rights, privileges, powers, or advantages of County contractors or County employees. Grantee acknowledges and agrees that it is not, and will not hold itself out as, an agent, partner, or co-venturer of the County, and that this Agreement is not intended and does not create an agency, partnership, joint venture between the Parties

5. Project Administration

The Parties agree that the Project as described in Exhibit A shall not be altered without a written amendment to this Agreement, signed by both the County and the Grantee. Grantee shall provide written reports to the County's authorized representative in accordance with Exhibit B.

6. Hold Harmless

Grantee shall indemnify and save harmless County and its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind, and description resulting from this Agreement, the performance of any work or services performed of Grantee in furtherance of the Project under this Agreement, or payments made pursuant to this Agreement brought for, or on account of, any of the following:

- (A) injuries to or death of any person, including Grantee or its employees/officers/agents/volunteers;
- (B) damage to any property of any kind whatsoever and to whomsoever belonging;
- (C) any sanctions, penalties, or claims of damages resulting from Grantee's failure to comply with any applicable federal, state, or local laws or regulations; or
- (D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County and/or its officers, agents, employees, or servants. However, Grantee's duty to indemnify and save harmless under this Section shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Grantee to indemnify and save harmless as set forth by this Section shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

7. **Insurance**

a. **General Requirements**

Prior to its receipt of any funds pursuant to this Grant Agreement, Grantee shall obtain all insurance required under this Section and such insurance shall be subject to the approval by County's Risk Management, and Grantee shall use diligence to obtain such insurance and to obtain such approval. Grantee shall furnish County with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending Grantee's coverage to include the contractual liability assumed by Grantee pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to County of any pending change in the limits of liability or of any cancellation or modification of the policy.

b. **Workers' Compensation and Employer's Liability Insurance**

Grantee shall have in effect during the entire term of this Agreement workers' compensation and employer's liability insurance providing full statutory coverage. In signing this Agreement, Grantee certifies, as required by Section 1861 of the California Labor Code, that (a) it is aware of the provisions of Section 3700 of the California Labor Code, which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Labor Code, and (b) it will comply with such provisions before commencing or continuing the performance of Project work for which it would receive grant funds.

c. **Liability Insurance**

Grantee shall take out and maintain during the term of this Agreement such bodily injury liability and property damage liability insurance as shall protect Grantee and all of its employees/officers/agents while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from Grantee's operations under this Agreement, whether such operations be by Grantee, any subcontractor, anyone directly or indirectly employed by either of them, or an agent of either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below:

- X Comprehensive General Liability... \$1,000,000
(Applies to all agreements)
- Motor Vehicle Liability Insurance... \$1,000,000
(To be checked if motor vehicle used in performing services)
- Professional Liability..... \$1,000,000
(To be checked if Grantee is a licensed professional)

County and its officers, agents, employees, and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that (a) the insurance afforded thereby to County and its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy and (b) if the County or its officers, agents, employees, and servants have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.

In the event of the breach of any provision of this Section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, County, at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend any further payment pursuant to this Agreement.

8. Assignability and Subcontracting

Grantee shall not assign this Agreement or any portion of it to a third party. Except as set forth in Exhibit A, Grantee shall not subcontract with a third party to perform the Project. Any such assignment or subcontract without County's prior written consent shall give County the right to automatically and immediately terminate this Agreement without penalty or advance notice and the County shall have the right to a refund of all funds disbursed under this Agreement.

9. Compliance With Laws

All services to be performed by Grantee in connection with the Project shall be performed in accordance with all applicable Federal, State, County, and municipal laws, ordinances, and regulations, including, but not limited to, any laws related to payment of prevailing wages pursuant to the California Labor Code. In connection with the Project, Grantee bears responsibility to obtain, at Grantee's expense, any license, permit, or approval required from any agency.

