



ADMINISTRATION & INDIGENT HEALTH
1000 San Leandro Boulevard, Suite 300
San Leandro, CA 94577
TEL: (510) 618-3452
FAX: (510) 351-1367

January 20, 2015

The Honorable Board of Supervisors
Administration Building
1221 Oak Street
Oakland, CA 94612

SUBJECT: APPROVE A MASTER CONTRACT AUGMENTATION FOR CARNALES UNIDOS REFORMANDO ADICTOS TO MEET THE EXPANDED DEMAND FOR SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT

Dear Board Members:

RECOMMENDATIONS:

- A. Approve a master contract augmentation for Carnales Unidos Reformando Adictos (Principal: Joseph Locaria, President, Chief Executive Officer; Location: Fremont; Procurement No. 10284), for an additional two beds to meet the expanded demand for residential treatment, increasing their procurement contract from \$692,669 to \$822,581 an increase of \$129,912 for the period 7/01/2014 through 6/30/2015; and
- B. Authorize the Director of Behavioral Health Care Services or his designee to execute the contract exhibits on your behalf and submit the originals to the Clerk of the Board.

SUMMARY:

Alameda County Behavioral Health Care Services (BHCS) is requesting approval of a contract augmentation to reimburse Carnales Unidos Refomando Adictos (CURA) for two additional Substance Use Disorder (SUD) Residential Treatment beds and costs. Your Board's approval of this augmentation will help CURA to meet the expanded demand for additional beds in South County, and reduce the waiting list for residential services in this area.

DISCUSSION:

CURA is providing SUD Residential Treatment services to male and female adults with problems related to substance abuse. Residential Treatment is a 24 hour-per-day safe, separate, secure, and stable environment responding to the needs of individuals with SUD. In this environment, residents are able to address past behaviors, give back to the community, participate in educational activities, get job experience, and prepare for a new way of life.

The two additional beds will expand capacity and increase access to much needed services, particularly in South County. However, the beds may be used to serve residents from all regions of Alameda County. The annualized funding for FY 2014-15 for the residential program is \$681,489.

SELECTION CRITERIA AND PROCESS:

CURA has had a contractual relationship with BHCS for the purpose of providing essential substance use disorder services important to the mission of BHCS for more than 20 years. The selection of CURA to provide SUD services occurred under the former Alameda County Alcohol and Drug Department, and pre-dates the formation of BHCS. The original documentation for the selection of this provider is no longer available. Your Board previously approved waiving the competitive process for this contract on June 3, 2014 (Item No. 5, File No. 29321). As a non-profit community-based organization, CURA is exempt from the provision of the County SLEB Program. However, CURA has elected to become SLEB-certified provider (#06-90957).

FINANCING:

Funding for this contract augmentation is from Substance Abuse Prevention and Treatment, State funding, and County General Funds, already included in the BHCS budget. There is no increase in net County cost as a result of your approval.

Respectfully submitted,



Alex Briscoe, Director
Alameda County Health Care Services Agency

**COMMUNITY BASED ORGANIZATION
MASTER CONTRACT EXHIBIT A & B COVERSHEET**

Dept Name: Behavioral Health Care Services Vendor ID #: 0000014648 Board PO #: 7077
 Bus Unit: BHSVC Master Contract #: 900083 Procurement Contract #: 10284 Budget Year: 2015

Acct #	Fund #	Dept #	Program #	Subclass #	Project / Grant #	Amount to be Encumbered	Total Contract Amount
610341	10000	350602	00000	N/A	N/A	129,912	799,905
610341	11000	350850	40305	N/A	N/A		22,676
610341	10000	350602	31001	N/A	N/A		

Justification if partial encumbrance or liquidation requested: _____

Federal Funds Waiver #: _____ Contract Maximum: \$ \$822,581
 Procurement Contract Begin Date: 07/01/2014 Expire Date: 06/30/2015 Period of Funding From: 07/01/2014 To: 06/30/2015

Department Contact: Network Office Secretary Telephone #: (510) 567-8296 QIC Code: 28007

Contractor Name: <u>CARNALES UNIDOS REFORMANDO ADICTOS, INC.</u>	
Project Name: _____	
Contractor Address: <u>4510 Peralta Blvd., Suite 1, Fremont, CA 94536</u>	
Remittance Address: <u>Same as above</u>	ALCOLINK Vendor Address#: _____
BOS Dist. #: <u>1, 5</u>	
Contractor Telephone #: <u>(510) 713-3202</u>	Fax #: <u>(510) 713-0684</u> E-mail (Signatory): <u>joe@curainc.com</u>
Contractor Contact Person: <u>Joseph Locaria</u>	E-mail (Contact): <u>joe@curainc.com</u>
Contract Service Category: <u>Alcohol and Drug-See Exhibit B-3</u>	Estimated Units of Service: <u>See Exhibit B-3</u>

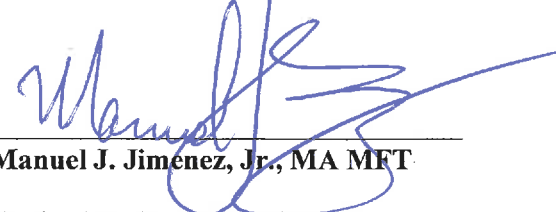
Method of Reimbursement (Invoicing Procedures): See Exhibit B-3

History of Funding:	Original	Amendment #1	Amendment #2	Amendment #3	Amendment #4
Funding Level	\$551,577	\$692,669	\$692,669	822,581	
Amount of Encumbrance	\$551,577	\$141,092	0	129,912	
File Date	<u>6/3/14, 7/8/14</u>	<u>07/29/14</u>	<u>07/29/14</u>	<u>02/10/15</u>	
File / Item #	<u>29321/5,</u>	<u>104</u>	<u>104</u>	<u>32</u>	
Reason	<u>Interim</u>	<u>Revised Interim</u>	<u>Final</u>	<u>Augmentation</u>	

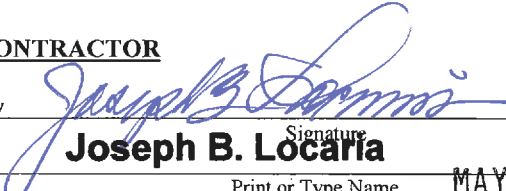
Funding Source Allocation:	Federal - CFDA #: <u>93.959</u>	State	County
	<u>\$623,203</u>	<u>\$163,077</u>	<u>\$36,301</u>


The signatures below signify that the attached Exhibits A and B have been received, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract.

