

# County of San Mateo – Fingerprinting Certification Form

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**DATE:** May 06, 2019

**AGREEMENT WITH:** Regents of the University of California

**FOR:** Agreement term of FY 2019-21 for University of California Cooperative Extension programs.

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Contractor agrees that its employees and/or its subcontractors, assignees and volunteers who, during the course of performing services under this agreement, have contact with children will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom contractors employees, assignees and subcontractors or volunteers have contact.

**NAME:** Kimberly Lamar

**TITLE:** Associate Director, Office of Contracts and Grants

**SIGNATURE:**

*Kimberly Lamar*  
\$docusign:SignHere:af31:Customer1

**DATE:**

*May 20, 2019*  
\$docusign:DateSigned:af31:Customer1

# ATTACHMENT I

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

The undersigned (hereinafter called "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.

Name of 504 Person: **John Fox, Executive Director, UC ANR Human Resources**

Name of Contractor(s): **The Regents of the University of California, on behalf of its Division of Agriculture and Natural Resources**

Street Address or P.O. Box: **2801 Second Street**

City, State, Zip Code: **Davis, CA 95618**

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

Signature:

*Kimberly Lamar*

Title of Authorized Official:

**Kimberly Lamar, Associate Director  
Office of Contracts and Grants**

Date:

*May 20, 2019*

\*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."

No. ANR 440 2016/17  
**This Certificate is issued to:**  
 County of San Mateo  
 Public Health, Policy & Planning  
 225 37<sup>th</sup> Avenue  
 San Mateo, CA 94403

University of California  
 Agriculture & Natural Resources  
 Office of Risk Services  
 2801 Second Street  
 Davis, CA 95618-7774  
 (530) 750-1263  
 Fax: (530) 756-1113

## UNIVERSITY OF CALIFORNIA CERTIFICATE OF SELF-INSURANCE

This is to certify that the University of California is self-insured for the following coverages:

Type of Coverage	Self-Insured Limits
<b>I. GENERAL LIABILITY:</b> Each Occurrence Products and Completed Operations Aggregate Personal and Advertising Injury General Aggregate (Bodily Injury & Property Damage)	\$1,000,000.00 \$1,000,000.00 \$1,000,000.00 \$1,000,000.00
<b>II. AUTOMOBILE LIABILITY:</b> Vehicles owned, Non-owned and Hired	\$1,000,000.00 each occurrence
<b>III. SPECIAL TERMS &amp; CONDITIONS:</b>  1. The County of San Mateo, its officers, agents and employees are hereby named as an additional insured but only in connection with ANR 440 a sanctioned Regents activity, conducted through the auspices of San Mateo/San Francisco County Cooperative Extension 4-H Program for Contract #Y15-2945 Healthy Living Ambassador Training provided during the period July 1, 2017 through June 30, 2019. Specific times, dates and activities which invoke this certificate must be attached to the certificate in order to be covered. This provision shall apply to all claims, costs, injuries, or damages, but only in proportion to and to the extent such claims, costs, injuries, or damages are caused by or result from the negligent acts or omissions of the Regents of the University of California, its officers, agents, or employees.  2. The insurance evidenced herein follows the provisions of the Bylaws and Standing Orders of The Regents of the University of California and Self-Insurance Programs as administered by the University of California, Office of the President, Office of Risk Management, which does not permit any assumption of liability which does not result from and is not caused by the negligent acts or omissions of its officers, agents, or employees. Any indemnification or hold harmless clause with broader provisions than required under such Bylaws and Standing Orders shall invalidate this certificate.  3. Attached is a Certificate of Consent to Self-Insure; This is to certify, that The Regents' of the University of California has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive of the Labor code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.	

Should any of the above described programs of self-insurance be modified or cancelled before the expiration date shown below, The Regents of the University of California will give 30 days written notice to the named certificate holder.

DATE ISSUED: June 27, 2017

CERTIFICATES EXPIRES: July 1, 2019

  
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 AUTHORIZED SIGNATURE  
 Linda Harris  
 Risk Services Analyst  
 Division of Agriculture & Natural Resources

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

NUMBER 7559

**CERTIFICATE OF CONSENT TO SELF-INSURE**

THIS IS TO CERTIFY, That

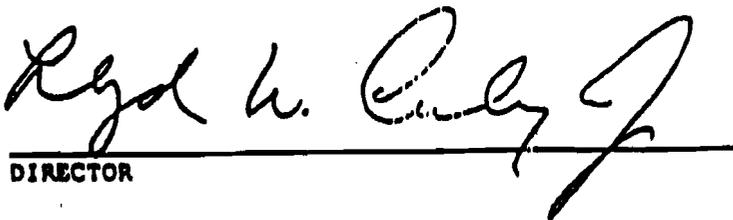
**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause pursuant to Labor Code Section 3702.

**EFFECTIVE March 1, 1993**

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA

  
\_\_\_\_\_  
DIRECTOR

  
  
\_\_\_\_\_  
MANAGER, SELF-INSURANCE PLANS

SUPERCEDES CERTIFICATE NO. P-1344

DM A-4-10A (REV. 1/93)

This certificate only covers employees, not volunteers/agents  
of the University of California

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