10. Merger Clause; Amendments

This Agreement, including Exhibits, constitutes the sole Agreement of the parties regarding the Grant, and correctly states the rights, duties, and obligations of each party as of this document's date. In the event that any term, condition, provision, requirement, or specification set forth in the body of this Agreement conflicts with or is inconsistent with any term, condition, provision, requirement, or specification in any Exhibit and/or Attachment to this Agreement, the provisions of the body of the Agreement shall prevail. Any prior agreement, promises, negotiations, or representations between the parties concerning the Grant that are not expressly stated in this document are not binding. All subsequent modifications or amendments shall be in writing and signed by the parties.

11. Controlling Law; Venue

The validity of this Agreement and of its terms, the rights and duties of the parties under this Agreement, the interpretation of this Agreement, the performance of this Agreement, and any other dispute of any nature arising out of this Agreement shall be governed by the laws of the State of California without regard to its choice of law or conflict of law rules. Any dispute arising out of this Agreement shall be venued either in the San Mateo County Superior Court or in the United States District Court for the Northern District of California.

12. Notices

Any notice, request, demand, or other communication required or permitted under this Agreement shall be deemed to be properly given when both: (1) transmitted via facsimile to the telephone number listed below or transmitted via email to the email address listed below; and (2) sent to the physical address listed below by either being deposited in the United States mail, postage prepaid, or deposited for overnight delivery, charges prepaid, with an established overnight courier that provides a tracking number showing confirmation of receipt.

In the case of County, to:	In the case of Grantee, to:
Invoices should be submitted to the attention of: Paniz Amirnasiri, Measure K Coordinator 400 County Center, 1st Floor, Redwood City, CA 94063 (650) 363-4226 Email: pamirnasiri@smcgov.org	Brian Greenberg, Ph.D LifeMoves 181 Constitution Drive Menlo Park, CA 94025 bgreenberg@lifemoves.org

13. **Electronic Signature**

If both County and Grantee wish to permit this Agreement and future documents relating to this Agreement to be digitally signed in accordance with California law and County's Electronic Signature Administrative Memo, both boxes below must be checked. Any party that agrees to allow digital signature of this Agreement may revoke such agreement at any time in relation to all future documents by providing notice pursuant to this Agreement.


For County: If this box is checked by County, County consents to the use of electronic signatures in relation to this Agreement.

For Grantee: If this box is checked by Grantee, Grantee consents to the use of electronic signatures in relation to this Agreement.

* * *

THIS AGREEMENT IS NOT VALID UNTIL SIGNED BY ALL PARTIES. NO FUNDS WILL BE DISTRIBUTED UNTIL THIS DOCUMENT HAS BEEN SIGNED BY THE COUNTY'S AUTHORIZED DESIGNEE.

For Grantee:



(signature)
Authorized Representative
Grantee


1/16/2018
Date

LifeMoves
Name of Grantee

Bruce Ives

(please print name)
Authorized Representative
Grantee

For County:



(Signature)
Authorized Designee
County of San Mateo
ILIANA RODRIGUEZ/FOIR
REYNA FARRALES

(please print name)
Authorized Designee
County of San Mateo

1-18-2018
Date

DEPUTY COUNTY MANAGER

Job Title (please print)
80125-6265

Budget Unit
BOSD1

Measure K JL Code

Exhibit A

The County and Grantee agree that the grant funds shall only be used to further the goals of the following Project, described below and in the **December 12, 2017** Board transmittal and Resolution, attached hereto:

To support the installation of a new overhead sprinkler system as part of the fire suppression system upgrade at the Redwood Family House. The fire suppression system upgrade is divided into three components: fire line installation (trenching and piping), sprinkler system installation, and dry wall repair. The fire suppression system upgrade will be completed within 90 days of project implementation. The funding provided by this grant agreement will support the sprinkler system component of the fire suppression system upgrade, including the following specific tasks:

- Provide Design, Labor, Material, and Equipment to install a new overhead sprinkler system and underground
- Provide and install underground fire services line off of Hemlock Avenue to the building
- Provide and install system riser with flow switch at location shown on project drawings
- CPVC will be installed throughout all 12 units in the building with concealed heads; all exterior piping will be exposed
- Provide one electric bell for installation by others (exterior audible alarm)
- Perform hydrostatic test and inspections (rough and final inspection included)

Exhibit B

In accordance with the terms of this Grant Agreement, Grantee will provide, or cause to be provided the services for the Project detailed in Exhibit A and will report back to the County regarding various performance measures including, but not limited to, those noted below. Such reporting data shall be delivered to the County no later than **May 1, 2018**.