DEPARTMENT

By 
 Signature: Manuel J. Jimenez, Jr., MA MFT
 Title Director, Behavioral Health Care Services
 Date 5/28/15

CONTRACTOR

By 
 Signature: Joseph B. Locaria
 Print or Type Name MAY 18 2015
 Title PRESIDENT / CEO Date
 By _____
 Signature _____
 Print or Type Name _____
 Title _____ Date _____

Approved as to Form
 DONNA R. ZIEGLER, County Counsel
 By 
 Print Name S. Dickley

**THIRD AMENDMENT TO AGREEMENT WITH CARNALES UNIDOS
REFORMANDO ADICTOS, INC.
Attachment 1 to Master Contract Exhibit A and B Coversheet (110-8)**

Master Contract #	900083	Procurement Contract #	10284
Procurement Begin Date	7/1/14	Expire Date	6/30/15

This Third Amendment is made by the *County of Alameda* (“County”) and Carnales Unidos Reformando Adictos, Inc. (D.B.A. C.U.R.A., Inc.) (“Contractor”) to amend the Master Agreement signed by the parties on August 1, 2014 as previously amended by that First Amendment to Agreement signed by the parties on September 23, 2014 and that Second Amendment to Agreement signed by the parties on November 24, 2014 (referred to herein as the “Agreement”):

- I. For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree to amend the Agreement as specified herein:
 - A. The Program Description and Performance Requirements (Exhibit A[a]), are amended as follows:

FROM:

Process Measures

Contractor shall provide the following services/deliverables:

Units of Service	Deliverables
Number of Unique Clients	66
Number of Slots	22
Number of Bed Days	8030

TO:

Process Measures

Contractor shall provide the following services/deliverables:

Units of Service	Deliverables
Number of Unique Clients	72
Number of Slots	24
Number of Bed Days	8760

AND

- A. The Terms and Conditions of Payment (Exhibit B) are amended as follows:
- The Agreement maximum is increased from \$692,669 to \$822,581 over the term of the Agreement.
 - Contractor shall be compensated based on the revised Budget (Exhibit B-1) dated 2/5/15 attached.
 - Contractor shall be compensated based on the revised Rate Sheet (Exhibit B-3) dated 3/9/15 attached.
 - Contractor shall be compensated based on the revised Source of Funds (Exhibit B-4) dated 3/9/15 attached.

AND

- B. The Exhibit D is replaced by the attached Exhibit D.

AND

- C. The Exhibit F is replaced by the attached Exhibit F.
- II. Except as otherwise stated herein, the terms and provisions of this Amendment will be considered to be effective as of the date this Amendment is executed by the County.
- III. Except as expressly modified by this Third Amendment, all of the terms and conditions of the Agreement are and remain in full force and effect.

IV. IN WITNESS WHEREOF, the parties hereto have executed this Amendment in on the date referenced below.

COUNTY OF ALAMEDA

CONTRACTOR

By:

Carnales Unidos Reformando Adictos, Inc.
(D.B.A. C.U.R.A.)

Manuel J. Jiménez, Jr., MA, MFT,
Director

Contractor

Behavioral Health Care Services
Department

4510 Peralta Blvd., Suite 1
Street Address

Fremont, CA 94536
City, State, Zip Code

Date

By:

Authorized Signature of Contractor

Title

Date

Quarterly Financial

Carnales Unidos Reformando

Contractor Name: Adictos

Contract Period: 7/1/14-6/30/15

Identify with an " X "

Prepared By: Pam Mandel

Telephone No: 510-919-5149

Date Prepared: February 5, 2015

Program Name >>>	Residential - Drug	Residential- AB109	SODER Living- AB109			
PERSONNEL EXPENSES	400,949.00	53,515.00	26,743.00			
OTHER THAN PERSONNEL EXPENSES						
Household Supplies	29,176.00	3,110.00	1,512.00			
Food	62,175.00	7,400.00	5,593.00			
Office Expense	10,234.00	1,170.00	400.00			
Recreational Supplies*	39,797.00	5,410.00	3,750.00			
Medical, Dental, Pharm. Supplies*	5,031.00	720.00	95.00			
Maintenance						
Structure	13,545.00	1,940.00	1,765.00			
Equipment	5,096.00	735.00	890.00			
Vehicles	9,202.00	1,320.00	160.00			
Utilities	20,038.00	2,865.00	4,160.00			
Communications	13,932.00	1,988.00	1,075.00			
Membership Dues	2,236.00	320.00				
Transportation	6,777.00	970.00	630.00			
Travel*						
Training*	2,021.00	290.00				
Professional & Spec. Services*	39,388.00	5,640.00	1,950.00			
Insurance	23,736.00	3,397.00	2,205.00			
Taxes & Licenses	7,688.00	1,100.00	440.00			
Interest*	14,801.00	2,122.00				
Rents & Leases						
Structure	30,917.00	4,425.00				
Equipment	13,416.00	1,920.00	2,580.00			
Motor Vehicles						
Depreciation						
Structure			2,580.00			
Equipment						
Motor Vehicles						
Measure A Captial Costs*						
Miscellaneous*						
Indirect Costs						
Total - Other Than Personnel Expenses	349,206.00	46,842.00	29,785.00	-	-	-
GROSS COST	750,155.00	100,357.00	56,528.00	-	-	-
REVENUE						
Participant Fees	516.00					
General Assistance	41,490.00	9,643.00				
Food Stamps	26,660.00	6,150.00				
Insurance & Medicare						
Contracts & Grants						
Prior Year Excess Fees						
Other (Specify)						
Other (Specify)						
Fund Raising						
TOTAL REVENUE	68,666.00	15,793.00	-	-	-	-
NET COST	681,489.00	84,564.00	56,528.00	-	-	-

**EXHIBIT B-3 METHOD AND RATE OF REIMBURSEMENT
NEGOTIATED UNITS OF SERVICE**

Contractor: Carnales Unidos Reformando Adictos, Inc.

Program/Service	Maximum Funding	Reimbursement Method	Units of Service	Rate
Residential - Drug (Fremont)	\$ 681,489	Fee for Service	8,760	\$ 81.89
Residential - AB109 (Fremont) *	\$ 84,564	Fee for Service	1,033	\$ 81.89
Sober Living Environment - AB109 (Oakland)	\$ 56,528	Fee for Service	1,778	\$ 31.79

CONTRACT MAXIMUM:	\$ 822,581
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*** This AB109 is 100% Occupancy Rate**

1. For perinatal programs, the adult rate of reimbursement includes the cost of both mother and child(ren).
2. Any fee-for-service rate reflected above may be subject to renegotiation after Department's review of Contractor's prior year cost report.
3. The funding level reflected on the Master Contract Exhibit A and B Coversheet reflects funding for the entire contracting agency. Each program above is capped at the Maximum Funding shown above and must be accounted for separately, with its own cost center and audit trail.

Exhibit B-4: Source of Funding

Contractor: CARNALES UNIDOS REFORMANDO ADICTOS, INC.

