ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
COLLEEN CHAWLA, Director

AGENDA _____ May 10, 2022

OFFICE OF THE AGENCY DIRECTOR
1000 San Leandro Boulevard, Suite 300
San Leandro, CA 94577
TEL (510) 618-3452
FAX (510) 351-1367

April 5, 2022

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

SUBJECT: ACCEPT AWARDS OF HOUSING AND DISABILITY ADVOCACY PROGRAM IN THE TOTAL AMOUNT OF $17,421,518 AND APPROVE FISCAL YEAR 2022 MASTER CONTRACT AMENDMENT FOR ALAMEDA COUNTY HOMELESS ACTION CENTER TO PROVIDE RELATED SUPPORTS IN THE AMOUNT OF $462,667

Dear Board Members:

RECOMMENDATIONS

A. Accept the Housing and Disability Advocacy Program (HDAP) funds for public assistance clients in the total amount of $17,421,518:
    1. Re-appropriated funds for the term ending 6/30/22 in the amount of $1,910,000;
    2. Noncompetitive funds for the term ending 6/30/24 in the amount of $6,070,869; and
    3. Competitive funds for the term ending 6/30/24 in the amount of $9,440,649;

B. Approve a not-to-exceed amount of $1,900,000 for the flexible housing subsidy pool with the Housing Authority of the County of Alameda (HACA) to secure long-term subsidies and placements for HDAP clients with no change to the amount of $1,000,000 annually under the original MOU, and adding a one-time $1,900,000 allocation for HDAP clients;

C. Approve Amendment No. 1 (Master Contract No. 900130, Procurement Contract No. 21844) with Alameda County Homeless Action Center (Principal: Patricia Wall; Location: Berkeley) to provide benefits advocacy and housing support & navigation for additional disabled clients awaiting permanent supportive housing with no change in the contract period of 7/1/21 – 6/30/22, increasing the amount from $1,842,800 to $2,305,467 ($462,667 increase);

D. Delegate authority to the Health Care Services Agency (HCSA) Director or designee to negotiate and execute the agreement through the Community-Based Organization master contract process subject to review and approval as to form by County Counsel and submit an executed copy to the Clerk of the Board for filing; and

E. Authorize the Auditor-Controller to make the related budget adjustments increasing appropriation with offsetting revenue from the California Department of Social Services in the amount of $1,386,096 for Alameda County Behavioral Health and $300,167 for Alameda County Social Services Agency.

DISCUSSION/SUMMARY

The HDAP was established by California Assembly Bill 1603 (Chapter 25, Statutes of 2016) and updated by Senate Bill 80 (Chapter 27, Statutes 2019) to assist disabled individuals who are experiencing chronic homelessness apply for disability benefit programs while also providing housing assistance. HDAP has four core requirements: outreach, case management, disability advocacy, and housing assistance. All four components must be offered to recipients. The State of California initiated a three-year pilot to test the program. Alameda County's pilot HDAP program started in 2018 as a collaboration between the Alameda County Social Services Agency (SSA), Alameda County Behavioral Health Care Services (ACBH), and Housing Authority of the County of Alameda (HACA). To date, 89% of Alameda County's pilot program participants have been permanently housed. Based upon HDAP's Statewide success, the program became permanent in 2020.

On September 13, 2021 the California Department of Social Services (CDSS) notified SSA of the non-competitive funding allocation of $6,070,869 for FY 2021-22. These funds will be used to expand HDAP services including Social Security Income (SSI), Social Security Disability Insurance (SSDI) Advocacy, Cash Assistance Program for Immigrants (CAPI) Advocacy, housing navigation, Safe-Haven Emergency Housing, and access to permanent housing. CDSS also announced the re-appropriation of unspent funds from FY 2020-21 resulting in an additional $1,910,000 for Alameda County which must be spent by the end of FY 2021-22.

CDSS also announced a $25 million set-aside of competitive funds for Targeted Strategic Investment (TSI) grants for local HDAP programs. SSA and ACBH collaborated to apply for these funds to increase the overall supply of permanent affordable housing for HDAP clients. On February 10, 2022 CDSS announced the final FY 2021-22 funding allocations. Alameda County received $9,440,649 for TSI grants, the single largest County award from the competitive funds. In accordance with our approved funding application, the competitive funds are to be used towards:

- Strategic Housing Investments include
    - Provide direct rental subsidies;
    - Secure HDAP slots in new and existing developments;
    - Establish a Capitalized Operating Subsidy Reserves program; and
    - Execute master leases;
- Improve racial equity in housing by providing subsidies to families of reentry clients to facilitate family reunification; and
- Replace the legacy SSI Advocacy and HDAP data system with a cloud-based solution.

