May 1, 2015

Honorable Board Members
Administration Building
Oakland, CA 94612

Dear Board Members:

SUBJECT: Approval of Extension and Funding Increase for the Current Service Awards for General Assistance Program (GA) Mental Health Evaluation Assessments

RECOMMENDATIONS:

A. Approve a Fourth Amendment to the Standard Services Agreements for General Assistance Program (GA) Mental Health Evaluation Assessments Employment Evaluations for GA recipients;

i. Deepa Abraham, Ph.D., dba: Be Well, PC No. 2658, (Principal: Deepa Abraham, Ph.D.; Location: Dublin), increasing the current award of $609,513.60 by an additional $104,724.40 for FY 2015-2016, for a new maximum of $714,238 and extend the award period of September 1, 2008 through June 30, 2015 by an additional 12 months through June 30, 2016;

ii. Robert Kennedy, Psy.D., PC No. 2659, (Principal: Robert Kennedy, Psy.D.; Location: Hayward), increasing the current award of $587,613.60 by an additional $200,000.40, (FY 2014-2015 = $50,000.40 and FY 2015-2016 = $150,000), for a new maximum of $787,614.00 and extend the award period of September 1, 2008 through June 30, 2015 by an additional 12 months through June 30, 2016; and,

B. Approve a contract extension of the current award with Family Service of San Leandro, DBA: Family Service Counseling and Community Resource Center (FSCCRC), Master Contract No. 900032, PC No. 11796, (Principal: Tricia Harris, Executive Director; Location: San Leandro), extending the award period of September 1, 2008 through June 30, 2015 by an additional 12 months through June 30, 2016 and with a new annual award of $70,000, and delegate authority to the SSA Director or designee, to execute the contract under the Master Contracting process.
SUMMARY/DISCUSSION:

An additional extension of these contracts is necessary in the interim, for program continuity in the anticipation of the opening of the Transitional Health Care Home (TRUST) Clinics of which these services will be a component for GA applicants/ recipients.

The services comprise of Clinical Health Assessments are offered to applicants/recipients who report mental health-related limitations that interfere with their ability to obtain employment. These services are currently provided on-site in one or more of the SSA’s three Self-Sufficiency Centers (Locations: Eastmont, Hayward and North Oakland). We are experiencing an increase in the volume of individuals who are appropriate for an evaluation. This has resulted in the need to augment the service agreement for the contractor who is providing services at the North Oakland Self Sufficiency Center.

SELECTION CRITERIA AND PROCESS:

On January 16, 2008, SSA launched procurement for GA Mental Health Employability Determination Services. The County awarded contracts to four selected bidders. Three of the four (Deepa Abraham, Ph.D., dba: Be Well; Robert Kennedy, Psy.D. and Family Services Counseling and Community Resource Center) remain under contract to the County. The fourth contractor for the same service was not renewed, following the contractor’s request to terminate its contract with the SSA. On September 9, 2008, (File No. 23864, item No. 4 A-C) your Board approved and authorized the awards and resulting contracts from the procurement. On June 7, 2011 (File No. 27380, Item No. 47 A-C) your Board approved service extensions through June 30, 2012, on May 2, 2012 (File No. 28154, Item No. 5) through June 30, 2014, and again on September 23, 2014 (File No. 29356, Item No. 5) through June 30, 2015. Dr. Abraham, dba: Be Well and Dr. Kennedy are current County certified SLEB vendors. Family Service of San Leandro is a local non-profit Community Based Organization and exempt from the County SLEB requirements.

FINANCING:

Funds for this project are available in the Agency’s FY 2014-2015 and planned FY 2015-2016 budgets. There are no additional net County costs.

Sincerely,

Lori A. Cox
Agency Director

Attachments: 2 packets of Standard Agreement amendments (5 each) for Board President signature
FOURTH AMENDMENT TO AGREEMENT

This Fourth Amendment to Agreement ("Fourth Amendment") is made by the County of Alameda ("County") and Deepa Abraham, Ph.D., dba: Be Well, ("Contractor") with respect to that certain agreement entered by them on September 1, 2008 (referred to herein as the "Agreement") pursuant to which Contractor provides mental health screening services for Alameda County General Assistance Program (GAP) participants.

County and Contractor agree as follows:

1. For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree to amend the Agreement in the following respects:

   Contractor’s current award of $609,513.60 is increased by an additional $104,724.40 for a new maximum of $714,238.00 and the award period of September 1, 2008 through June 30, 2015 is extended by an additional 12 months through June 30, 2016.

2. This Fourth Amendment will be effective as of the date it is executed by the County ("Effective Date").

3. The term of the Agreement is currently scheduled to expire on June 30, 2015. As of the Effective Date, the term of the Agreement is extended through June 30, 2016.

4. In consideration for Contractor’s additional services, the County shall pay Contractor an additional amount not to exceed one-hundred four-thousand, seven-hundred twenty-four dollars and 40 cents ($104,724.40). As a result of these additional services the not to exceed amount has increased from six-hundred nine-thousand, five-hundred-thirteen dollars and sixty cents ($609,513.60) to seven-hundred fourteen thousand, two-hundred thirty-eight dollars ($714,238.00) over
the term of the Agreement and any amendments.

5. DEBARMENT AND SUSPENSION CERTIFICATION:

a. By signing this Fourth Amendment and Exhibit F, Debarment and Suspension Certification, Contractor 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.

b. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principals:

(1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded by any federal department or agency;

(2) Shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

6. Except as expressly modified by this Fourth Amendment, all of the terms and conditions of the Contract are and remain in full force and effect.
IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the Agreement as of the day and year first above written.

COUNTY OF ALAMEDA

By: ____________________________
Name: ____________________________
Title: President of the Board of Supervisors

CONTRACTOR/COMPANY NAME

By: ____________________________
Name: ____________________________
Title: Psychologist

Date: ____________________________

Approved as to Form:

DONNAR. ZIEGLER, County Counsel

By: ____________________________
Print Name: ____________________________
County Counsel Signature

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement.
COUNTY OF ALAMEDA
DEBAREMENT AND SUSPENSION CERTIFICATION

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named or 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.

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 Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Deepa Abraham, Ph.D.

PRINCIPAL: Same as Above

TITLE: Psychologist

SIGNATURE: Deepa Abraham Ph.D.

DATE: 05.04.2015
<table>
<thead>
<tr>
<th>Classification: Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification: Firm, Special Entity Designation, Vessel</td>
</tr>
<tr>
<td>Entity Name: Be Well</td>
</tr>
<tr>
<td>Functional Area: Performance Information</td>
</tr>
<tr>
<td>Record Status: Active</td>
</tr>
<tr>
<td>Name 1 : Deena Abraham</td>
</tr>
</tbody>
</table>

| No Search Results                            |
ACORD CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS 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/INSURANCE 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).

INSURED

INTERWEST INSURANCE SVC INC/PHS
128394 P: (866) 467-8730 F: (888) 443-6112
PO BOX 33015
SAN ANTONIO TX 78265

DEEPA ABRAHAM, PH.D. DBA BE WELL
7080 DONLON WAY STE 104
DUBLIN CA 94568

CERTIFICATE NUMBER:

IF THE 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.

