

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 & Natural Resources**

Street Address or P.O. Box: **1111 Franklin Street, 10th Floor**

City, State, Zip Code: **Oakland, CA 94607**

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 & Grants**

Date:

7/3/19

*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 – Fingerprinting Certification Form

DATE: 7/8/2019

AGREEMENT WITH: Regents of the University of California

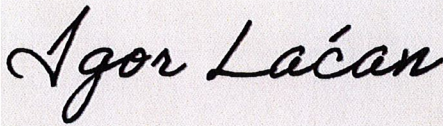
FOR: The Regents of the University of California Local Agreement to operate/support the University of California Cooperative Extension Head, Heart, Health, Hand (4H) Youth Development through the Healthy Living Ambassadors (HLA) Program for two years.

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: Igor Lacan

TITLE: Interim County Director

SIGNATURE:

A handwritten signature in black ink that reads "Igor Lacan". The signature is written in a cursive style. It is positioned on a light gray rectangular background, which is part of a larger gray area.

DATE:

7/9/19

**County of San Mateo
Health Insurance Portability and Accountability Act (HIPAA)
Questionnaire**

Date: 5/30/2019

Contractor Name: Regents of the University of California-Partnership

Contract Administrator: Juvy Ann Reyes

Answer the following questions to determine if the Contractor is Business Associate

1. Will the County disclose individually identifiable health information concerning County clients to the contractor?

☐ YES (if this box is checked, go directly to question #3)

☒ NO (if this box is checked, respond to question #2)

2. Will the Contractor use individually identifiable health information concerning County clients in the process of providing services for the County?

☐ YES

☒ NO

If you responded "NO" to **both** questions #1 and #2 then **stop here**. This is **not** a Business Associate. If you answered "YES" to either #1 or #2, then proceed to question #3

3. Will the Contractor use the identifiable health information **ONLY** to provide direct physical/mental health care or treatment to clients of the County?

☐ YES (if this box is checked, this **is not** a business associate)

☐ NO (if this box is checked, the contractor **IS** a business associate)

4. Explain the services provided by the Contractor:

The University of California Cooperative Extension Program (UCCE) serves as a bridge between agricultural research conducted in the University of California's Division of Agricultural and Natural Resources (ANR) and the citizens of California. Across California, UCCE operates at the county or regional level, in collaboration with local partners, to apply UCCE knowledge of healthy food systems, environments and communities.

Name of person completing/approving this form: Cassius Lockett, PhD
Director of Public Health, Policy and Planning

Date:

Approved By:

Questions about HIPAA should be directed to the San Mateo County HIPAA Privacy Officer and/or County Counsel.

County of San Mateo ~ Insurance Certification Questionnaire

Contractor Name: Regents of the University of California Partnership

Contractor Number:

Date this Form Was Completed: 5/30/2019

Name of Person Completing Form: Juvy Ann Reyes

1. Does the contractor carry \$1,000,000 or more in comprehensive general liability insurance? <i>(For Health System only, does the professional (MD, psychologist, nurse) work in a hospital setting where the facility will cover the general liability?)</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO*
2. Does the contractor travel by car to provide contract services?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
a) If yes, does the contractor carry \$1,000,000 or more in motor vehicle liability insurance?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO*
3. Does the contractor have 2 or more employees?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
a) If yes, does the contractor carry statutory limits (see handbook) for Workers' Compensation insurance?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO*
4. Is this a contract for professional services (state certification, architect, accountant, physician, etc.)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a) If yes, does the contractor carry professional liability insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO*
5. Did you make any changes to the Hold Harmless clause in the contract template? Using UCCE Local Agreement template	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
a) If yes, did Risk Management and County Counsel approve changes to the contract template?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO*
6. Is San Mateo County named as the certificate holder / additional insured?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO*

If "No*" is checked in any of the red asterisk boxes (#1, #2a, #3a, #4a, #5a, or #6) – call Risk Management for further instructions...otherwise, this form is complete. Attach the completed form to the insurance certificate and keep both documents with the contract packet.

COMMENTS:

Please review and approve the contractor's Agreement. County Counsel has reviewed and approved.

Section below is for Risk Management authorization – send to Risk Management **ONLY IF INSTRUCTED TO DO SO**

Risk Management has reviewed and approved modification or waiver of insurance requirements for this contract.

Risk Management Signature: Click here to enter text.

Date: Click here to enter a date.

UNIVERSITY OF CALIFORNIA

PROOF OF SELF-INSURANCE COVERAGE

The Regents of the University of California are often requested by outside parties to provide evidence of the University's self-insurance coverage in conjunction with agreements and contracts negotiated by its employees on UC campuses and medical centers. Examples of situations where the University may be required to provide evidence of insurance include:

- Using an off-campus location to host an event, ceremony, athletic event, theatre production, practice space, job fair, educational outreach event, etc.
- Leasing or renting equipment, motor vehicle(s), or real estate
- Research grant sub-awards
- Affiliation (non-healthcare/medical related) and Professional Services Agreements

The University of California self-funds its liability exposures, so does not issue individual certificates of insurance. The UC Office of Risk Services has developed a Certificate of Self-Insurance Coverage document (COC) to illustrate the self-funded retention levels maintained for each liability program. The COC is available on-line for use by entities conducting business with the university as evidence of the self-funded retention levels, coverage terms, and limits routinely requested. The self-insurance limits accepted in each specific written agreement or contract shall be the limits that apply should a loss arise, regardless of the limits provided in the on-line Certificate of Self-Insurance Coverage document.