In total, Alameda County was awarded $17,421,518 of HDAP funding, which will also generate additional Community Services Block Grant (CSBG) revenue:

		FY 21-22	FY 22-23	FY 23-24	TOTAL
Alameda County Homeless Action Center	HDAP CSBG	310,167 152,500	1,315,374 287,500	1,315,374 287,500	2,940,915 727,500
HACA	HDAP	1,900,000			1,900,000
Balance to be Allocated	HDAP CSBG		12,210,603 135,000	370,000 135,000	12,580,603 270,000
TOTAL	HDAP CSBG	2,210,167 152,500	13,525,977 422,500	1,685,374 422,500	17,421,518 997,500

ACBH is requesting your Board to approve expansion of housing assistance, housing navigation, and disability advocacy services to Alameda County Homeless Action Center's (ACHAC's) HDAP program. Currently, ACHAC is serving 45 HDAP clients. This expansion will increase the number of HDAP clients served to 215. The funding will be spent on securing temporary housing placements, followed by permanent housing placements, as well as disability advocacy and housing navigation services.

Alameda County's disability advocacy programs have been extremely successful at winning disability cases for HDAP clients. Currently, ACHAC has an average 93% approval rate for HDAP clients, far exceeding the national average approval rate of 36%. With the expansion of the HDAP funding, ACHAC will hire and train additional SSI advocacy attorneys and housing navigators for HDAP clients needed to expand the program and meet the service targets in Alameda County's HDAP application. ACBH intends to return to your Board to request approval to allocate additional funds to HDAP programs in subsequent fiscal years.

On November 23, 2021 (Item No. 6), your Board approved the Fifth Amendment to the Memorandum of Understanding (MOU) with HACA. This MOU extended administration of a flexible subsidy pool that provides rental assistance subsidies for over 60 clients and supported the identification of approximately 15 set-aside HDAP permanent housing units. The MOU also provided for HCSA and its departments to transfer additional funding into the flexible subsidy pool with the approval from HACA and your Board. HACA and ACBH will collaborate to utilize these additional funds in conjunction with other resources to maximize the number of supportive housing units created in the County.

SELECTION CRITERIA

ACBH has had a contractual relationship with ACHAC for over ten years to provide housing and disability advocacy for vulnerable individuals residing in Alameda County, and this is a request for augmentation of these existing contracted services. On May 22, 2018 (Item No. 7) your Board approved the contract with ACHAC to provide SSI advocacy services, resulting from the Request for Proposal (RFP #2017-SSA-WBA-BHCS-SSISSDIAS). On June 29, 2021 (Item No. 8) your Board approved the annual mental health contract with ACHAC for provision of services to continue into FY 2021-22. ACHAC is a SLEB Certified provider (Certification: 11-00095; Expires: 04/30/2022). ACHAC has a current SLEB application in progress and is awaiting approval.

FINANCING

Funding for these appropriations will be provided by the CDSS HDAP funding, which includes one-time funds to be expended by 6/30/22 ($1,910,000) and one-time funds to be expended by 6/30/24 ($15,511,518), in addition to CSBG funds ($997,500). ACBH requests a budget adjustment of $1,386,096 since $976,571 is already included in the ACBH FY 21-22 Budget, with HDAP funding received through an Interagency Fund Transfer with SSA and with CSBG revenue per the attached Financial Recommendation. Social Services requests a budget adjustment of $300,167 since $1,910,000 is already included in the SSA FY 2021-22 Budget per the attached Financial Recommendation. The remaining funding will be requested in future years. Approval of these recommendations will have no impact on net County costs.

VISION 2026 GOAL

The HDAP services meet the 10X goal pathways of **Healthcare for All** and **Eliminate Homelessness** in support of our shared vision of a **Thriving and Resilient Population**.

Sincerely,

DocuSigned by:
CB284AE84C50405...