GENERAL LIABILITY

CLAIMS-MADE

A General Liab

X

57 SBM AX0930
11/18/2014 11/18/2015

PERSONAL & ADJ INJURY

$2,000,000

PRODUCTS - CO-MOPD AGG

$2,000,000

GENERAL LIABILITY

ANY AUTO

SCHEDULED AUTOS

NON-OWNED AUTOS

X

UNINSURED LIAB CLAIMS-MADE OCCUR

EXCESS LIABILITY

CLAIMS-MADE

AS REQUIRED

BY LAW

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

Those usual to the Insured's Operations. County of Alameda its Board of Supervisors, individual members, thereof, County Officers, agents, employees and representatives are additional insured per the Business Liability Coverage Form SS0009 attached to this policy

UL00001

County of Alameda
Social Services Agency
Office of Contracts
2000 SAN PABLO AVE FL 4
OAKLAND, CA 94612

©1988-2014 ACORD CORPORATION. All rights reserved.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deeba Abraham dba Be Well</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Symbol</th>
<th>Policy Number</th>
<th>Policy Period</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>CRL</td>
<td>78G26144206</td>
<td>02/15/2014 to 02/15/2015</td>
<td>02/15/2014</td>
</tr>
</tbody>
</table>

Issued By (Name of Insurance Company)
ACE American Insurance Company

Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an Insured, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an Incident caused by the sole negligence of another Insured:

<table>
<thead>
<tr>
<th>Additional Insured</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda, Its Board of Supervisors, The Individual Members Thereof, and all County Officers, Agents, Employees and Representatives</td>
<td></td>
</tr>
</tbody>
</table>

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:

<table>
<thead>
<tr>
<th>Additional Premium</th>
<th>Return Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All other terms and conditions of this policy remain unchanged.

Authorized Agent
# Certificate of Liability Insurance

**Date:** 01/16/2015

**Producers:**
- Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency
  - 1791 Paseo Drive Circle
  - Miami, FL 33034
  - Email: info@trustrisk.com
  - Tel: 305-579-6370

**Insurer:**
- ACE American Insurance Company
  - NAIC #: 22661
  - Address: 1791 Paseo Drive Circle
  - City: Miami, FL 33034
  - Tel: 305-579-6370

**Certificate Number:**
- 78G26144206

## Represented by:
- Deepa Abraham dba Ba Well
  - 7080 Donlon Way Ste 104
  - Dublin, CA 94568 2788

## Coverages

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Adding Sub Limits</th>
<th>Policy Number</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
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<tbody>
<tr>
<td><strong>Commercial General Liability</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims Made, Occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$7,500,000/1,000,000/1,000,000</td>
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<td></td>
<td>EACH OCCURRENCE</td>
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<tr>
<td>$750,000/100,000/100,000</td>
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<td></td>
<td>DAMAGE TO RENTED PREMISES (Ex. occurrence)</td>
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</tr>
<tr>
<td>$750,000/100,000/100,000</td>
<td></td>
<td></td>
<td>MED EXP (Any one person)</td>
<td></td>
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<tr>
<td>$750,000/100,000/100,000</td>
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<td></td>
<td>PERSONAL &amp; ADV INJURY</td>
<td></td>
</tr>
<tr>
<td>$750,000/100,000/100,000</td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE</td>
<td></td>
</tr>
<tr>
<td>$750,000/100,000/100,000</td>
<td></td>
<td></td>
<td>PRODUCTS-COMPOD AGG</td>
<td></td>
</tr>
</tbody>
</table>

| **Automobile Liability**   |                   |               |                         |         |
| Any Auto                   |                   |               | CUMULATIVE SINGLE LIMIT |         |
| All Owned Autos            |                   |               | $5,000,000/1,000,000     |         |
| SCHEDULED AUTOS            |                   |               | $5,000,000/1,000,000     |         |
| Non-Owned Autos            |                   |               | $5,000,000/1,000,000     |         |
| Umbrella Liability         |                   |               | EACH OCCURRENCE         |         |
| Occur                      |                   |               |                         |         |
| EXCESS LIABILITY            |                   |               | AGGREGATE               |         |
| CLAIMS-MADE                |                   |               |                         |         |
| $1,000,000/1,000,000        |                   |               |                         |         |

**Workers Compensation and Employers Liability**
- Y/N: N/A
- Description of Operations:
- Description of Operations:
- SCHAEF/STATUTE OTH.
- E.L. EACH ACCIDENT
- E.L. DISEASE-EA EMPLOYEE
- E.L. DISEASE-POCICY LIMIT

**Description of Operations/Locations/Vehicles**
- Additional Remarks Schedule may be attached if more space is required.

## Certificate Holder

- County of Alameda, Its Board of Supervisors, The Individual Members
- Thereof, and all County Officers, Agents, Employees and Representatives

## 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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The ACORD name and logo are registered marks of ACORD
Name on Policy: DEEPA ABRAHAM
BE WELL
Policy Term: 03-01-15 to 03-01-16
Policy Coverage WORKERS COMP
Policy Number 8C672878

Travelers Claim Action Line (800) 238-6225
Representatives available 24 hours a day, 7 days a week.

Name on Policy: DEEPA ABRAHAM
BE WELL
Policy Term: 03-01-15 to 03-01-16
Policy Coverage WORKERS COMP
Policy Number 8C672878

Travelers Claim Action Line (800) 238-6225
Representatives available 24 hours a day, 7 days a week.
TRAVELERS
ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE V
INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (IJUB-8C67287-8-15)
RENEWAL OF (IJUB-8C67287-8-14)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
NCCI CO CODE: 13579

1.

INSURED:
DEEPA ABRAHAM
BE WELL
7080 DONLON WAY STE 104
DUBLIN CA 94568

PRODUCER:
AUTOMATIC DATA PROC INS
ADP BLVD MS 325
ROSELAND NJ 07068

Insured Is an INDIVIDUAL

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 03-01-15 to 03-01-16 12:01 A.M. at the insured’s mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

   CA

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

   Bodily Injury by Accident: $1,000,000 Each Accident
   Bodily Injury by Disease: $1,000,000 Policy Limit
   Bodily Injury by Disease: $1,000,000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

   AL AR AZ CO CT DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI WV

D. This policy includes these endorsements and schedules:

   SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNNUALLY.