Program:	AB109 - Residential Fremont	Residential Drug- (Oakland)	Residential - BASN (Fremont)
STATE FUNDS			
Parolee Services Network Funds	0.00	0.00	0.00
LOCAL REV. FUND - COMM. CORRECTIONS			
A.B. 109 Funds	84,564.00	0.00	0.00
LOCAL REV. FUND - HEALTH HUMAN SERV.			
Drug Court	0.00	0.00	0.00
Drug Medi-Cal Match - Non Perinatal	0.00	0.00	0.00
Drug Medi-CalMatch - Perinatal	0.00	0.00	0.00
Non Drug MC Substance Abuse Treatment Services	0.00	0.00	0.00
Women & Children's Residential Tx Services	0.00	0.00	0.00
TOTAL STATE FUNDS	84,564.00	0.00	0.00
FEDERAL FUNDS			
SAPT BLOCK GRANTS - Fed Cat #93.959			
Adolescent/Youth Tx Program	0.00	0.00	0.00
Discretionary	0.00	0.00	0.00
Friday Night Live/Club Live	0.00	0.00	0.00
HIV Set Aside	0.00	0.00	0.00
Perinatal Set Aside	0.00	0.00	0.00
Prevention Set Aside	0.00	0.00	0.00
Special Projects	0.00	0.00	0.00
FEDERAL FIN. PART. - Fed Cat #93.778			
FFP - Drug Medi-Cal	0.00	0.00	0.00
FFP - Perinatal Drug Medi-Cal	0.00	0.00	0.00
CFDA - Fed Cat #93.243			
Strategic Prevention Framework State Incentive Grant	0.00	0.00	0.00
SDFSC - Fed Cat #84.186			
Community Based Prevention	0.00	0.00	0.00
TOTAL FEDERAL FUNDS	0.00	0.00	0.00
COUNTY FUNDS			
County Discretionary	0.00	0.00	0.00
TOTAL COUNTY FUNDS	0.00	0.00	0.00
OTHER FUNDS			
Alcohol Education - P.C. 1463.25	0.00	0.00	0.00
CalWORKS	0.00	0.00	0.00
Drug Education - H&S 11372.7	0.00	0.00	0.00
DUI - A.B. 1916	0.00	0.00	0.00
Measure A	0.00	0.00	0.00
State Realignment Funds	0.00	0.00	0.00
Statham - P.C. 1463.16	0.00	0.00	0.00
Other	0.00	0.00	0.00
TOTAL OTHER FUNDS	0.00	0.00	0.00
TOTAL	84,564.00	0.00	0.00

1. Contractor shall comply with all applicable federal, state and local regulations governing each funding source reflected above.
 2. In order to provide for the maximum utilization of all funds available, it may be necessary to amend the funding information reflected above. If this occurs, Contractor shall be notified in writing by the department in a revised Sources of Funding. The final Sources of Funding will be reflected in the Cost Report submitted to the State Department of Alcohol and Drug Programs.

Exhibit B-4: Source of Funding

Contractor: CARNALES UNIDOS REFORMANDO ADICTOS, INC.

Program:	Residential - Drug (Fremont)	Residential - PSN (Oakland)	SLE AB109 North (Oakland)
STATE FUNDS			
Parolee Services Network Funds	0.00	0.00	0.00
LOCAL REV. FUND - COMM. CORRECTIONS			
A.B. 109 Funds	0.00	0.00	56,528.00
LOCAL REV. FUND - HEALTH HUMAN SERV.			
Drug Court	0.00	0.00	0.00
Drug Medi-Cal Match - Non Perinatal	0.00	0.00	0.00
Drug Medi-CalMatch - Perinatal	0.00	0.00	0.00
Non Drug MC Substance Abuse Treatment Services	21,985.00	0.00	0.00
Women & Children's Residential Tx Services	0.00	0.00	0.00
TOTAL STATE FUNDS	21,985.00	0.00	56,528.00
FEDERAL FUNDS			
SAPT BLOCK GRANTS - Fed Cat #93.959			
Adolescent/Youth Tx Program	0.00	0.00	0.00
Discretionary	623,203.00	0.00	0.00
Friday Night Live/Club Live	0.00	0.00	0.00
HIV Set Aside	0.00	0.00	0.00
Perinatal Set Aside	0.00	0.00	0.00
Prevention Set Aside	0.00	0.00	0.00
Special Projects	0.00	0.00	0.00
FEDERAL FIN. PART. - Fed Cat #93.778			
FFP - Drug Medi-Cal	0.00	0.00	0.00
FFP - Perinatal Drug Medi-Cal	0.00	0.00	0.00
CFDA - Fed Cat #93.243			
Strategic Prevention Framework State Incentive Grant	0.00	0.00	0.00
SDFSC - Fed Cat #84.186			
Community Based Prevention	0.00	0.00	0.00
TOTAL FEDERAL FUNDS	623,203.00	0.00	0.00
COUNTY FUNDS			
County Discretionary	13,625.00	0.00	0.00
TOTAL COUNTY FUNDS	13,625.00	0.00	0.00
OTHER FUNDS			
Alcohol Education - P.C. 1463.25	0.00	0.00	0.00
CalWORKS	0.00	0.00	0.00
Drug Education - H&S 11372.7	0.00	0.00	0.00
DUI - A.B. 1916	0.00	0.00	0.00
Measure A	22,676.00	0.00	0.00
State Realignment Funds	0.00	0.00	0.00
Statham - P.C. 1463.16	0.00	0.00	0.00
Other	0.00	0.00	0.00
TOTAL OTHER FUNDS	22,676.00	0.00	0.00
<u>TOTAL</u>	681,489.00	0.00	56,528.00

1. Contractor shall comply with all applicable federal, state and local regulations governing each funding source reflected above.
 2. In order to provide for the maximum utilization of all funds available, it may be necessary to amend the funding information reflected above. If this occurs, Contractor shall be notified in writing by the department in a revised Sources of Funding. The final Sources of Funding will be reflected in the Cost Report submitted to the State Department of Alcohol and Drug Programs.

Exhibit B-4: Source of Funding

Contractor: CARNALES UNIDOS REFORMANDO ADICTOS, INC.

