



CERTIFICATE OF LIABILITY INSURANCE

HEALP-1

OP ID: CL

DATE (MM/DD/YYYY)

03/01/2021

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 Weller/O'Brien Insurance Ser Kevin O'Brien 720 Kelly Avenue Half Moon Bay, CA 94019 Claudia Lopez		CONTACT NAME: Claudia Lopez PHONE (A/C, No, Ext): 650-726-6328 FAX (A/C, No): 650-726-6320 E-MAIL ADDRESS: claudia@kevinobrieninsurance.com															
INSURED The Heal Project P.O. Box 3051 Half Moon Bay, CA 94019		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B : Philadelphia Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER C : State Compensation Insurance F</td> <td>35076</td> </tr> <tr> <td>INSURER D : Progressive Insurance Company</td> <td>27804</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Insurance Company	18058	INSURER B : Philadelphia Insurance Company	18058	INSURER C : State Compensation Insurance F	35076	INSURER D : Progressive Insurance Company	27804	INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****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 OTHER:	X		PHPK2192883	10/23/2020	10/23/2021	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		02920232-5	03/14/2021	03/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	9031684-20	12/16/2020	12/16/2021	<input 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
B	D & O			PHSD1566311	09/17/2020	09/17/2021	OCCUR 1,000,000
A	E & O			PHPK2192883	10/23/2020	10/23/2021	AGGREGATE 1,000,000

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

San Mateo County and its officers, agents, employees and servants are endorsed to the General Liability policy as Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

County of San Mateo
 2000 Alameda de las Pulgas,
 Suite 235
 San Mateo, CA 94403

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
 Claudia Lopez

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County of San Mateo ~ 3-Yr Waiver Request to Contract Compliance Committee

This request is for a New contract Amendment

FROM: Justin Watkins	DATE: 4/9/2021
DEPARTMENT: SMC Health / PHPP / HPP	Contractor Number: Resolution #074105 Original and Resolution #076333 for the A1
Contractor Name: The HEAL Project	

What was selection process for the original purchase?

- 3 written quotes
 RFP
 Non-competitive
 Other: Sole Source provider approved by Board of Supervisor on the original contract.

1. **Spending breakdown amount:**

- o FY 2015-16 = \$80,000
- o FY 2016-17 = \$80,000
- o FY 2017-18 = \$80,000
- o FY 2018-19 = \$80,000
- o FY 2019-20 = \$120,000
- o FY 2020-21 = \$120,000
- o FY 2021-22 = \$120,000
- o FY 2022-23 = \$120,000
- o FY 2023-24 = \$120,000

2. **Funding Sources: 100% General Fund**

3. The term of the revised agreement is October 6, 2015 through June 30, 2024. The amount of the agreement is not to exceed \$920,000. This amendment increases the contract amount by \$360,000. Amendment costs of \$120,000 are included in the PHPP 2021-22 Adopted Budget and the remaining amendment amount of \$240,000 will be included in the PHPP FY 2022-23 and PHPP FY 2023-24.

Original Contract Start Date 10/15/2015	Original Contract End Date 12/31/2018	New End Date with Amendment 6/30/2024
Amendment Number A2	Original Contract Value \$280,000	New Contract Value with Amendment \$920,000

Explain the funding source below for full term of the contract. Include this amendment if applicable.

Why is it in the County's best interest to execute this contract for over three years?

<input type="checkbox"/> Project will not be completed within three years	<input type="checkbox"/> It is a grant, co-operative purchase, or agreement with another public agency
<input type="checkbox"/> Temporary amendment pending new contract	<input type="checkbox"/> Better price with longer contract term
<input type="checkbox"/> Will become part of County infrastructure	<input checked="" type="checkbox"/> Other

Explain in more detail below why a contract longer than 3 years is in the County's best interest. If this is an amendment, explain how it was determined that the price is still fair and reasonable.

“HEAL Project is the only provider in San Mateo County with this unique, local program dedicated to developing, implementation and supporting a comprehensive, California Science standards-based program with a hands-on curriculum focused on Health, the Environment, Agriculture, and Learning for the school children and youth of the San Mateo County Coastsides.” In addition, the land/farm that they are currently renting, the landlord only allows HEAL Project to occupy the area.

BELOW THIS LINE FOR CONTRACT COMPLIANCE COMMITTEE ONLY

APPROVED

NOT APPROVED

DATE:

Jas Sandhar, County Procurement Manager

[Save](#)[Cancel](#)

Contract: The HEAL Project, Inc -A2

Responsible Team

Public Health Policy and Planning Contract Team

Managing Department

Health System

Fiscal Department

Health System

For Division

Public Health, Policy and Planning

Contract Facilitator

Juvy Ann Reyes



Locked from Dept User Editing

Yes No

[Cancel Contract](#)

[Details](#) [Budget](#) [Insurance](#) [Attachments](#) [Approvals](#) [Emails](#) [Notes](#) [Signature](#) [Related Contracts / Amendments](#) [History](#) [«](#) [»](#)

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Request a Waiver

3 Year Waiver for Amendments

Waiver ID

560



Waiver Status

Approved