DATE OF ISSUE: 01-15-15
OFFICE: PAYROLL
70A
PRODUCER: AUTOMATIC DATA PROC INS

DIRECT BILL
XV770
### Workers Compensation and Employers Liability Policy

**Policy Number:** (IJUB-8C67287-8-15)

**Insurer:** Travelers Property Casualty Company of America

**Insured's Name:** Deepa Abraham

**Location:** October 01

**FEIN:** 760784809

**Entity CD:** 001

**Address:** 7080 Donlon Way Ste 104, Dublin, CA 94568

**SIC Code:** 8049

**NAICS:** 621399

**Classification:** Physicians - All Employees - Including Clerical Office Employees

<table>
<thead>
<tr>
<th>Classification</th>
<th>Code</th>
<th>Premium Basis</th>
<th>Estimated Rates</th>
<th>Estimated Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Estimated Total Annual Remuneration</td>
<td>Per $100 of Remuneration</td>
<td></td>
</tr>
<tr>
<td>BE WELL</td>
<td></td>
<td>15606</td>
<td>2.77</td>
<td>432</td>
</tr>
</tbody>
</table>

**Experience Modification:** None

**Modified Premium:** $0

**Total Estimated Annual Standard Premium:** $432

**Expense Constant:** $185

**Terrorism:** $5

**1.83% CIGA Surcharge:** $11

**1.44% User/Fraud/UEBT/SIBT/OSH/LEC:** $9

**Total Estimated Premium:** $642

**Deposit Amount Due:** $642

**Date of Issue:** 01-15-15

**Schedule No:** 1 of Last
**LISTING OF ENDORSEMENTS**

**EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

<table>
<thead>
<tr>
<th>Endorsement Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC 00 00 01 A - 001</td>
<td>INFORMATION PAGE</td>
</tr>
<tr>
<td>WC 00 00 01 A - 001</td>
<td>INFORMATION PAGE 2</td>
</tr>
<tr>
<td>WC 00 00 01 A - 001</td>
<td>EXTENSION OF INFORMATION PAGE - SCHEDULE</td>
</tr>
<tr>
<td>WC 00 00 01 A - 001</td>
<td>ENDORSEMENT LISTING</td>
</tr>
<tr>
<td>WC 04 03 17 00 - 001</td>
<td>ENDT AGRMT LIMITING &amp; RESTRICTING INS</td>
</tr>
<tr>
<td>WC 00 01 14 00 - 001</td>
<td>PENDING LAW CHANGE TO TERRORISM RISK INS</td>
</tr>
<tr>
<td>WC 00 04 22 A - 001</td>
<td>TERRORISM-REAUTHORIZATION ACT DISCLOSURE</td>
</tr>
<tr>
<td>WC 99 03 F3 00 - 001</td>
<td>CA LIMITS OF LIABILITY ENDT</td>
</tr>
<tr>
<td>WC 99 03 99 00 - 001</td>
<td>CA WORKERS’ COMP NOTICE OF NON-RENEWAL</td>
</tr>
<tr>
<td>WC 00 04 21 C - 001</td>
<td>CATASTROPHE (O/T CERT. ACTS OF TERR) ENDT</td>
</tr>
<tr>
<td>WC 04 03 01 B - 001</td>
<td>POLICY AMENDATORY ENDORSEMENT-CALIFORNIA</td>
</tr>
<tr>
<td>WC 04 03 60 A - 001</td>
<td>CA-EMPLOYERS LIAB COV AMENDATORY ENDT</td>
</tr>
<tr>
<td>WC 04 04 22 00 - 001</td>
<td>CALIFORNIA SHORT-RATE CANCELLATION ENDT</td>
</tr>
<tr>
<td>WC 04 06 01 A - 001</td>
<td>CA CANCELLATION ENDT</td>
</tr>
</tbody>
</table>

**DATE OF ISSUE:** 01-15-15

**ST ASSIGN:**
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

<table>
<thead>
<tr>
<th>Name of Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deepa Abraham dba Be Well</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Symbol</th>
<th>Policy Number</th>
<th>Policy Period</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRL</td>
<td>78G26144208</td>
<td>02/15/2015 to 02/15/2016</td>
<td>02/15/2015</td>
</tr>
</tbody>
</table>

Issued By (Name of Insurance Company):
ACE American Insurance Company

Retroactive Date(s)

Designated Individual(s) or Entity(ies)

It is agreed that, in consideration of the premium charged, and solely with respect to the following designated individual(s) or entity(ies), Item 4. of the Declarations, Retroactive Date, is deleted with respect to such designated individual(s) or entity(ies) and replaced with the Retroactive Date for such designated individual(s) or entity(ies) listed in below.

<table>
<thead>
<tr>
<th>Designated Individual(s) or Entity(ies)</th>
<th>Retroactive Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deepa Abraham dba Be Well</td>
<td>02/15/2011</td>
</tr>
<tr>
<td>Deepa Abraham</td>
<td>05/01/2005</td>
</tr>
<tr>
<td>Sherry Loewinger</td>
<td>02/15/2011</td>
</tr>
</tbody>
</table>

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:

<table>
<thead>
<tr>
<th>Additional Premium:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return Premium:</td>
</tr>
</tbody>
</table>

All other terms and conditions of this policy remain unchanged.

Authorized Agent
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

<table>
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<tr>
<th>Name of Insured</th>
<th>Endorsement Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deepe Abraham dba Be Well</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
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<th>Policy Number</th>
<th>Policy Period</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
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<td>CRL</td>
<td>79G26144206</td>
<td>02/15/2015 to 02/15/2016</td>
<td>02/15/2015</td>
</tr>
</tbody>
</table>

Issued By (Name of Insurance Company)
ACE American Insurance Company

Vicarious Liability Extension for the Named Insured
for Excluded Individual(s) or Entity(ies)

It is agreed that Section VII. DEFINITIONS, is amended at the definition of Insured, by adding the following:

- The individual(s) or entity(ies) listed in the Schedule below is/are not (an) Insured(s) under this policy and shall not qualify as (an) Insured(s) under Section III. PERSONS INSURED.

Schedule of Individual(s) or Entity(ies)
Roml Mann 10/01/2012

<table>
<thead>
<tr>
<th>Name of Individual(s) or Entity(ies)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roml Mann</td>
<td>10/01/2012</td>
</tr>
</tbody>
</table>

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:

<table>
<thead>
<tr>
<th>Additional Premium</th>
<th>Return Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All other terms and conditions of this policy remain unchanged.

Authorized Agent
REQUEST TO ENCUMBER, ADD, LIQUIDATE FUNDS OR PAY CONTRACTOR

PART I: REQUEST FROM CONTRACTING DEPARTMENT

1. Contractor’s Name: DEEPA ABRAHAM, PH.D., DBA: BE WELL
2. Remittance Address: 7080 Donlon Way, Suite 104, Dublin, CA 94568
3. Contractor’s Vendor ID: 66059
4. Master Contract #: N/A
5. Procurement Contract #: 2658
6. Description of Contract: General Assistance Program Mental Health Evaluations Determination Services
7. Procurement Contract Begin Date: September 1, 2008
8. Procurement Contract Expire Date: June 30, 2016
9. Elation Project Info: A.  □ Sub-Contractor Compliance Required  B.  □ Labor Compliance Required
10. Board Waiver #: N/A
   GSA Waiver #: N/A
   Federal Fund Waiver #: N/A
11. ENCUMBER FUNDS IN A NEW PURCHASE ORDER
   Date of Board Minute Order:
   File/Item/Contract Number:
   Total Amount Authorized By Board:
   Amount to be Encumbered:
   Justification if partial encumbrance requested:
12. ADD FUNDS TO AN EXISTING PURCHASE ORDER
   PO Number: 8305
   Date of Board Minute Order: June 2, 2015
   File/Item/Contract Number:
   Total Amount Authorized By Board: $714,238.00
   Amount to be Encumbered: $104,724.40
   Justification if partial encumbrance requested:
13. LIQUIDATE FUNDS FROM A PURCHASE ORDER
   Purchase Order Number:
   Amount to be Liquidated:
   Liquidation Justification:
14. PAY CONTRACTOR - ATTACH INVOICE
   PO#: ____________  PO Type:
   Business Unit:
   Voucher #:
   Invoice #:
   Amount Due $:
   Service Period:
15. Payment Handling (See Reverse):  □ US-Mail
                                □ AA-Mail w/Attachments
                                □ 3rd Party CBAP
                                □ SP-Department Pick Up
                                □ DP-Return to Department
                                Pay Comments: OK to pay

Authorized signatory below certifies that contractor has provided goods/services as invoiced and verifies the mathematical accuracy of the invoice; that all financial provisions of the contract have been met (including the rates charged); that all invoiced items are specifically authorized by the contract and no contract limits have been exceeded (in total, by month or by expense category).