<u>STATE FUNDS</u>	Program: SLE BASN North (Oakland)	TOTAL
Parolee Services Network Funds	0.00	0.00
<u>LOCAL REV. FUND - COMM. CORRECTIONS</u>		
A.B. 109 Funds	0.00	141,092.00
<u>LOCAL REV. FUND - HEALTH HUMAN SERV.</u>		
Drug Court	0.00	0.00
Drug Medi-Cal Match - Non Perinatal	0.00	0.00
Drug Medi-CalMatch - Perinatal	0.00	0.00
Non Drug MC Substance Abuse Treatment Services	0.00	21,985.00
Women & Children's Residential Tx Services	0.00	0.00
TOTAL STATE FUNDS	0.00	163,077.00
<u>FEDERAL FUNDS</u>		
<u>SAPT BLOCK GRANTS - Fed Cat #93.959</u>		
Adolescent/Youth Tx Program	0.00	0.00
Discretionary	0.00	623,203.00
Friday Night Live/Club Live	0.00	0.00
HIV Set Aside	0.00	0.00
Perinatal Set Aside	0.00	0.00
Prevention Set Aside	0.00	0.00
Special Projects	0.00	0.00
<u>FEDERAL FIN. PART. - Fed Cat #93.778</u>		
FFP - Drug Medi-Cal	0.00	0.00
FFP - Perinatal Drug Medi-Cal	0.00	0.00
CFDA - Fed Cat #93.243		
Strategic Prevention Framework State Incentive Grant	0.00	0.00
SDFSC - Fed Cat #84.186		
Community Based Prevention	0.00	0.00
TOTAL FEDERAL FUNDS	0.00	623,203.00
<u>COUNTY FUNDS</u>		
County Discretionary	0.00	13,625.00
TOTAL COUNTY FUNDS	0.00	13,625.00
<u>OTHER FUNDS</u>		
Alcohol Education - P.C. 1463.25	0.00	0.00
CalWORKS	0.00	0.00
Drug Education - H&S 11372.7	0.00	0.00
DUI - A.B. 1916	0.00	0.00
Measure A	0.00	22,676.00
State Realignment Funds	0.00	0.00
Statham - P.C. 1463.16	0.00	0.00
Other	0.00	0.00
TOTAL OTHER FUNDS	0.00	22,676.00
<u>TOTAL</u>	0.00	822,581.00

1. Contractor shall comply with all applicable federal, state and local regulations governing each funding source reflected above.
 2. In order to provide for the maximum utilization of all funds available, it may be necessary to amend the funding information reflected above. If this occurs, Contractor shall be notified in writing by the department in a revised Sources of Funding. The final Sources of Funding will be reflected in the Cost Report submitted to the State Department of Alcohol and Drug Programs.

EXHIBIT C
COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability, Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D	Professional Liability/Errors and Omissions Includes endorsements of contractual liability	\$1,000,000 per occurrence \$2,000,000 project aggregate
E	Employee Dishonesty and Crime	Value of Cash Advance
F	<p>Endorsements and Conditions:</p> <ol style="list-style-type: none"> ADDITIONAL INSURED: All insurance required above with the exception of Professional Liability, Personal Automobile Liability, Workers' Compensation and Employers Liability shall provide an additional insurance endorsement page that names as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives. Employee Dishonesty and Crime Insurance Policy shall be endorsed to name as Loss Payee (as interest may arise): County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement with the following exception: Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following termination and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). Pursuant to the provisions of this Agreement, insurance affected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a minimum A.M. Best Rating of A- or better, with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall maintain separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods: <ul style="list-style-type: none"> - Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. - Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". CANCELLATION OF INSURANCE: All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County of cancellation. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent to: <ul style="list-style-type: none"> - Alameda County - BHCS, Insurance Coordinator, 1900 Embarcadero, Suite 205, Oakland, CA 94606 	



CERTIFICATE OF LIABILITY INSURANCE

CURAI-1 UP ID: AG

DATE (MM/DD/YYYY)

03/13/2015

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 Gene Gaffney Ins Services, Inc P.O. Box 428 Occidental, CA 95465 Angela Gianni	CONTACT NAME: Angela Gianni PHONE (A/C, No, Ext): 707-874-2666 E-MAIL ADDRESS: angela@gaffneyins.com	FAX (A/C, No): 707-874-1233
	INSURER(S) AFFORDING COVERAGE	
INSURED Carnales Unidos Reformando Adi 4510 Peralta Blvd., Ste. 1 Fremont, CA 94536	INSURER A: Philadelphia Indemnity Ins. Co	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	X		PHPK1307182	03/15/2015	03/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input checked="" type="checkbox"/> Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK1307182	03/15/2015	03/15/2016	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB492916	03/15/2015	03/15/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			PHPK1307182	03/15/2015	03/15/2016	Occ/Agg \$1M/\$3M
A	CRIME			PHPK1307182	03/15/2015	03/15/2016	ED/Forger \$102K/\$15K

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

RE: Funding
 The County of Alameda, its board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers are named as an Additional Insured per the attached CG20051185.

CERTIFICATE HOLDER Alameda County Behavioral Health 1900 Embarcadero Cove Ste 205 Oakland, CA 94606	CANCELLATION 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 <i>Angela Gianni</i>
--	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The County of Alameda, its board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. WHO IS AN INSURED (Section II) is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability arising out of:
 - a. Their financial control of you; or
 - b. Premises they own, maintain or control while you lease or occupy these premises.
2. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.



NONPROFITS' UNITED WORKERS' COMPENSATION GROUP, INC.

(NPU-WCG)

WORKERS' COMPENSATION COVERAGE

DECLARATION

MEMORANDUM NO: NPU-WCG 001-2015

ITEM #1 COVERED MEMBER: NonProfits' United Workers' Compensation Group, Inc., et al., as per Endorsement No. 1, 610 Fulton Avenue, Suite 200 Sacramento, CA 95825

ITEM #2 COVERAGE PERIOD: FROM 1/1/2015 TO 1/1/2016 12:01 a.m. Pacific Standard Time

ITEM #3 LIMIT OF LIABILITY:

NPU-WCG SELF-INSURED RETENTION:

- Workers' Compensation Coverage\$500,000
Employer's Liability Coverage\$500,000

NPU-WCG EXCESS COVERAGE:

- Workers' Compensation Coverage Safety National Casualty Corporation policy # SP 4052095 Specific Excess Workers' Compensation Coverage..... Statutory
Employer's Liability Coverage Safety National Casualty Corporation policy # SP 4052095 Employer's Liability Coverage\$2,000,000

FORMS AND ENDORSEMENTS: Form NPU-WCG 001-2015 Endorsement No. 1

FORMING PART OF THE POLICY AT INCEPTION

ON BEHALF OF NONPROFITS' UNITED WORKERS' COMEPENSATION GROUP, INC.

[Handwritten signature]
Authorized signature

Memorandum of Coverage

**For Self-Insurance of
Workers' Compensation and Employer's Liability
NPU-WCG 001-2015**

Effective January 1, 2015

INTRODUCTION

In return for the payment of premium and subject to all terms and conditions of this agreement, the NonProfits' United Workers' Compensation Group (NPU-WCG) agrees with the Member named in the Declarations Page as follows:

GENERAL SECTION

A. THE AGREEMENT

This agreement includes the Declarations and all Endorsements and Schedules attached to it and any relevant section of the NPU-WCG Articles of Incorporation, Bylaws, and Operating Plan. It is a coverage agreement between NPU-WCG and the Member. No condition, provision, agreement or understanding not stated in this coverage agreement (including the Articles, Bylaws and Operating Plan) will affect any rights, duties or privileges in connection with this coverage agreement.

The terms of this agreement may not be changed or waived except by endorsement issued by NPU-WCG to be part of the agreement. The Member is responsible for telling NPU-WCG at once when the information contained in this agreement is no longer accurate for the Member's operations.