Colleen Chawla, Director
Health Care Services Agency

DocuSigned by:
Andrea Ford
CFBDBF387EBC493...

Andrea Ford, Interim Agency Director
Social Services Agency

CC/jb/wv/jl

FINANCIAL RECOMMENDATION FORM **#140100-35 Rev 5/21/14**

AGENDA DATE: 5/10/2022

BOARD LETTER SUBJECT: ACCEPT AWARDS OF HOUSING AND DISABILITY ADVOCACY PROGRAM

BUDGET YEAR: 2022 **FUND:** 10000

The use of Designations, as follows:

NAME OF DESIGNATION	ORG	AMOUNT

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350551	660011	00000		$1,233,596
	456120	00000		$152,500
			ORG TOTAL	$1,386,096

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL ANTICIPATED REVENUE $1,386,096

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350500	610000	00000		$1,386,096
			ORG TOTAL	$1,386,096

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL APPROPRIATION $1,386,096

FINANCIAL RECOMMENDATION FORM **#140100-35 Rev 5/21/14**

AGENDA DATE: 5/10/2022

BOARD LETTER SUBJECT: ACCEPT AWARDS OF HOUSING AND DISABILITY ADVOCACY PROGRAM

BUDGET YEAR: 2022 **FUND:** 10000

The use of Designations, as follows:

NAME OF DESIGNATION	ORG	AMOUNT

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
320100	452010	00000		$300,167
			ORG TOTAL	$300,167

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL ANTICIPATED REVENUE $300,167

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
320100	610000	00000		$300,167
			ORG TOTAL	$300,167

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL APPROPRIATION $300,167

FIRST AMENDMENT TO AGREEMENT

Master Contract #	**900130**	Procurement Contract #	**21844**
Procurement Begin Date	**07/01/21**	Expire Date	**06/30/22**

This First Amendment is made by the *County of Alameda* ("County") and **Alameda County Homeless Action Center** ("Contractor") to amend the Master Agreement, Procurement Contract No. **21844**, signed by the parties on **July 14, 2021** (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. Program Description and Performance Requirements, Exhibit A(a)-Scope of Work (SOW) shall be replaced with the attached Exhibit A(a)-SOW revised on 04/27/2022 and effective July 1, 2021.

AND

B. Terms and Conditions of Payment, Exhibit B are amended as follows and effective July 1, 2021.

- The Contract Maximum is increased from $1,842,800 to $2,305,467.
- The Funded Program Budget, Exhibit B-1, is amended and replaced by the attached Funded Program Budget, Exhibit B-1, dated 04/05/2022.
- The Composite Agency Budget, Exhibit B-2, is amended and replaced by the attached Composite Agency Budget, Exhibit B-2, dated 04/05/2022.
- The Rate Sheet, Exhibit B-3, is amended and replaced by the attached Rate Sheet, Exhibit B-3, dated 04/05/2022.

AND

C. The Exhibit C is replaced by the attached Exhibit C.

II. Except as otherwise stated herein, the terms and provisions of this First Amendment will be considered to be effective as of the date this First 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.

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

COUNTY OF ALAMEDA

By: DocuSigned by: BA167CA0C0D444A...

Karyn L. Tribble, PsyD, LCSW
Director
Behavioral Health Care Services

5/23/2022
Date

CONTRACTOR

Alameda County Homeless Action Center
Contractor

3126 Shattuck Avenue
Street Address

Berkeley, CA 94705
City, State, Zip Code

By: DocuSigned by: Patricia Wall B1058AE84A614D4...
Authorized Signature of Contractor

Patricia Wall
Print/Type Name

Executive Director
Title

5/23/2022
Date

By signing above, signatory warrants and represents that he/she executed this First Amendment in his/her authorized capacity and that by his/her signature on this First Amendment, he/she or the entity upon behalf of which he/she acted, executed this First Amendment.

EXHIBIT A(a)-SCOPE OF WORK (SOW): ALAMEDA COUNTY HOMELESS ACTION CENTER (ACHAC)

Contracting Department	Alameda County Behavioral Health Care Services (ACBH)
Contractor Name	Alameda County Homeless Action Center (ACHAC)
Contract Period	July 1, 2021 – June 30, 2022
Type of Contract	Master

Any specifications or variations in contracted service requirements shall be outlined herein:

I. Program Name

Alameda County Supplemental Security Income Program (SSI) and Social Security Disability Insurance Program (SSDI) Advocacy Services Project

II. Contracted Services

SSI/SSDI Advocacy

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to increase the number of Alameda County residents facing moderate to severe mental health issues who are approved for SSI/SSDI benefits.