17. ACCOUNTING INFORMATION

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Account</th>
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<th>Dept</th>
<th>Program</th>
<th>BY</th>
<th>Subclass</th>
<th>Proj/Grant</th>
<th>Amount</th>
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<tr>
<td>SOCSA</td>
<td>610261</td>
<td>10000</td>
<td>320600</td>
<td>31200</td>
<td>2016</td>
<td></td>
<td></td>
<td>$104,724.40</td>
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<td></td>
<td>Total $104,724.40</td>
</tr>
</tbody>
</table>

18. A. Send Response to: Tim Roberts, A21R
   B. QIC: 20203
   C. Phone: 510.271.9185 (Line: 29185)
19. A. Authorized Signature: ____________________
   B. Department: SSA
   C. Date: 5/6/15
20. Print Name of Authorized Signatory: ____________________

PART II: RESPONSE FROM AUDITOR-CONTROLLER

☐ The Auditor-Controller encumbered ____________ in a new PO. The PO Number is ____________
☐ The Auditor-Controller added ____________ to PO Number ____________
☐ The Auditor-Controller liquidated ____________ from PO Number ____________
☐ Contractor payment Approved   ☐ Contractor payment Denied-Reason:
☐ This form is being returned to you due to insufficient funds in the appropriation account.
☐ The following information is needed before this request can be processed.

Signature of Contract Processor/Claims Approver: ____________________  Date: ____________________
FOURTH AMENDMENT TO AGREEMENT

This Fourth Amendment to Agreement ("Fourth Amendment") is made by the County of Alameda ("County") and Robert "Bob" Kennedy, Psy.D., M.F.T., ("Contractor") with respect to that certain agreement entered by them on September 1, 2008 (referred to herein as the "Agreement") pursuant to which Contractor provides mental health screening services for Alameda County General Assistance Program (GAP) participants.

County and Contractor agree as follows:

1. For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree to amend the Agreement in the following respects:
   Contractor's current award of $587,613.60 is increased by an additional $200,000.40 for a new maximum of $787,614.00 and the award period of September 1, 2008 through June 30, 2015 is extended by an additional 12 months through June 30, 2016.

2. This Fourth Amendment will be effective as of the date it is executed by the County ("Effective Date").

3. The term of the Agreement is currently scheduled to expire on June 30, 2015. As of the Effective Date, the term of the Agreement is extended through June 30, 2016.

4. In consideration for Contractor's additional services, the County shall pay Contractor an additional amount not to exceed two-hundred thousand dollars and forty cents ($200,000.40)--$50,000.40 for use in fiscal year 2014/2015 (July 1, 2014 through June 30, 2015) and the balance of $150,000.00 for use in fiscal year
2015/2016 (July 1, 2015 through June 30, 2016). As a result of these additional services the not to exceed amount has increased from five-hundred eighty-seven thousand, six-hundred-thirteen dollars and sixty cents ($587,613.60) to seven­hundred eighty-seven thousand, six-hundred fourteen dollars ($787,614.00) over the term of the Agreement and any amendments.

5. DEBARMENT AND SUSPENSION CERTIFICATION:

a. By signing this Fourth amendment and Exhibit F, Debarment and Suspension Certification, Contractor 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.

b. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principals:

(1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded by any federal department or agency;

(2) Shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

6. Except as expressly modified by this Fourth Amendment, all of the terms and conditions of the Contract are and remain in full force and effect.
IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the Agreement as of the day and year first above written.

COUNTY OF ALAMEDA

By: Scott Haggerty

Signature

Name: Scott Haggerty

(Printed)

Title: President of the Board of Supervisors

CONTRACTOR/COMPANY NAME

By: Robert Kennedy

Signature

Name: Robert "Bob" Kennedy, Psy. D., M.F.T.

(Printed)

Title: Psychologist

Date: 05/05/15

Approved as to Form:

DOINNA R. ZIEGLER, County Counsel

By: Victoria

County Counsel Signature

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

COUNTY OF ALAMEDA
DEBARMENT AND SUSPENSION CERTIFICATION

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named or 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.

Exceptions will not necessary 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 Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Robert “Bob” Kennedy, Psy.D., M.F.T.

PRINCIPAL: Same as Above TITLe: Psychologist

SIGNATURE: [Signature] DATE: 05/05/15
<table>
<thead>
<tr>
<th>Search Term</th>
<th>Record Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert* &quot;Bob&quot; Kennedy*</td>
<td>Active</td>
</tr>
</tbody>
</table>

No Search Results
County of Alameda

Request for Insurance Waiver or Change

(To be completed by the Contracting Department)

Fax or QIC to: Risk Management Unit
Fax 272-6815 or 2-6815 / QIC 28605

Altn.: Contract Review: Janette Brook
(Sr. Risk & Insurance Analyst)

Fax Back to: Name: Marcia Mayberry Phone: 267-9443
Dept.: Finance/Contracts QIC: 20203 Fax: 267-9428

Date of Request: 4/15/15  Amount of Contract: $150,000.00  Term of Contract: 7/1/15 - 6/30/16
Name of Contractor: Robert E. Kennedy, Psy.D. MFT, Psychologist

1. What do you want to waive or change (W=waive and C=change)?
   a) Coverage(s): General Liability ___  Auto Liability ___  Professional Liability ___  Workers' Comp W
      Other Required Coverages:
   b) Change in Limits:
       General Liability: From $1,000,000 to $___________ per occurrence
       Auto Liability: From $1,000,000 to $___________ per occurrence
       Professional Liability: From $1,000,000 to $___________ per claim
       Other Coverage Limits:
   c) Reason: Contractor has a private practice and does not have employees.

2. Request for Time Waiver: Coverage(s) ___________________________ List # of days requested ____________
   (This allows Contractor time to bind the insurance before the Contract term begins)

3. For Workers' Compensation Waiver, please have Contractor sign this declaration:
   Declaration:
   With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law.
   I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding workers compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold the County of Alameda harmless from loss or liability which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the County of Alameda waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.

   Signature: ____________________________
   Robert E. Kennedy, Psy.D., MFT, Psychologist

4. Please attach a copy of the Scope of Services.

   This Section to be completed by Risk Management

   Identify Risk to County: ____________________________
   Waiver: Granted ___  Denied ___  Change: Granted ___  Denied ___

   Considerations: A Vendor/Contractor Insurance Program has been developed for contractors who do not have or cannot afford the required insurance. Please contact the Risk Management Unit for more information.