B. WHO IS COVERED

The Member named in the Declarations Page is covered for liability to its employees, subject to the provisions of this agreement. The Member represents that it is a duly qualified self-insured or affiliate self-insured under the Workers' Compensation Law of the State of California and will continue to maintain such qualification during the term this Memorandum is in effect. If the Member should fail to maintain such qualification, the amounts payable under this memorandum will not exceed the amounts which would have been payable if such qualification had been maintained in full force and effect.

The Member shall at all times be an organization described in Internal Revenue Code section 501(c)(3) and exempt from federal taxation under section 501(a). Any member which receives a final determination that it no longer qualifies as an organization described in subsection (c)(3) shall immediately notify NPU-WCG of such determination and the effective date of such determination. This Memorandum will not cover the Member with respect to events occurring after the date such final determination is issued to it.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The County of Alameda, its board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. WHO IS AN INSURED (Section II) is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability arising out of:
 - a. Their financial control of you; or
 - b. Premises they own, maintain or control while you lease or occupy these premises.
2. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

RIVERPORT INSURANCE COMPANY

POLICY NO.: RIC0013844
INSURED: NEW BRIDGE FOUNDATION, INC.

ENDORSEMENT NO.: 01
EFFECTIVE DATE: 5/10/2014

POLICY CHANGE ENDORSEMENT [FOR USE IN AMENDING POLICY DECLARATIONS]

This endorsement affects one or more of the following items:

- | | | | | | |
|----------------------|-------------------------------------|---------------------------|--------------------------|-----------|--------------------------|
| 1. Automobile | <input type="checkbox"/> | 4. Inland Marine | <input type="checkbox"/> | 7. Common | <input type="checkbox"/> |
| 2. Property | <input type="checkbox"/> | 5. Crime | <input type="checkbox"/> | | |
| 3. General Liability | <input checked="" type="checkbox"/> | 6. Professional Liability | <input type="checkbox"/> | | |

THE FOLLOWING IS HEREBY AMENDED:

ADD <input checked="" type="checkbox"/>	DELETE <input type="checkbox"/>	CHANGE <input type="checkbox"/>
---	---------------------------------	---------------------------------

INSURED'S NAME/ADDRESS:
COVERAGE:
FORMS: CG 2026 (0704) Attached
ADDITIONAL INSURED:
MORTGAGEE:
LOSS PAYEE:

Premium: NO CHANGE

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED



Authorized Representative

EXHIBIT D

AUDIT REQUIREMENTS

The County contracts with various organizations to carry out programs mandated by the Federal and State governments or sponsored by the Board of Supervisors. Under the Single Audit Act Amendments of 1996 (31 U.S.C.A. §§ 7501-7507) and Board policy, the County has the responsibility to determine whether organizations receiving funds through the County have spent them in accordance with applicable laws, regulations, contract terms, and grant agreements. To this end, effective with the first fiscal year beginning on and after December 26, 2014, the following are required.

I. AUDIT REQUIREMENTS

A. Funds from Federal Sources:

1. Non-Federal entities which are determined to be subrecipients by the supervising department according to 2 CFR § 200.330 and which expend annual Federal awards in the amount specified in 2 CFR § 200.501 are required to have a single audit performed in accordance with 2 CFR § 200.514.
2. When a non-Federal entity expends annual Federal awards in the amount specified in 2 CFR § 200.501(a) under only one Federal program (excluding R&D) and the Federal program's statutes, regulations, or terms and conditions of the Federal award do not require a financial statement audit of the auditee, the non-Federal entity may elect to have a program-specific audit conducted in accordance with 2 CFR § 200.507 (Program Specific Audits).
3. Non-Federal entities which expend annual Federal awards less than the amount specified in 2 CFR § 200.501(d) are exempt from the single audit requirements for that year except that the County may require a limited-scope audit in accordance with 2 CFR § 200.503(c).

B. Funds from All Sources:

Non-Federal entities which expend annual funds from any source (Federal, State, County, etc.) through the County in an amount of:

1. \$100,000 or more must have a financial audit in accordance with the U.S. Comptroller General's Generally Accepted Government Auditing Standards (GAGAS) covering all County programs.
2. Less than \$100,000 are exempt from these audit requirements except as otherwise noted in the contract.

Non-Federal entities that are required to have or choose to do a single audit in accordance with 2 CFR Subpart F, Audit Requirements are not required to have a financial audit in the same year. However, Non-Federal entities that are required to have a financial audit may also be required to have a limited-scope audit in the same year.

C. General Requirements for All Audits:

1. All audits must be conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States (GAGAS).
2. All audits must be conducted annually, except for biennial audits authorized by 2 CFR § 200.504 and where specifically allowed otherwise by laws, regulations, or County policy.
3. The audit report must contain a separate schedule that identifies all funds received from or passed through the County that is covered by the audit. County programs must be identified by contract number, contract amount, contract period, and amount expended during the fiscal year by funding source. An exhibit number must be included when applicable.
4. If a funding source has more stringent and specific audit requirements, these requirements must prevail over those described above.

II. AUDIT REPORTS

A. For Single Audits

1. Within the earlier of 30 calendar days after receipt of the auditor's report or nine months after the end of the audit period, the auditee must electronically submit to the Federal Audit Clearinghouse (FAC) the data collection form described in 2 CFR § 200.512(b) and the reporting package described in 2 CFR § 200.512(c). The auditee and auditors must ensure that the reporting package does not include protected personally identifiable information. The FAC will make the reporting package and the data collection form available on a web site and all Federal agencies, pass-through entities and others interested in a reporting package and data collection form must obtain it by accessing the FAC. As required by 2 CFR § 200.512(a)(2), unless restricted by Federal statutes or regulations, the auditee must make copies available for public inspection.
2. A notice of the audit report issuance along with two copies of the management letter with its corresponding response should be sent to the County supervising department within ten calendar days after it is submitted to the FAC. The County supervising department is responsible for forwarding a copy of the audit report, management letter, and corresponding responses to the County Auditor within one week of receipt.

B. For Audits other than Single Audits

At least two copies of the audit report package, including all attachments and any management letter with its corresponding response, should be sent to the County supervising department within six months after the end of the audit year, or other time frame as specified by the department. The County supervising department is responsible for forwarding a copy of the audit report package to the County Auditor within one week of receipt.

III. AUDIT RESOLUTION

Within 30 days of issuance of the audit report, the entity must submit to its County supervising department a corrective action plan consistent with 2 CFR § 200.511(c) to address each audit finding included in the current year auditor's report. Questioned costs and disallowed costs must be resolved according to procedures established by the County in the Contract Administration Manual. The County supervising department will follow up on the implementation of the corrective action plan as it pertains to County programs.