The UC COC Site is solely for the use and benefit of the vendors and organizations which contract with the University of California and not for resale or other transfer to or use by or for the benefit of any other person or entity. You may print copies for use within your organization, provided that you do not modify the COC in any way, nor distribute any copies outside your organization. You may not use any of the University of California's names or marks in any manner that creates the impression such names or marks belong to or are associated with you or imply any endorsement by the University of California, and you acknowledge that you have no ownership rights in and to any of these names or marks. You will not use the Site, the information contained therein or any of the University's names or marks in unsolicited mailings or spam material. You may not link directly to the COC ("deep link") or bring up or present the COC or other content of this site within another web site ("frame").

Official Correspondence must be sent via postal mail to:

Chief Risk Officer
Office of Risk Services
Office of the President
University of California
1111 Franklin St., 10th Floor
Oakland, CA 94607-5200
510-987-9832
RiskServices@ucop.edu

Please contact the local Risk Manager at the specific University of California location where you are contracting if you have insurance coverage questions:

- [Campus Risk Managers Directory](#)
- [Hospital Risk Managers Directory](#)

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: May 23, 2019

PRODUCER/INSURED

The Regents of the University of California
Office of the President
Office of Risk Services
1111 Franklin St., 10th Floor
Oakland, CA 94607-5200
510-987-9832

This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.

ENTITIES AFFORDING COVERAGE

COMPANY LETTER A The Regents of the University of California	PARTICIPATION 100 %
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COVERAGES

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	Self-Insured	July 1, 2019	June 30, 2020	GENERAL AGGREGATE	\$ Not applicable
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADV INJURY	\$ 5,000,000
	<input type="checkbox"/>				CONTRACTUAL LIABILITY	\$ 5,000,000
	<input type="checkbox"/>				EACH OCCURRENCE	\$ 5,000,000
A	AUTOMOBILE LIABILITY	Self-Insured	July 1, 2019	June 30, 2020	COMBINED SINGLE LIMIT	\$ Not applicable
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$ 2,500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$ 2,500,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$ 2,500,000
	<input checked="" type="checkbox"/> HIRED AUTOS					
A	PROPERTY	Self-Insured	July 1, 2019	June 30, 2020	EACH OCCURRENCE	\$ 7,500,000
	<input checked="" type="checkbox"/> FIRE & EXTENDED PERILS				AGGREGATE	\$ Not applicable
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2019	June 30, 2020	STATUTORY LIMITS	
					EACH ACCIDENT	\$ As required by California Law
					DISEASE - POLICY LIMIT	\$ As required by California Law
					DISEASE - EACH EMPLOYEE	\$ As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL COVERED PARTY- AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY

LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE

CERTIFICATE HOLDER

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

CANCELLATION

SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:



CHERYL A. LLOYD, AVP & CHIEF RISK OFFICER

No. ANR 392 2018/19
This Certificate is issued to:
County of San Mateo
728 Heller Street
Redwood City, CA 94064

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

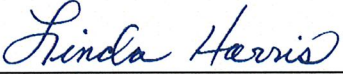
This is to certify that the University of California is self-insured for the following coverages:

Type of Coverage	Self-Insured Limits
I. GENERAL LIABILITY: 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
II. AUTOMOBILE LIABILITY: Vehicles owned, Non-owned and Hired	\$1,000,000.00 each occurrence
III. SPECIAL TERMS & CONDITIONS: 1. The County of San Mateo its officers, agents and employees are hereby named as additional insured but only in connection with ANR 392 a sanctioned Regents activity, conducted through the auspices of San Mateo/San Francisco County Cooperative Extension Program for Contract GTS Y19-4637 for Local County Support Agreement during the period July 1, 2019 through June 30, 2021. 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 Services, 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 4, 2019

CERTIFICATES EXPIRES: July 1, 2021



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

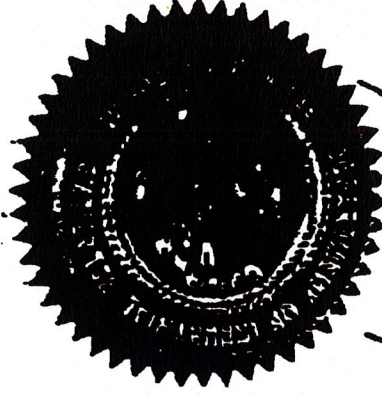
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3709, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

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

Rgd W. C. C. C.
DIRECTOR



Mark B. Adams
MANAGER, SELF-INSURANCE PLANS

SUPERCEDES CERTIFICATE NO. P-1344

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

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