   Authorized Signature: ____________________________
   Coordinator __________________________
   Date: 5/5/2015

   Rev: 01/2008
Certificate of Insurance (Proof of Coverage) Date Issued: 12/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**Insured Name and Mailing Address:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Kennedy</td>
<td>20212 Redwood Rd., #202</td>
</tr>
<tr>
<td></td>
<td>Castro Valley, CA 94546</td>
</tr>
</tbody>
</table>

*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

**Program Administrator:**

<table>
<thead>
<tr>
<th>Administered By:</th>
<th>CPH and Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>711 S. Dearborn, Suite 205</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL 60605</td>
</tr>
<tr>
<td></td>
<td>P. 312-987-9823 F. 312-987-0902</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:info@cphins.com">info@cphins.com</a></td>
</tr>
</tbody>
</table>

| Underwritten By: | Philadelphia Indemnity Insurance Company |

**Certificate Holder:**

<table>
<thead>
<tr>
<th>The County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives</th>
<th>2000 San Pablo, 4th Floor Contracting Office</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oakland, CA 94612</td>
</tr>
</tbody>
</table>

**Disclaimer:**

The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

---

**Coverage:**

| Policy #: 016384 | Effective Date: 02/01/2015 | Expiration Date: 02/01/2016 |

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**Limits of Liability:**

<table>
<thead>
<tr>
<th>Description/Special Provisions:</th>
<th>Coverage Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1 million</td>
<td>Professional Liability</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>Commercial General Liability</td>
</tr>
<tr>
<td>$3,000,000</td>
<td>Includes: General Liability, Fire &amp; Water</td>
</tr>
<tr>
<td>$15,000</td>
<td>Legal Liability, and Personal Liability</td>
</tr>
<tr>
<td>$1 million</td>
<td>Property Coverage</td>
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<tr>
<td>Unlimited</td>
<td>Supplemental Liability</td>
</tr>
<tr>
<td>$35,000</td>
<td>Defense Expense Coverage</td>
</tr>
<tr>
<td>$15,000</td>
<td>State Licensing Board Investigation Defense</td>
</tr>
<tr>
<td>$10,000</td>
<td>Coverage</td>
</tr>
<tr>
<td>$5,000/person</td>
<td>Assault Coverage</td>
</tr>
<tr>
<td>$15,000</td>
<td>Deposition Expense Benefit</td>
</tr>
<tr>
<td></td>
<td>Medical Expense Coverage</td>
</tr>
<tr>
<td></td>
<td>First Aid Coverage</td>
</tr>
</tbody>
</table>

**Certificate Holder:**

<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>Oakland, CA 94612</td>
</tr>
</tbody>
</table>

**Authorization:**

*SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.*

**Certificate Holder:**

<table>
<thead>
<tr>
<th>The County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives</th>
<th>2000 San Pablo, 4th Floor Contracting Office</th>
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<tr>
<td></td>
<td>Oakland, CA 94612</td>
</tr>
</tbody>
</table>

**Authorized Representative:**

C. Philip Hodson

**Disclaimer:**

The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.
Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

ALLIED HEALTHCARE PROVIDERS PROFESSIONAL AND SUPPLEMENTAL LIABILITY POLICY

In consideration of the premium paid, this policy is amended as follows:

The County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives is hereby added as an Additional Insured, solely for Damages arising out of a Professional Incident covered under this policy. The Professional Incident must arise out of services provided by the Insured, under contract with The County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives.

The County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives
2000 San Pablo, 4th Floor Contracting Office
Oakland, CA 94612

Revised effective 02/01/2015

All other terms and conditions of this Policy remain unchanged. This endorsement is part of your Policy and takes effect on the effective date of your Policy, unless another effective date is shown below.

Policy #: PHCP016384
Effective on or after: 02/01/2015
Issued to: Bob Kennedy
Expiration date: 02/01/2016

Endorsement #: PHCP-06

By:

Robert O'Leary, Authorized Representative

PI-PHCP-06 (3/01)
State Farm

CALIFORNIA INSURANCE CARD

State Farm Mutual Automobile Insurance Company
590 Old River Road Balboa Field CA 92311-9501
INSURED KENNEDY, ROBERT E

MUTL. VOL.

POLICY NUMBER 018 8063-C12-05D EFFECTIVE
YR 2015 MAKE FORD
MODEL RANGER VIN 1FTYR14V1YT846504
AGENT RALPH SMITH SR NAIC 25178
PHONE (510)278-3384
COVERAGES PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
COVERAGES AVOID GOOD U UI.
SEE REVERSE SIDE FOR AN EXPLANATION.

KEEP A CARD IN YOUR CAR.
SUBMIT THIS CARD, OR A PHOTOCOPY OF THIS CARD, WITH YOUR VEHICLE REGISTRATION RENEWAL.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

4914/04914
REQUEST TO ENCUMBER, ADD, LIQUIDATE FUNDS OR PAY CONTRACTOR

PART I: REQUEST FROM CONTRACTING DEPARTMENT
1. Contractor's Name: ROBERT KENNEDY, PSY.D., MFT
2. Remittance Address: 3012 Randall Way, Hayward, CA 94541
3. Contractor's Vendor ID: 76098
4. Master Contract #: N/A
5. Procurement Contract #: 2659
6. Description of Contract: General Assistance Program Mental Health Evaluations Determination Services
7. Procurement Contract Begin Date: 9/1/08
8. Procurement Contract Expire Date: 6/30/16
9. Elation Project Info:
   A. ☐ Sub-Contractor Compliance Required
   B. ☐ Labor Compliance Required
10. Board Waiver #: N/A
    GSA Waiver #: N/A
    Federal Fund Waiver #: N/A
11. ENCUMBER FUNDS IN A NEW PURCHASE ORDER
    Date of Board Minute Order: ________
    Total Amount Authorized By Board: ________
    Amount to be Encumbered: ________
    Justification if partial encumbrance requested: ____________________________
12. ADD FUNDS TO AN EXISTING PURCHASE ORDER
    Date of Board Minute Order: June 2, 2015
    PO Number: 8262
    Total Amount Authorized By Board: $787,614
    Amount to be Encumbered: $50,000.40 FY 14/15
    Justification if partial encumbrance requested: $50,000 is to cover expenditures for remainder of FY 14/15; Balance is for new FY 15/16 contract.
13. LIQUIDATE FUNDS FROM A PURCHASE ORDER
    Purchase Order Number: ________
    Amount to be Liquidated: ________
    Liquidation Justification: ____________________________
14. PAY CONTRACTOR - ATTACH INVOICE
    PO#: ________
    PO Type: ________
    Business Unit: ________
    Voucher #: ________
    Invoice #: ________
    Amount Due$: ________
    Service Period: ________
15. Payment Handling (See Reverse):
    ☐ US-Mail
    ☐ DP-Return to Department
    ☐ AA-Mail w/Attachments
    ☐ 3rd Party CBAP
    Pay Comments: ________
    Dept. Claims Approver: ________
Authorized signatory below certifies that contractor has provided goods/services as invoiced and verifies the mathematical accuracy of the invoice; that all financial provisions of the contract have been met (including the rates charged); that all invoiced items are specifically authorized by the contract and no contract limits have been exceeded (in total, by month or by expense category.