Contractor shall assist disability advocacy clients experiencing homelessness secure and maintain stable permanent housing and support client choice around appropriate housing.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups See Applicable Exhibit A Documents

Contractor shall provide services to individuals with moderate to severe mental illness and individuals released from or about to be released from Santa Rita Jail or the State prison system.

2. Referral Process to Program

Contractor shall receive referrals from ACBH in the following ways:

i. ACBH shall send Contractor a list of clients. Contractor shall treat this list as highly confidential. The list shall only be disclosed to and accessible by the minimum number of Contractor's staff necessary to perform services.

ii. The designated ACBH Critical Care Manager, or their designee, shall directly initiate referrals for clients from Napa State Hospital.

iii. The designated ACBH programs, including but not limited to Service Teams and Full Service Partnerships, may directly initiate referrals for clients.

3. Program Eligibility

Contractor shall only provide services to:

i. Clients of ACBH-funded services or those clients who have been referred to Contractor's program by ACBH;
ii. Napa State Hospital clients who have been referred by designated ACBH Critical Care Manager or designee; and
iii. Up to 10 percent of Contractor's caseload may include Alameda County residents with behavioral health challenges who are not directly referred by ACBH.

4. Limitations of Service

Not applicable.

C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor shall monitor emerging Social Security regulations, policies, procedures, and laws to remain fully qualified to perform the services outlined in this Contract.

Contractor shall deliver services to clients for the following steps in the SSI/SSDI/Benefits application process: Initial Application, Requests for Reconsideration, Administrative Law Judge (ALJ) Hearing, Appeals Council, and District Court. Contractor may also provide services related to post-entitlement issues (back pay, overpayments, etc.) for up to five percent of the clients served. Contractor shall also assist clients in the Continuing Disability Review (CDR) Process.

Contractor shall spend two days per week at Santa Rita Jail doing outreach and follow-up with referred inmates.

Contractor shall conduct street outreach, including homeless encampments, for high risk individuals who are referred for disability advocacy and housing navigation.

Contractor shall provide the following services to support clients across the steps in the SSI/SSDI application process and for CDRs:

i. Call, mail, and conduct home visits (if necessary) to make contact with referred clients, schedule initial meetings, and make efforts to ensure clients show for their initial and any subsequent appointments;
ii. Make arrangements for interpreter services for clients who require services in a language other than English;

iii. As appropriate, arrange for transportation to and from appointments related to contracted services, including but not limited to providing transportation vouchers (such as Clipper cards for Alameda County Transit);
iv. Explain the disability benefits application process and inform the client of the option to have other/self-representation;
v. Meet with each client at one of Contractor's office locations or at a location convenient for the client;
vi. Open and track progress for each case in County's SSI Advocacy database;
vii. Document all meetings and actions taken on behalf of each referred client, and any findings, in client's case file;
viii. Ensure that all Social Security Administration deadlines are met;
ix. Ensure all eligible clients have active Medi-Cal benefits;
x. Through all stages, follow all relevant regulations, statutes, and other requirements, including adhering to all laws and regulations around confidentiality, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), 42 C.F.R. part 2, and Welfare and Institutions Code §5328;
xi. Complete all necessary paperwork at each level of the disability application and appeals process;
xii. Help clients receive treatment to document disability, including referring clients to ACBH programs for treatment and case management;
xiii. Obtain and submit medical records that support disability claims;
xiv. When appropriate, help clients receive clinical assessments;
xv. Obtain and submit additional evidence and documentation supporting disability claims;
xvi. Provide the Social Security Administration with evidence that supports a client's disability claim;
xvii. As appropriate, sign up clients for the Alameda County General Assistance (GA) Housing Subsidy, explaining program and collecting consent; and
xviii. Adhere to industry best practices for representing clients through the disability benefits process.

For any clients who do not qualify for Social Security disability benefits because of their immigration status, Contractor shall assist clients in applying for the Cash Assistance Program for Immigrants (CAPI):

i. Ensure all California Department of Social Services (CDSS) deadlines are met;
ii. Document and collect supporting evidence to assist clients with sponsorship as appropriate; and
iii. Follow all applicable principles for SSI and SSDI representation listed above.