<u>Performance Measure</u>	<u>FY2017-19</u>
Completion of Fire Suppression System, including the sprinkler system component, no later than April 30, 2018 and within grant amount in this agreement.	100%



County of San Mateo

Inter-Departmental Correspondence

Department: COUNTY MANAGER

File #: 18-003

Board Meeting Date: 1/9/2018

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors
From: John L. Maltbie, County Manager
Subject: Use of District-Specific **Measure K** Funds - Supervisorial District 1

RECOMMENDATION:

Measure K: Adopt a resolution authorizing a one-time grant of district-specific **Measure K** funds, not to exceed \$40,805 to LifeMoves for the installation of a new Fire Protection System at Redwood Family House, and authorizing the County Manager, or his designee, to prepare and execute the grant agreement

BACKGROUND:

Measure K is the half-cent general sales tax initially approved by San Mateo County voters in November 2012 and extended in November 2016 for a total of thirty years. The Board of Supervisors ("Board") and County staff have conducted study sessions and community outreach efforts to inform priorities for **Measure K** spending for FY 2017-19.

On May 16, 2017, the Board approved the FY 2017-19 **Measure K** allocation plan in which the County anticipates **Measure K** receipts of approximately \$81.6 million annually. The plan included \$7 million in one-time loans or grants each year during FY 2017-19, divided equally among the five supervisorial districts, for district-specific needs and projects. District 3 has submitted a request to use its district-specific **Measure K** funds as shown below and described in the Project Summary section of this memorandum:

District/Project	Amount
District 1 (Supervisor Dave Pine) LifeMoves: Provide Design, Labor, Material, and Equipment to install a new overhead sprinkler system.	\$40,805.00

This item is consistent with the criteria for district-specific **Measure K** funds, which were developed during the initial round of district-specific allocations and approved by the Board in April 2015.

PROJECT SUMMARY:

This is a request to authorize a grant to LifeMoves, and resulting grant agreement in an amount not

to exceed \$40,805.00 to provide for the installation of a new Fire Protection System. The County Manager's Office will administer and manage the proposed agreement.

LifeMoves operates the Redwood Family House, located in Redwood City. The facility provides housing for approximately 40 homeless families with minor children each year. Over 90% of program participants successfully exit homelessness and secure permanent housing. Redwood Family House serves families from throughout San Mateo County, including families from District 1.

On March 28, 2017, the Board of Supervisors approved **Measure K** district-specific funding, sponsored by Supervisor Warren Slocum, for critical repairs to the Redwood Family House. LifeMoves replaced the roof, renovated units, and completed other health and safety upgrades. The roof replacement triggered a new requirement for a fire suppression sprinkler system in each unit and the carports, as well as ground trenching to increase the pipe size in order to comply with water pressure standards. Additional support is needed to meet the fire suppression system requirements.

Supervisor Dave Pine agreed to support the installation of a new overhead sprinkler system in the fire suppression system upgrade at the Redwood Family House. The fire suppression system is divided into three components: fire line installation (trenching and piping), sprinkler system installation, and dry wall repair. The completion of the fire suppression system will be completed within 90 days of project implementation. The scope of work this funding will provide for the sprinkler system includes:

- Provide Design, Labor, Material, and Equipment to install a new overhead sprinkler system & underground
- Provide and install underground fire services line off of Hemlock Ave to building
- Provide and install system riser with flow switch at location shown on drawings
- CPVC will be installed throughout all 12 units with concealed heads, all exterior piping will be exposed
- Provide one electric bell for installation by others (Exterior audible alarm)
- Perform hydrostatic test and inspections (Rough and final inspection included)

Total Measure K Request: Not to Exceed \$40,805.00

The release of funds will be contingent on the execution of an agreement providing for the County's confirmation of the expenditure of funds during FY 2017-18 for the purposes stated herein. The County will disburse the funds to the following organization for the purposes described above:

LifeMoves
181 Constitution Drive
Menlo Park, CA 94025
Brian Greenberg, Ph.D
bgreenberg@lifemoves.org <<mailto:bgreenberg@lifemoves.org>>

PERFORMANCE MEASURE:

Description	Target
Completion of Fire Suppression System within 90 days of contract execution	100%

FISCAL IMPACT:

There are sufficient **Measure K** funds for this specific FY 2017-2018 **Measure K** request. These funds are budgeted in the Non-Departmental Services FY 2017-18 Approved Recommended Budget.