17. ACCOUNTING INFORMATION

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<td>31200</td>
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</tr>
</tbody>
</table>

Total: $50,000.40

18. A. Send Response to: Tim Roberts, A21R
    B. QIC: 20203
    C. Phone: 510-271-9185
19. A. Authorized Signature: ____________________________
    B. Department: SSA, Contracts Office
    C. Date: 5/6/15
20. Print Name of Authorized Signatory: ____________________________

PART II: RESPONSE FROM AUDITOR-CONTROLLER
☐ The Auditor-Controller encumbered in a new PO. The PO Number is ____________
☐ The Auditor-Controller added to PO Number ____________
☐ The Auditor-Controller liquidated from PO Number ____________
☐ Contractor payment Approved
☐ Contractor payment Denied-Reason: ____________________________
☐ This form is being returned to you due to insufficient funds in the appropriation account.
☐ The following information is needed before this request can be processed.

Signature of Contract Processor/Claims Approver: ____________________________ Date: ____________________________
ALAMEDA COUNTY BOARD OF SUPERVISORS
MINUTE ORDER

The following action was taken by the Alameda County Board of Supervisors on 06/02/2015

Approved as Recommended ⭕ Other ☐

Vote Key: N=No; A=Abstain; X=Excused

Documents accompanying this matter:
Contract: C-2658, C-2659

Documents to be signed by Agency/Purchasing Agent:
Contract: C-900032, C-11796

File No. 29580
Item No. 3

Copies sent to:
J. Villaflor

Special Notes:
I certify that the foregoing is a correct copy of a Minute Order adopted by the Board of Supervisors, Alameda County, State of California.

ATTEST:
Clerk of the Board
Board of Supervisors

By: [Signature]
Deputy
May 1, 2015

Honorable Board Members
Administration Building
Oakland, CA 94612

Dear Board Members:

SUBJECT: Approval of Extension and Funding Increase for the Current Service Awards for General Assistance Program (GA) Mental Health Evaluation Assessments

RECOMMENDATIONS:

A. Approve a Fourth Amendment to the Standard Services Agreements for General Assistance Program (GA) Mental Health Evaluation Assessments Employment Evaluations for GA recipients;

i. Deepa Abraham, Ph.D., dba: Be Well, PC No. 2658, (Principal: Deepa Abraham, Ph.D.; Location: Dublin), increasing the current award of $609,513.60 by an additional $104,724.40 for FY 2015-2016, for a new maximum of $714,238 and extend the award period of September 1, 2008 through June 30, 2015 by an additional 12 months through June 30, 2016;

ii. Robert Kennedy, Psy.D., PC No. 2659, (Principal: Robert Kennedy, Psy.D.; Location: Hayward), increasing the current award of $587,613.60 by an additional $200,000.40, (FY 2014-2015 = $50,000.40 and FY 2015-2016= $150,000), for a new maximum of $787,614.00 and extend the award period of September 1, 2008 through June 30, 2015 by an additional 12 months through June 30, 2016; and,

B. Approve a contract extension of the current award with Family Service of San Leandro, DBA: Family Service Counseling and Community Resource Center (FSCCRC), Master Contract No. 900032, PC No. 11796, (Principal: Tricia Harris, Executive Director; Location: San Leandro), extending the award period of September 1, 2008 through June 30, 2015 by an additional 12 months through June 30, 2016 and with a new annual award of $70,000, and delegate authority to the SSA Director or designee, to execute the contract under the Master Contracting process.
Honorable Board Members

May 1, 2015

SUMMARY/DISCUSSION:

An additional extension of these contracts is necessary in the interim, for program continuity in the anticipation of the opening of the Transitional Health Care Home (TRUST) Clinics of which these services will be a component for GA applicants/recipient.

The services comprise of Clinical Health Assessments are offered to applicants/recipient who report mental health-related limitations that interfere with their ability to obtain employment. These services are currently provided on-site in one or more of the SSA’s three Self-Sufficiency Centers (Locations: Eastmont, Hayward and North Oakland). We are experiencing an increase in the volume of individuals who are appropriate for an evaluation. This has resulted in the need to augment the service agreement for the contractor who is providing services at the North Oakland Self Sufficiency Center.

SELECTION CRITERIA AND PROCESS:

On January 16, 2008, SSA launched procurement for GA Mental Health Employability Determination Services. The County awarded contracts to four selected bidders. Three of the four (Deepa Abraham, Ph.D., dba: Be Well; Robert Kennedy, Psy.D. and Family Services Counseling and Community Resource Center) remain under contract to the County. The fourth contractor for the same service was not renewed, following the contractor’s request to terminate its contract with the SSA. On September 9, 2008, (File No. 23864, Item No. 4 A-C) your Board approved and authorized the awards and resulting contracts from the procurement. On June 7, 2011 (File No. 27380, Item No. 47 A-C) your Board approved service extensions through June 30, 2012, on May 2, 2012 (File No. 28154, Item No. 5) through June 30, 2014, and again on September 23, 2014 (File No. 29356, Item No. 5) through June 30, 2015. Dr. Abraham, dba: Be Well and Dr. Kennedy are current County certified SLEB vendors. Family Service of San Leandro is a local non-profit Community Based Organization and exempt from the County SLEB requirements.

FINANCING:

Funds for this project are available in the Agency’s FY 2014-2015 and planned FY 2015-2016 budgets. There are no additional net County costs.

Sincerely,

Lori A. Cox
Agency Director

Attachments: 2 packets of Standard Agreement amendments (5 each) for Board President signature
**COMMUNITY BASED ORGANIZATION**  
**MASTER CONTRACT EXHIBIT A & B COVERSHEET**

**Dept Name:** SSA Workforce & Benefits Administration  
**Vendor ID #:** 32310  
**Board PO #:**  
**Bus Unit:** SOCSA  
**Master Contract #:** 900032  
**Procurement Contract #:** 11796  
**Budget Year:** 2016

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<th>Subclass #</th>
<th>Project / Grant #</th>
<th>Amount to be Encumbered</th>
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<td>320600</td>
<td>31200</td>
<td></td>
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Justification if partial encumbrance or liquidation requested:  

Federal Funds Waiver #: N/A  
**Contract Maximum:** $70,000.00

**Procurement Contract Begin Date:** 7/1/15  
**Expire Date:** 6/30/16  
**Period of Funding From:** 7/1/15  
**To:** 6/30/16

**Department Contact:** Tim Roberts / Robert Garcia  
**Telephone #:** (510) 271-9185 / (510) 259-3859  
**QIC Code:** 20203 / 50306

**Contractor Name:** Family Service of San Leandro, DBA: Family Service Counseling & Community Resource Center (FSCCRC)  
**Project Name:** General Assistance Program (GAP) Mental Health Evaluations Employment Determination Services

**Contractor Address:** 2208 San Leandro Blvd., San Leandro, CA 94577

**Remittance Address:** Same as Above  
**ALCOLINK Vendor Address #:** 2  
**BOS Dist #:** 3

**Contractor Telephone #:** (510) 483-6715 x355  
**Fax #:** (510) 483-6719  
**E-mail (Signatory):** tharris@fscrc.org  
**E-mail (Contact):** tharris@fscrc.org