Contractor shall provide Housing Navigation services for disability advocacy clients experiencing homelessness and help them maintain contact with their disability attorney. Services shall include support in gathering and submitting the necessary documents for subsidized housing, outreach and service provision in the field as well

as In-Home Support Services (IHSS) application and worker selection processes if needed. Provide care coordination with physical and mental health care provider to help gather the necessary documentation for their disability claim. Contractor shall also work to ensure that appropriate resources and supports are in place for individuals to maintain their housing in order to increase client stability and follow-through with their disability application process.

Contractor shall attend quarterly ACBH and Alameda County Social Services Agency (ACSSA) SSI/SSDI Advisory meetings and other meetings as requested by ACBH staff.

2. Discharge Criteria and Process

SSI/SSDI and CAPI clients who successfully obtain benefits shall be closed to service once they begin receiving payment. All closed cases and referrals shall be accurately reflected in the shared database.

3. Hours of Operation

Contractor shall maintain the following hours of operation:

- Monday through Friday, 9:00 a.m. to 5:00 p.m., with the exception of court holidays

4. Service Delivery Sites See Applicable Exhibit A Documents

Contractor shall provide services at the following locations:

- Contractor's Offices
  - 3126 Shattuck Avenue, Berkeley, CA 94705
  - 2601 San Pablo Avenue, Oakland, CA 94612
- ACSSA Self-Sufficiency Centers
  - 2000 San Pablo Avenue, Oakland, CA 94612
  - 6955 Foothill Boulevard, Suite 100, Oakland, CA 94605
  - 24100 Amador Street, Hayward, CA 94544
- Santa Rita Jail
  - 5325 Broder Boulevard, Dublin, CA 94568
- Other participating Health Care Services Agency, ACBH, or partner clinic sites, clients' homes, and other locations requested by ACBH and clients.

Contractor shall obtain written approval from ACBH through the ACBH Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications See Applicable Exhibit A Documents

Contractor shall maintain the following minimum direct service positions:[1]

- 16.39 Full-Time Equivalent (FTE) Attorney, including 3.0 FTE Supervising Attorney
- 2.0 FTE Advocate
- 3.0 FTE Outreach Specialist/Housing Navigator

[1] The positions shall be maintained at the specified level or higher of direct FTE staff.

- 2.0 FTE Outreach Manager and Safe Haven Director

Contractor's staff performing or supervising legal services shall be licensed by and in good standing with the California State Bar. Contractor shall ensure appropriate supervision of attorneys and advocates.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall maintain an average caseload of 36 Disability Advocacy cases per contracted FTE Attorney. A case shall be considered open once it has been entered into the County's SSI Advocacy database and includes an Appointment of Representation filing date (Social Security Form 1696). Up to five percent of the clients served can be for post-entitlement issues.

Contractor shall maintain an average caseload of 20 clients per FTE Housing Navigator.

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objective:

Quality Measure	Quality Objective
Percent of Disability Advocacy clients closed without obtaining benefits for the following reasons: loss of contact, insufficient merit to proceed, change in eligibility status, or client withdrawal	15% or less
Percent of clients in the Community Housing Queue who are document ready within two months of referral for Housing Navigation services	at least 80%

C. Impact Objectives

Contractor shall achieve a SSI/SSDI allowance rate at least equal to that of the national average approval rate.

V. Reporting and Evaluation Requirements

See Applicable Exhibit A Documents

Contractor shall track all client referrals and cases in the County's SSI Advocacy database.