RESOLUTION NO. 075644

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

RESOLUTION AUTHORIZING A ONE-TIME GRANT OF DISTRICT-SPECIFIC MEASURE K FUNDS, NOT TO EXCEED \$40,805 TO LIFEMOVES FOR THE INSTALLATION OF A NEW FIRE PROTECTION SYSTEM AT REDWOOD FAMILY HOUSE AND AUTHORIZING THE COUNTY MANAGER, OR HIS DESIGNEE, TO PREPARE AND EXECUTE THE GRANT AGREEMENT

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, Measure K is the half-cent general sales tax initially approved by San Mateo County voters in November 2012, and extended in November 2016 for a total of thirty years; and

WHEREAS, the Board and County staff have conducted study sessions and community outreach efforts to inform priorities for **Measure K** spending; and

WHEREAS, on May 16, 2017 the Board of Supervisors approved the fiscal year (FY) 2017-19 **Measure K** allocation plan, which included district-specific funds in the amount of \$7 million in one-time loans or grants during FY 2017-19, divided equally among the supervisorial districts, for district-specific needs and projects; and

WHEREAS, this item is consistent with the criteria for district-specific **Measure K** funds, which were developed during the initial round of district-specific allocations and approved by the Board in April 2015; and

WHEREAS, Supervisorial District 1 has requested a one-time \$40,805.00 grant to LifeMoves for the purpose of installing a new Fire Protection System at Redwood Family House; and

WHEREAS, it is the Board's intent for the County Manager, or his designee, to negotiate and execute an agreement in the amount of \$40,805.00 with LifeMoves and setting forth the terms of the grant in furtherance of the objectives set forth in the Project Summary section in this Board transmittal; and

WHEREAS, there are sufficient **Measure K** funds in the Non-Departmental Services FY 2017-18 Adopted Budget for this purpose;

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the Board of Supervisors approves the grant to LifeMoves in the maximum amount of \$40,805.00, and authorizes the County Manager, or his designee to prepare and execute a grant agreement with LifeMoves in the maximum amount of \$40,805.00, for the purposes set forth above.

* * * * *

Regularly passed and adopted this 9th day of January, 2018

AYES and in favor of said resolution:

Supervisors: _____ *DAVE PINE*
_____ *CAROLE GROOM*
_____ *DON HORSLEY*
_____ *WARREN SLOCUM*
_____ *DAVID J. CANEPA*

NOES and against said resolution:

Supervisors: _____ *NONE*



*President, Board of Supervisors
County of San Mateo
State of California*

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.



Deputy Clerk of the Board of Supervisors



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	CONTACT NAME: PHONE (A/C, No, Ext): 415-391-2141		FAX (A/C, No): 415-989-9923
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Nonprofits' Insurance Alliance of C			
INSURER B : Cypress Insurance Company			10855
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES **CERTIFICATE NUMBER: 1775451775** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		201701344NPO	7/1/2017	7/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$20,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			201701344NPO	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			201701344UMB	7/1/2017	7/1/2018	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	LIWC806811	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	Social Services Prof. Liability			201701344NPO	7/1/2017	7/1/2018	Occurrence:	1,000,000
							Aggregate:	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of San Mateo is included as additional insured per attached endorsement.

CERTIFICATE HOLDER

CANCELLATION

County of San Mateo
County Manager's Office
400 County Center, 1st Floor
Redwood City, CA 94063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Riles Egeland

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- 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, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LifeMoves		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 181 Constitution Drive	Requester's name and address (optional)	
	6 City, state, and ZIP code Menlo Park, CA 94025		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 5/10/2017
------------------	----------------------------	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.