**Contractor Contact Person:** Tricia Harris, Executive Director

**Contract Service Category:** General Assistance Program (GAP) Mental Health Evaluation Employment Determination Services

**Estimated Units of Service:** N/A

**Method of Reimbursement (Invoicing Procedures):** Monthly Invoices

**History of Funding:**

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<th></th>
<th>Original</th>
<th>Amendment #1</th>
<th>Amendment #2</th>
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<td>File / Item #</td>
<td>29580 / 3</td>
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<td>Board Action</td>
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Funding Source Allocation:

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<td></td>
<td>$</td>
<td>$70,000.00</td>
</tr>
</tbody>
</table>

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**

[Signature]  
Lori A. Cox  
Print or Type Name

**CONTRACTOR**

[Signature]  
Tricia Harris  
Print or Type Name

**Title:** Social Services Agency Director  
**Date:** 6/22/15

**Title:** Executive Director  
**Date:** 6/22/2015

[Signature]

Print or Type Name
EXHIBIT A

PROGRAM DESCRIPTION AND PERFORMANCE REQUIREMENTS

<table>
<thead>
<tr>
<th>Contracting Department</th>
<th>WORKFORCE &amp; BENEFITS ADMINISTRATION (WBA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor Name</td>
<td>FAMILY SERVICE OF SAN LEANDRO, DBA: FAMILY SERVICE COUNSELING AND COMMUNITY RESOURCE CENTER (FSCCRC)</td>
</tr>
<tr>
<td>Type of Services</td>
<td>MENTAL HEALTH EVALUATIONS FOR GA PROGRAM RECIPIENTS AND APPLICANTS</td>
</tr>
<tr>
<td>Contract Number (PO #)</td>
<td></td>
</tr>
<tr>
<td>Contract Amt./Max.</td>
<td>$70,000.00</td>
</tr>
</tbody>
</table>

I. Program Name

General Assistance (GA) Program Mental Health Evaluations’ Determination Services

II. Contracted Services

Family Service of San Leandro, DBA: Family Service Counseling and Community Resource Center (FSCCRC), hereinafter referred to as “CONTRACTOR,” will perform mental health evaluations of Alameda County GA program recipients and applicants who may:

a. Have a physical, mental or emotional incapacity that prevents the person from working for 12 months or longer;

b. Have a temporary physical, mental or emotional incapacity that prevents the person from working for a specific time period, which is less than 12 months. The period of incapacity does not include short-term illnesses such as colds, flu, etc., that result in being unemployable for less than one calendar month.

III. Program Information and Requirements

A. Program Goals

CONTRACTOR shall provide services to accomplish the following goal:

To determine which GA Program participants/applicants are unable to work due to a temporary or permanent mental or emotional incapacity.

B. Target Population

CONTRACTOR shall provide services to the following populations:

Alameda County General Assistance (GA) Program participants and applicants who have been referred by Alameda County Social Services Agency (SSA) staff.
C. Program Requirements

CONTRACTOR shall provide program services at no cost to the client and must maintain services at the following minimum levels:

1. **Program Description**

   a. Perform Employability Evaluations of GAP applicants or recipients referred by Social Services Agency (SSA) Social Work Staff at Eastmont Self-Sufficiency Center.
   b. Work a minimum of 20 hours per week at designated worksite(s).
   c. Arrange work schedule with designated SSA staff.
   d. Make every effort to obtain coverage when CONTRACTOR is unable to work by contacting other SSA clinicians. If no SSA clinician is available to provide coverage, CONTRACTOR is responsible for notifying scheduled clients for that day.
   e. Perform Employability Evaluations for GAP applicants/recipients who report a mental health-related limitation that interferes with their ability to perform gainful employment.
   f. Evaluate applicants/recipients in approximately 30-to-40 minute interviews at each SSA site. The schedule for the provision of services at the different locations will be determined by agreement between the CONTRACTOR and individual SSA site.
   g. Document the Employability Evaluation of the applicant or recipient by completing a form to be provided by SSA.
   h. Provide services on-site in one or more of SSA’s three Self-Sufficiency Centers listed below (Locations: Eastmont, Hayward and North Oakland).
   i. Meet regularly with SSA staff and other providers to address improvements in the provision of Employability Evaluations.
   j. Must be available to work at any or all of the other SSA sites.

2. **Client Referral Process**

   SSA staff will be solely responsible for referring clients to CONTRACTOR.

3. **Service Area/Delivery Sites**

   The Service Area is all of Alameda County and CONTRACTOR will provide services at the following sites:

   - SSA North County Self-Sufficiency Center, 2000 San Pablo Ave., Oakland, CA 94612
   - Eastmont Self-Sufficiency Center, 6955 Foothill Blvd., Ste. 100, Oakland, CA 94605
   - Hayward Self-Sufficiency Center, 24100 Amador St., Hayward, CA 94544
4. **Hours/Days of Operation**

CONTRACTOR will provide services Monday through Friday, 8:30 a.m. to 5 p.m., with the exception of County observed local, state and national holidays. Please see Exhibit-G, Alameda County Official Holidays.

5. **Reporting Requirements**

CONTRACTOR shall submit monthly activity reports to Contract Liaison in a format to be provided by SSA. All client contacts and services shall be logged and tracked, and submitted daily to designated SSA staff on site.

6. **Client Record Confidentiality**

Client records shall be maintained for service audit-trail purposes and for the preparation of activity reports.

Welfare and Institutions Code, Section 10850 states that individual applications and records made or kept in connection with public social services programs are confidential and “shall not be open to examination for any purpose not directly connected with the administration of such programs.” This applies to GAP Employability Determination cases. The CONTRACTOR’s access to SSA case information will be limited to only that data which is essential to the effective and efficient administration of the GAP Employability Determination Service program.

The CONTRACTOR will fully explain the need and obtain **CLIENT releases** if other exchanges of information are necessary.

IV. **Additional Requirements**

A. **Certification/Licensure**

CONTRACTOR’s project staff and any subcontractors will meet all required local and state certification and licensure requirements for services provided under the terms of this contract and will provide evidence of the same upon request by Alameda County staff.

V. **Entirety of Agreement**

CONTRACTOR shall abide by all provisions of the Community Based Organization Master Contract General Terms and Conditions, all Exhibits, and all Attachments that are associated with and included in this contract.

CONTRACTOR agrees to the supplemental terms and conditions contained in the following attachments to this Exhibit A:

- Attachment A—Client Grievance Policy
- Attachment B—Language Access Requirements for Contractors
- Attachment C—Instructions for Submitting Electronic Invoices, Sample Invoice
VI. Additional Contractor Responsibilities – Client Grievance Policy

SSA Contractors are required to have a Client Grievance Policy in place and to disclose the policy to all SSA clients during the Client Intake Process. As evidence that a Client Grievance Policy is in place and all SSA clients provided services by the CONTRACTOR have been made aware of its existence, CONTRACTOR must obtain the signature of each SSA client on a copy of the policy acknowledging they were made aware of it, understand it, and received a copy of the signed document. CONTRACTOR must also place a copy of the signed document in each client’s case file and make the files available for review by County staff upon request. See Attachment A for a sample SSA Grievance Policy. An MS Word file of the SSA Grievance Policy Template is available through your SSA Contract Liaison.