IV. ADDITIONAL AUDIT WORK

The County, the State, or Federal agencies may conduct additional audits or reviews to carry out their regulatory responsibilities. To the extent possible, these audits and reviews will rely on the audit work already performed under the audit requirements listed above.

EXHIBIT F

COUNTY OF ALAMEDA

DEBARMENT AND SUSPENSION CERTIFICATION

(Applicable to all agreements funded in part or whole with federal funds and contracts over \$25,000)

The contractor, under penalty of perjury, certifies that, except as noted below, the contractor, its principals, and any named and unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space or attach an additional page.

Exceptions will not necessarily result in denial of award, but will be considered in determining contractor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

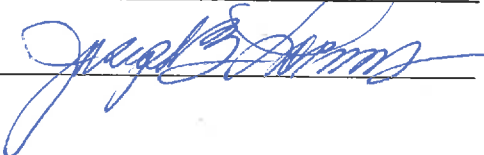
Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the contracting process.

By signing this contract and Exhibit F, Debarment and Suspension Certification, the Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549.

CONTRACTOR: CARNALES UNIDOS REFORMANDO ADICTOS, INC. (C.U.R.A.)

PRINCIPAL: Joseph B. Locaria

TITLE: PRESIDENT / CEO

SIGNATURE: 

DATE: MAY 18 2015

FIRST AMENDMENT TO AGREEMENT

Master Contract #	900259	Procurement Contract #	10328
Procurement Begin Date	July 1, 2014	Expire Date	June 30, 2015

This First Amendment is made by the *County of Alameda* (“County”) and Carnales Unidos Reformando Adictos, Inc. (D.B.A. C.U.R.A.) (“Contractor”) to amend the Services-As-Needed Agreement signed by the parties on 09/23/2014 (referred to herein as the “Agreement”):

- I. For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree to amend the Agreement as specified herein:
- a. The Program Description and Performance Requirements, Exhibit A, is amended as follows:

From:

Contractor shall provide **residential bed days** during the term of this contract not to exceed 2336 bed days.

To:

Contractor shall provide **residential bed days** during the term of this contract not to exceed 2046 bed days.

AND

- b. The Terms and Conditions of Payment, Exhibit B, are amended as follows:

- Contractor shall be compensated based on the revised Exhibit B attached.

AND

- c. The Exhibit D is replaced by the attached Exhibit D.

AND

- d. The Exhibit F is replaced by the attached Exhibit F.

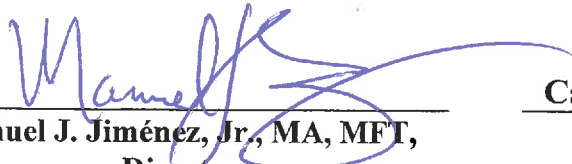
II. Except as otherwise stated in this First Amendment, the terms and provisions of this Amendment will be considered to be effective as of the date this Amendment is executed by the County.

III. Except as expressly modified by this First Amendment, all of the terms and conditions of the Agreement are and remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement in on the date referenced below.

COUNTY OF ALAMEDA

CONTRACTOR

By: 
Manuel J. Jiménez, Jr., MA, MFT,
Director

Carnales Unidos Reformando Adictos, Inc.
Contractor

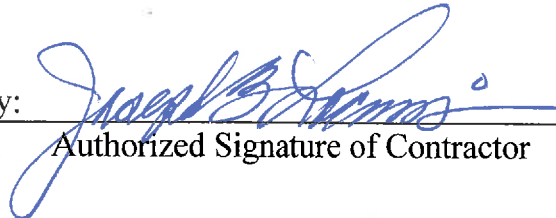
Behavioral Health Care Services
Department

4510 Peralta Blvd., Suite 1
Street Address

5/28/15
Date

Fremont, CA 94536
City, State, Zip Code

Approved as to form:
Office of the County Counsel,
Alameda County

By: 
Authorized Signature of Contractor

By: 
Deputy County Counsel

PRESIDENT / CEO
Title

MAY 18 2015
Date

CONTRACTOR AGREEMENT

EXHIBIT A - DEFINITION OF SERVICES

Contractor: Carnales Unidos Reformando Adictos, Inc.
Period: July 1, 2014 - June 30, 2015
Service: Drug Court - Related Residential Services

1. Introduction

Under the terms of the existing Drug Court Partnership Grant, funding received from the State Department of Alcohol and Drug Programs provides **residential services** for in-need drug court clients referred by the Court.

2. Program Description

Contractor will provide **residential bed days** during the term of this contract not to exceed 2,046 bed days.

A residential bed day is a calendar day (12:01 am to Midnight) in which a person participates and resides in a program.

If a resident participates in a program for more than one day, the following shall also apply: The calendar day of **admission shall** constitute a resident day, regardless of the time of admission and the calendar day of **discharge shall not** constitute a resident day.

Residential treatment includes a minimum of a ninety-day commitment. Treatment services include the following elements: personal treatment planning; educational sessions; social/recreational activities; individual and group sessions; and assistance in obtaining health, social, vocational and other community services. Assessments are to be administered prior to the ninety-day point to determine treatment needs. As indicated by the results of an assessment client may remain in residential treatment up to a maximum total of six months. Prior to discharge from program, each client will have an exit plan completed which will include a transfer of the client to an appropriate level of outpatient treatment services.

3. Target Population

Drug Court program participants referred to treatment by the Court.

4. Length of Stay

Length of stay under this funding is for a minimum of ninety (90) days. Continued stay of up to six (6) months is subject to review and must be justified by formal assessment and a revised treatment plan.

5. Limitations of Services

Services will only be provided to Drug Court program participants referred by the Court.

6. Evaluation

Contractor will be monitored by the County on an ongoing basis to assure that the contract objectives are achieved.

7. Reporting Requirements

Contractor shall comply with all reporting requirements required by the County, State or Federal funding sources.

CONTRACTOR AGREEMENT

EXHIBIT B – DEFINITION

Contractor: Carnales Unidos Reformando Adictos, Inc. (D.B.A. C.U.R.A.)
Period: July 1, 2014 – June 30, 2015
Service: Drug Court-Related Services

TERMS AND CONDITIONS OF PAYMENT

In return for the aforementioned services as set forth in Exhibit A of this agreement, the County agrees to reimburse the Contractor on a fee-for-service basis at a rate of

\$79.18 per bed day for **residential** services

NOTE: Drug Court Services funding will only support a maximum of 90 days of residential treatment per client. After this time period, if the client needs to continue in residential treatment, it can only occur if there is a county funded bed available in which to transfer the client.