Contractor shall submit an Annual Mental Health Service Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

VI. Additional Requirements

See Applicable Exhibit A Documents

PLEASE ENTER WHOLE DOLLARS ONLY	Direct Services √	Average Annualized Salary	TOTAL MASTER CONTRACT BUDGET FTE	TOTAL MASTER CONTRACT BUDGET Cost	Advocacy Services SSI/SSDI Advocacy / HDAP Actual Cost RU # N/A BUDGET FTE	Advocacy Services SSI/SSDI Advocacy / HDAP Actual Cost RU # N/A BUDGET Cost
TOTAL PROGRAM BUDGET						
I. SALARIES, WAGES, & BENEFITS						
Provider's Employees						
Direct Service Employees		Direct FTE	23.39		23.39	
Staff Attorney	√	$62,561	**13.39**	**$837,690**	13.39	$837,690
Adovocate	√	$51,268	**2.00**	**$102,536**	2.00	$102,536
Supervising Attorney	√	$86,250	**3.00**	**$258,750**	3.00	$258,750
Outreach Specialist/Housing Navigator	√	$65,148	**3.00**	**$195,445**	3.00	$195,445
Outreach Manager & Safe Haven Director	√	$86,563	**2.00**	**$173,125**	2.00	$173,125
Administrative Employees (Direct Assigned)		Indirect FTE	0.49			
Billing / Data Entry		$94,760	**0.30**	**$28,428**	0.30	$28,428
Program Director		$118,026	**0.19**	**$22,425**	0.19	$22,425
Supervising Attorney		$0	**0.00**	**$0**		
Provider's Employees - Salaries & Wages TOTAL				**$1,618,399**		**$1,618,399**
Provider's Employees - Fringe Benefits				**$356,048**	22%	**$356,048**
Provider's Employees - Salaries, Wages, and Benefits TOTAL			**23.88**	**$1,974,447**	**23.88**	**$1,974,447**
TOTAL SALARIES, WAGES, & BENEFITS			**23.88**	**$1,974,447**	**23.88**	**$1,974,447**
II. OPERATING EXPENSES						
Direct Assigned						
Allocated						
Household Expense, Food, & Supplies				**$0**		$0
Office Expense and Supplies				**$13,050**		$13,050
Utilities				**$9,425**		$9,425
Communications				**$9,700**		$9,700
Transportation and Travel				**$10,150**		$10,150
Insurance (excl. Professional Liability)				**$18,152**		$18,152
Taxes, Assessment, Membership Dues, & Licenses				**$10,150**		$10,150
Interest on Long-Term Debt				**$0**		$0
Training				**$20,300**		$20,300
Rent & Leases						
Structure, Buildings, & Improvements				**$20,202**		$20,202
Equipment (Non-Medical) & Vehicles				**$4,350**		$4,350
Other: Translation				**$290**		$290
Other: Letters/Postage				**$4,350**		$4,350
Other: Printing & Copying				**$580**		$580
Other: Library Publications				**$2,900**		$2,900
Other: Client Outreach Services				**$100,000**		$100,000
Other: Outreach Admin				**$63,011**		$63,011
Other:				**$0**		
Other:				**$0**		
TOTAL OPERATING EXPENSES				**$286,610**		**$286,610**
III. ADMINISTRATIVE EXPENSES (ALLOCATED / INDIRECT)				**$44,410**	2%	**$44,410**
TOTAL REVENUE				**$0**		**$0**
NET COST				**$2,305,467**		**$2,305,467**

Revision Date: 4/5/22

EXHIBIT B-2
COMPOSITE AGENCY BUDGET
REVENUE/EXPENSE SUMMARY

CONTRACTOR:	CONTRACT PERIOD:
ALAMEDA COUNTY HOMELESS ACTION CENTER	**JULY 1, 2021 - JUNE 30, 2022**

SOURCES OF FUNDS		APPROPRIATION REQUIREMENTS	
		EXPENDITURE CATEGORIES	
REVENUE CATEGORIES	TOTAL	*Salaries & Benefits*	*Services & Supplies*
I. ALAMEDA COUNTY ALLOCATED FUNDS			
A. ACBH - SUBSTANCE USE DISORDERS (SUD)			
B. ACBH - MENTAL HEALTH			
Federal - Mental Health Block Grant (MHBG)			
Federal - Projects for Assistance in Transition from Homelessness (PATH)			
Mental Health - Other	$2,305,467		
C. OTHER ALAMEDA COUNTY DEPARTMENTS:			
Alameda County Probation Dept.			
–	$4,800,000		
–			
–			
–			
–			
–			
–			
SUBTOTAL	*$7,105,467*		
II. OTHER SOURCES OF FUNDS			
A. FEDERAL			
B. STATE	$993,230		
C. OTHER COUNTIES/CITIES/DISTRICTS			
City of Oakland	$47,250		
City of Berkeley	$129,540		
–			
–			
–			
D. PATIENT / CLIENT FEES			
E. PRIVATE	$210,000		
F. MISCELLANEOUS / OTHER	$182,208		
SUBTOTAL	*$1,562,228*		
GRAND TOTAL	**$8,667,695**	**$1,974,447**	**$331,020**

