

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
KRJ DESIGN GROUP**

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into this ____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and KRJ DESIGN GROUP., hereinafter called Contractor (collectively, the "Parties");

W I T N E S S E T H:

WHEREAS, pursuant to Government Code Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the Parties entered into an agreement for Redesign Project services on September 9, 2013, in the amount of \$100,000; and

WHEREAS, the Parties amended the agreement on October 21, 2014, to add funding in the amount of \$300,00 and extend the term by one year to June 30, 2016; and

WHEREAS, the Parties wish to further amend the agreement to add funding in the amount of \$350,000, increasing the total agreement to an amount not to exceed \$750,000, and extending the term by two years to June 30, 2018.

**NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO
AS FOLLOWS:**

1. Section 2 - Contract Term - of the agreement is amended to read as follows:

The term of this agreement shall be from July 1, 2013 through June 30, 2018.

2. Section 3 - Payments - of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specification set forth herein and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B and B1. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. The agreement is hereby amended to add \$350,000. In no event shall County's total fiscal obligation under this agreement exceed Seven Hundred Fifty Thousand Dollars (\$750,000).

3. The original Exhibit A Section 2 - Amount and Method of Payment - is amended to read as follows:

2. Amount and Method of Payment –

In consideration of the services provided by Contractor pursuant to Section 1, Description of Services to be Performed by Contractor, and subject to the terms of the Agreement, County shall pay Contractor based on an hourly fee schedule as described in Exhibit A3, Attached. Payment is contingent upon completion of deliverables. County shall pay Contractor (see Exhibit A2-Fee Schedule attached) hourly for services rendered plus reimbursable, delivery, and printing costs plus a 15% administrative fee, upon receipt and approval by the Director of the Human Services Agency, or her/his designee, of invoices. In no event shall the Contract amount exceed \$750,000.

4. **All other terms and conditions of the agreement dated September 9, 2013, as amended on October 21, 2014, between County 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:

By: _____
Clerk of Said Board

KRJ DESIGN GROUP



Contractor's Signature

Date: 8/5/15



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2015

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 Risk Strategies Company 2000 Alameda de las Pulgas, Suite 101 San Mateo, CA 94404	CONTACT NAME: Anna Dineros
	PHONE (A/C, No, Ext): (650) 762-0411 FAX (A/C, No): (650) 762-0490
	E-MAIL ADDRESS: adineros@risk-strategies.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: American Casualty
	INSURER B: Continental Casualty Co
	INSURER C: Employers Compensation
	INSURER D: US Specialty Insurance Company
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 25873244 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B4029418228	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B4029418228	11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			B4029418181	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	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 <input type="checkbox"/> N/A		EIG134911104	7/10/2015	7/10/2016	<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
D	Professional Liability			USS1425054	7/11/2015	7/11/2016	Per Claim 2,000,000 Aggregate 4,000,000

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

Re: Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

San Mateo County
Human Services Agency
1 Davis Drive
Belmont CA 94002

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

Michael Christian

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ACORD 25 (2014/01)

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