EXHIBIT C
COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES	MINIMUM LIMITS
A Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability, Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D Professional Liability/Errors and Omissions Includes endorsements of contractual liability	\$1,000,000 per occurrence \$2,000,000 project aggregate
E Employee Dishonesty and Crime	Value of Cash Advance
F Endorsements and Conditions: <ol style="list-style-type: none"> 1. ADDITIONAL INSURED: All insurance required above with the exception of Professional Liability, Personal Automobile Liability, Workers' Compensation and Employers Liability shall provide an additional insurance endorsement page that names as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives. Employee Dishonesty and Crime Insurance Policy shall be endorsed to name as Loss Payee (as interest may arise): County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement with the following exception: Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following termination and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). Pursuant to the provisions of this Agreement, insurance affected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a minimum A.M. Best Rating of A- or better, with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall maintain separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods: <ul style="list-style-type: none"> — Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. — Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". 7. CANCELLATION OF INSURANCE: All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County of cancellation. 8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent to: <p style="margin-left: 40px;">- Alameda County - BHCS, Insurance Coordinator, 1900 Embarcadero, Suite 205, Oakland, CA 94606</p> 	



CERTIFICATE OF LIABILITY INSURANCE

CURAI-1 UP ID: AG

DATE (MM/DD/YYYY)

03/13/2015

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 Gene Gaffney Ins Services, Inc P.O. Box 428 Occidental, CA 95465 Angela Gianni	CONTACT NAME: Angela Gianni PHONE (A/C, No, Ext): 707-874-2666 E-MAIL ADDRESS: angela@gaffneyins.com	FAX (A/C, No): 707-874-1233
	INSURER(S) AFFORDING COVERAGE	
INSURED Carnales Unidos Reformando Adi 4510 Peralta Blvd., Ste. 1 Fremont, CA 94536	INSURER A: Philadelphia Indemnity Ins. Co	NAIC # 18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADDD 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	X		PHPK1307182	03/15/2015	03/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input checked="" type="checkbox"/> Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1307182	03/15/2015	03/15/2016	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB492916	03/15/2015	03/15/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			PHPK1307182	03/15/2015	03/15/2016	Occ/Agg \$1M/\$3M
A	CRIME			PHPK1307182	03/15/2015	03/15/2016	ED/Forger \$102K/\$15K

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

RE: Funding
 The County of Alameda, its board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers are named as an Additional Insured per the attached CG20051185.

CERTIFICATE HOLDER

Alameda County
 Behavioral Health
 1900 Embarcadero Cove Ste 205
 Oakland, CA 94606

CANCELLATION

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

Angela Gianni

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The County of Alameda, its board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. WHO IS AN INSURED (Section II) is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability arising out of:
 - a. Their financial control of you; or
 - b. Premises they own, maintain or control while you lease or occupy these premises.
2. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.



NONPROFITS' UNITED WORKERS' COMPENSATION GROUP, INC.

(NPU-WCG)

WORKERS' COMPENSATION COVERAGE

DECLARATION

MEMORANDUM NO: NPU-WCG 001-2015

ITEM #1 COVERED MEMBER: NonProfits' United Workers' Compensation Group, Inc., et al., as per Endorsement No. 1, 610 Fulton Avenue, Suite 200 Sacramento, CA 95825

ITEM #2 COVERAGE PERIOD: FROM 1/1/2015 TO 1/1/2016 12:01 a.m. Pacific Standard Time

ITEM #3 LIMIT OF LIABILITY:

NPU-WCG SELF-INSURED RETENTION:

- Workers' Compensation Coverage\$500,000
Employer's Liability Coverage\$500,000

NPU-WCG EXCESS COVERAGE:

- Workers' Compensation Coverage
Safety National Casualty Corporation policy # SP 4052095
Specific Excess Workers' Compensation Coverage..... Statutory
Employer's Liability Coverage
Safety National Casualty Corporation policy # SP 4052095
Employer's Liability Coverage\$2,000,000

FORMS AND ENDORSEMENTS: Form NPU-WCG 001-2015 Endorsement No. 1

FORMING PART OF THE POLICY AT INCEPTION

ON BEHALF OF NONPROFITS' UNITED WORKERS' COMEPENSATION GROUP, INC.

Handwritten signature line with 'Authorized signature' text below it.

Memorandum of Coverage

**For Self-Insurance of
Workers' Compensation and Employer's Liability
NPU-WCG 001-2015**

Effective January 1, 2015

INTRODUCTION

In return for the payment of premium and subject to all terms and conditions of this agreement, the NonProfits' United Workers' Compensation Group (NPU-WCG) agrees with the Member named in the Declarations Page as follows:

GENERAL SECTION

A. THE AGREEMENT

This agreement includes the Declarations and all Endorsements and Schedules attached to it and any relevant section of the NPU-WCG Articles of Incorporation, Bylaws, and Operating Plan. It is a coverage agreement between NPU-WCG and the Member. No condition, provision, agreement or understanding not stated in this coverage agreement (including the Articles, Bylaws and Operating Plan) will affect any rights, duties or privileges in connection with this coverage agreement.

The terms of this agreement may not be changed or waived except by endorsement issued by NPU-WCG to be part of the agreement. The Member is responsible for telling NPU-WCG at once when the information contained in this agreement is no longer accurate for the Member's operations.

B. WHO IS COVERED

The Member named in the Declarations Page is covered for liability to its employees, subject to the provisions of this agreement. The Member represents that it is a duly qualified self-insured or affiliate self-insured under the Workers' Compensation Law of the State of California and will continue to maintain such qualification during the term this Memorandum is in effect. If the Member should fail to maintain such qualification, the amounts payable under this memorandum will not exceed the amounts which would have been payable if such qualification had been maintained in full force and effect.

The Member shall at all times be an organization described in Internal Revenue Code section 501(c)(3) and exempt from federal taxation under section 501(a). Any member which receives a final determination that it no longer qualifies as an organization described in subsection (c)(3) shall immediately notify NPU-WCG of such determination and the effective date of such determination. This Memorandum will not cover the Member with respect to events occurring after the date such final determination is issued to it.



CURAI-1

OP ID: AG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2014

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 Gene Gaffney Ins Services, Inc P.O. Box 428 Occidental, CA 95465 Angela Gianni	CONTACT NAME: Angela Gianni
	PHONE (A/C, No, Ext): 707-874-2666
	FAX (A/C, No): 707-874-1233
	E-MAIL ADDRESS: angela@gaffneyins.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : NonProfit's United
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED **Carnales Unidos Reformando Adi**
4510 Peralta Blvd., Ste. 1
Fremont, CA 94536

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER: 1**

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	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			NPU-VIP-0695	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Alameda County Behavioral Health 1900 Embarcadero Cove Ste 205 Oakland, CA 94606	CANCELLATION 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 <i>Angela Gianni</i>
--	--

POLICY NUMBER: PHPK1145073

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The County of Alameda, its board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. WHO IS AN INSURED (Section II) is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability arising out of:
 - a. Their financial control of you; or
 - b. Premises they own, maintain or control while you lease or occupy these premises.
2. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

RIVERPORT INSURANCE COMPANY

POLICY NO.: RIC0013844
INSURED: NEW BRIDGE FOUNDATION, INC.