Revision Date: 4/5/22

EXHIBIT B-3
METHOD AND RATE OF REIMBURSEMENT
RATE SHEET
MASTER CONTRACT
FY 21/22

Contractor: Alameda County Homeless Action Center

Reporting Unit	Service / Program	Reimbursement Method	Rate	Allocation
N/A	SSI/SSDI Adovcacy	Actual Cost	Not to exceed	$2,305,467
			Contract Maximum:	$2,305,467

Revised: 4/5/22

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 & Omissions** Includes endorsements of contractual liability and defense and indemnification of the County	$1,000,000 per occurrence $2,000,000 project aggregate

E **Endorsements and Conditions**:

1. **ADDITIONAL INSURED:** All insurance required above with the exception of Professional Liability, Personal Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives.
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 effected 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.
5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall furnish 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:
   - 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 require certificate(s) and endorsements must be sent as set forth in the Notices provision.

ALAMCOU-02 ATERUEL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/19/2022

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 have ADDITIONAL INSURED provisions or 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 License # 0582383
Paul R. Nadler Insurance
1560 Laurel Street
Suite 200
San Carlos, CA 94070

CONTACT NAME: f
PHONE (A/C, No, Ext): (650) 508-8000 FAX (A/C, No): (650) 508-8006
E-MAIL ADDRESS: CL@Nadlerinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : CENTURY SURETY COMPANY	36951
INSURER B : HARTFORD Accident and Indemnity	22357
INSURER C : NATIONAL UNION FIRE INSURANCE CO	19445
INSURER D : Western Surety Company	13188
INSURER E :	
INSURER F :	

INSURED
Alameda County Homeless Action Center
3126 Shattuck Avenue
Berkeley, CA 94705

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		CCP1007931	8/23/2021	8/23/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS			57UECIZ5333	2/1/2022	2/1/2023	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 1,000,000
	X EXCESS LIAB CLAIMS-MADE			EBU049327091	8/23/2021	8/23/2022	AGGREGATE	$ 1,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
D	Bonds			71306435	7/27/2021	7/27/2022	Limits	100,000

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

CERTIFICATE HOLDER

ALAMEDA COUNTY BEHAVIORIAL HEALTH CARE SERVICES
Attn: Fred Zhang
2000 EMBARCADERO COVE
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

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)	Location(s) Of Covered Operations
Blanket as required by written contract	Various locations

A. Section **II** – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured; and

3. A person's or organization's status as an additional insured under this endorsement ends, with respect to any particular project when your operations on that project are completed.

B. With respect to the insurance afforded to these additional insured's, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operation for a principal as part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section **III** – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/22/2021

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

The Leavitt Group of Atlanta, Inc.
2200 Century Pkwy
Suite 410
Atlanta GA 30345

CONTACT NAME: David Kessler
PHONE (A/C, No, Ext): 202.452.9870 **FAX (A/C, No):** 202.452.9879
E-MAIL ADDRESS: d.kessler@nlada.org

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : AIX Specialty Insurance Company	12833
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Alameda County Homeless Action Center
3126 Shattuck Ave.
Berkeley, CA 94705

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability			L1A9260986 10	10/01/2021	10/01/2022	$2,000,000 each claim $4,000,000 in the aggregate	

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

CERTIFICATE HOLDER

Alameda County Behavior Health Care Services
Attn: Insurance Coordinator
1900 Embarcadero Cove, Suite 205
Oakland, CA 94605

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

David Kessler

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/18/2022

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 have ADDITIONAL INSURED provisions or 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	**CONTACT NAME:** Automatic Data Processing Insurance Agency, Inc.
Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068	**PHONE (A/C, No, Ext):** 1-800-524-7024 **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Alameda County Homeless Action Center 2601 San Pablo Ave. Oakland CA 94612	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Accredited Surety and Casualty Company Inc 26379 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2414296 **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	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	N	1ATCA16005523-0	03/30/2022	03/30/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

Behavioral Health Care Services Agency
1900 Embarcadero Cove, Suite 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

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