ENDORSEMENT NO.: 01
EFFECTIVE DATE: 5/10/2014

POLICY CHANGE ENDORSEMENT [FOR USE IN AMENDING POLICY DECLARATIONS]

This endorsement affects one or more of the following items:

- | | | | | | |
|----------------------|-------------------------------------|---------------------------|--------------------------|-----------|--------------------------|
| 1. Automobile | <input type="checkbox"/> | 4. Inland Marine | <input type="checkbox"/> | 7. Common | <input type="checkbox"/> |
| 2. Property | <input type="checkbox"/> | 5. Crime | <input type="checkbox"/> | | |
| 3. General Liability | <input checked="" type="checkbox"/> | 6. Professional Liability | <input type="checkbox"/> | | |

THE FOLLOWING IS HEREBY AMENDED:

ADD <input checked="" type="checkbox"/>	DELETE <input type="checkbox"/>	CHANGE <input type="checkbox"/>
---	---------------------------------	---------------------------------

INSURED'S NAME/ADDRESS:
COVERAGE:
FORMS: CG 2026 (0704) Attached
ADDITIONAL INSURED:
MORTGAGEE:
LOSS PAYEE:

Premium: NO CHANGE

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED



Authorized Representative

EXHIBIT D

AUDIT REQUIREMENTS

The County contracts with various organizations to carry out programs mandated by the Federal and State governments or sponsored by the Board of Supervisors. Under the Single Audit Act Amendments of 1996 (31 U.S.C.A. §§ 7501-7507) and Board policy, the County has the responsibility to determine whether organizations receiving funds through the County have spent them in accordance with applicable laws, regulations, contract terms, and grant agreements. To this end, effective with the first fiscal year beginning on and after December 26, 2014, the following are required.

I. AUDIT REQUIREMENTS

A. Funds from Federal Sources:

1. Non-Federal entities which are determined to be subrecipients by the supervising department according to 2 CFR § 200.330 and which expend annual Federal awards in the amount specified in 2 CFR § 200.501 are required to have a single audit performed in accordance with 2 CFR § 200.514.
2. When a non-Federal entity expends annual Federal awards in the amount specified in 2 CFR § 200.501(a) under only one Federal program (excluding R&D) and the Federal program's statutes, regulations, or terms and conditions of the Federal award do not require a financial statement audit of the auditee, the non-Federal entity may elect to have a program-specific audit conducted in accordance with 2 CFR § 200.507 (Program Specific Audits).
3. Non-Federal entities which expend annual Federal awards less than the amount specified in 2 CFR § 200.501(d) are exempt from the single audit requirements for that year except that the County may require a limited-scope audit in accordance with 2 CFR § 200.503(c).

B. Funds from All Sources:

Non-Federal entities which expend annual funds from any source (Federal, State, County, etc.) through the County in an amount of:

1. \$100,000 or more must have a financial audit in accordance with the U.S. Comptroller General's Generally Accepted Government Auditing Standards (GAGAS) covering all County programs.
2. Less than \$100,000 are exempt from these audit requirements except as otherwise noted in the contract.

Non-Federal entities that are required to have or choose to do a single audit in accordance with 2 CFR Subpart F, Audit Requirements are not required to have a financial audit in the same year. However, Non-Federal entities that are required to have a financial audit may also be required to have a limited-scope audit in the same year.

C. General Requirements for All Audits:

1. All audits must be conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States (GAGAS).
2. All audits must be conducted annually, except for biennial audits authorized by 2 CFR § 200.504 and where specifically allowed otherwise by laws, regulations, or County policy.
3. The audit report must contain a separate schedule that identifies all funds received from or passed through the County that is covered by the audit. County programs must be identified by contract number, contract amount, contract period, and amount expended during the fiscal year by funding source. An exhibit number must be included when applicable.
4. If a funding source has more stringent and specific audit requirements, these requirements must prevail over those described above.

II. **AUDIT REPORTS**

A. For Single Audits

1. Within the earlier of 30 calendar days after receipt of the auditor's report or nine months after the end of the audit period, the auditee must electronically submit to the Federal Audit Clearinghouse (FAC) the data collection form described in 2 CFR § 200.512(b) and the reporting package described in 2 CFR § 200.512(c). The auditee and auditors must ensure that the reporting package does not include protected personally identifiable information. The FAC will make the reporting package and the data collection form available on a web site and all Federal agencies, pass-through entities and others interested in a reporting package and data collection form must obtain it by accessing the FAC. As required by 2 CFR § 200.512(a)(2), unless restricted by Federal statutes or regulations, the auditee must make copies available for public inspection.
2. A notice of the audit report issuance along with two copies of the management letter with its corresponding response should be sent to the County supervising department within ten calendar days after it is submitted to the FAC. The County supervising department is responsible for forwarding a copy of the audit report, management letter, and corresponding responses to the County Auditor within one week of receipt.

B. For Audits other than Single Audits

At least two copies of the audit report package, including all attachments and any management letter with its corresponding response, should be sent to the County supervising department within six months after the end of the audit year, or other time frame as specified by the department. The County supervising department is responsible for forwarding a copy of the audit report package to the County Auditor within one week of receipt.

III. AUDIT RESOLUTION

Within 30 days of issuance of the audit report, the entity must submit to its County supervising department a corrective action plan consistent with 2 CFR § 200.511(c) to address each audit finding included in the current year auditor's report. Questioned costs and disallowed costs must be resolved according to procedures established by the County in the Contract Administration Manual. The County supervising department will follow up on the implementation of the corrective action plan as it pertains to County programs.

IV. ADDITIONAL AUDIT WORK

The County, the State, or Federal agencies may conduct additional audits or reviews to carry out their regulatory responsibilities. To the extent possible, these audits and reviews will rely on the audit work already performed under the audit requirements listed above.

EXHIBIT F

COUNTY OF ALAMEDA

DEBARMENT AND SUSPENSION CERTIFICATION

(Applicable to all agreements funded in part or whole with federal funds and contracts over \$25,000)

The contractor, under penalty of perjury, certifies that, except as noted below, the contractor, its principals, and any named and unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space or attach an additional page.

Exceptions will not necessarily result in denial of award, but will be considered in determining contractor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

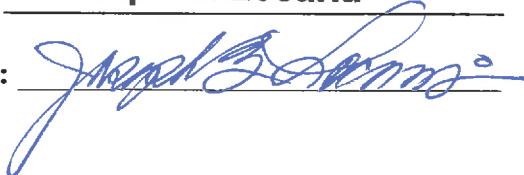
Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the contracting process.

By signing this contract and Exhibit F, Debarment and Suspension Certification, the Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549.

CONTRACTOR: CARNALES UNIDOS REFORMANDO ADICTOS, INC. (C.U.R.A.)

PRINCIPAL: Joseph B. Locaria

TITLE: PRESIDENT / CEO

SIGNATURE: 

DATE: MAY 18 2015