VII. Language Access Requirement for Contractors

Please see Attachment B for more information regarding Limited English Proficient (LEP) client language access requirements for contractors with Alameda County.

VIII. County’s Responsibilities

The County will:

- Schedule clients for appointments for CONTRACTOR.
- Make client appointments through the Social Workers/ clerical staff and make all reasonable attempts to assure the client keeps the appointment.
- Complete all required procedures prior to referral for employability evaluations.
- Provide office space at the designated SSA site(s) for interviews.
- Provide contract monitoring and identify contact person at each site.
- Provide clinician with a schedule at the beginning of each month.
- Provide specific guidelines for vacation, holidays and sick time.
Attachment-A

CLIENT GRIEVANCE POLICY

WHAT TO DO IF YOU HAVE A GRIEVANCE

If you have a complaint about the performance of (INSERT NAME OF CONTRACTOR) staff, and/or you feel you have been treated unfairly, the following are the steps you should take to have your complaint heard:

1. Talk privately to the person with whom you have the problem. We encourage you to try first to work out the problem in an open and informal way.

2. If you do not feel comfortable talking with the person with whom you have the problem, or you do talk with them and are not satisfied with the outcome, you may make an appointment to speak with or submit a written complaint (which may be in your own language) to (INSERT NAME OF CONTRACTOR) Executive Director or designee. If you have good cause to use another medium to communicate your complaint, such as a tape recording, you may do so. The Executive Director or designee shall meet with you or provide you with a written response to your written complaint within ten (10) working days of the meeting or receipt of your written complaint.

3. Or, if you prefer, you may bypass the above steps and immediately contact the funding agency below:

Alameda County Social Services Agency
Administrative Offices
2000 San Pablo Avenue, 4th floor
Oakland, CA 94612
Attn: Lori A. Cox
Social Services Agency Director
(510) 271-9100

I certify that the information in this document was explained to my satisfaction in my own language and a copy of this form was given to me.

________________________________________________________________________
Client’s Name (printed)

________________________________________________________________________
Client’s Signature Date
POLÍTICA PARA QUEJAS DE CLIENTES
QUE HACER SI USTED TIENE UNA QUEJA

Si usted tiene una queja acerca del rendimiento de INGRESE EL NOMBRE DEL CONTRATISTA personal, y/o usted siente que se le ha tratado injustamente, los siguientes son los pasos que tendrá que seguir para que su queja sea escuchada:

1. Hable en privado con la persona con quien tiene usted el problema. Le recomendamos que trate de solucionar el problema de una manera abierta e informal.

2. Si usted no se siente cómodo hablando con la persona con quien usted tiene el problema, o habla con esa persona y no esta satisfecho/a con los resultados, usted puede hacer una cita para hablar con, o someter una queja por escrito (cual puede ser en su propio idioma) al INGRESE EL NOMBRE DEL CONTRATISTA Director Ejecutivo o su representante. Si tiene una buena razón para utilizar otro medio de comunicar su queja, así como una cinta de grabación, lo podrá hacer. El Director Ejecutivo o su representante se reunirá con usted o le proveerá una respuesta por escrito a su queja durante diez (10) días hábiles de su cita o de haber recibido su queja por escrito.

3. O, si usted prefiere, puede evitar los pasos previos y contactar los organismos de financiación a continuación, inmediatamente:

Agencia de Servicios Sociales del Condado de Alameda
Oficinas Administrativas
2000 Avenida San Pablo
Oakland, CA 94612
Atención: Lori A. Cox
Directora de la Agencia de Servicios Sociales
(510) 271-9100

Certifico que la información en este documento fue explicada para mi entera satisfacción y en mi propio idioma y que una copia de este formulario me fue dada.

Nombre del Cliente (favor de imprimir)

__________________________  ________________________
Firma del Cliente          Fecha
ATTACHMENT – B

LANGUAGE ACCESS REQUIREMENTS FOR CONTRACTORS

I. The Alameda County Social Services Agency (SSA) has developed and adopted a Master Plan on Language Access to ensure its limited-English proficient (LEP) clients are provided with language accessible services and communications. Under the plan’s provisions, community-based organizations (CBOs)/contractors whose services are contracted by the SSA:

A. Shall clearly disclose language access capabilities in relationship to the population served.
B. Shall have a plan in place—available for review upon request by County staff—for referring clients whose language needs the contractor can’t accommodate.
C. Shall permit County staff to conduct ongoing monitoring of contracted services for compliance with provisions of the County’s Language Access Plan.
D. Shall provide the County with a list and copies of all printed contract-related marketing/promotional/education-related materials (including languages materials are printed in).

II. The SSA shall aid contracted CBOs in expanding language interpretation services through:

A. Providing CBOs/contractors with training, materials and instruction on how to effectively refer LEP clients to appropriate language resources.
B. Including service-marketing plan requirements in requests for proposals (RFPs) and contracts with CBOs that propose to offer language services (including appropriate outreach and notification of programs and services) to the LEP community and customers.
C. Developing a monitoring process of contracted services to ensure high-quality language accessible services are always provided to LEP clients.
D. Providing CBOs/contractors with access to Telephonic Interpreters—a 24-hour, seven-day-a-week, 365-days-a-year telephone language interpretation service in over 100+ languages—to supplement on-site language access services.
December 1, 2014

Ladies and Gentlemen:

As of January 1, 2015, Alameda County Social Services Agency will begin accepting invoices sent by email. It will no longer be necessary to submit a paper invoice. Electronic invoices must contain the following elements:

- Must be on company letterhead that includes name, address and contact information
- For Community Based Organizations, must be signed by the head of the organization, i.e., Executive Director, CEO, etc.
- Must be scanned to Portable Document Format (pdf) prior to emailing; please no Word, Excel or Publisher invoices
- Title “Invoice” on the document
- Invoice number
- Date of invoice
- Description of services
- Date range of services provided
- Payment due date
- Sales tax and delivery charges itemized (if any)
- Purchase order number for reference (if requested by the County)
- Total amount owed
- Remittance instructions
- Any terms and conditions
- Indicate cc at the bottom of the invoice with the names of the people who received a courtesy copy. The CEO or Executive Director must be included on the cc.

Included is a sample invoice inclusive of the elements listed above. You may continue to use your present invoice as long as the elements listed above are included on the invoice.

Please contact your Contract Specialist for the email address to use or to ask any other questions.

Sincerely,

Lori A. Cox
Onsite Training Associates
238 East 4th Street
San Leandro, CA 94578
Phone Number: 510-345-8976
FAX: 510-345-2356
Email: OnSiteassoc.org

<table>
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<th>BILL TO</th>
<th>Alameda County Social Services</th>
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PAYMENT DUE WITHIN 30 DAYS

Signed ________________________ Title: ________________________ Date: ________________

CC: Julie Boss, CEO
Mary Brass, CFO
Paul Smith, Accounts Payable - Onsite
EXHIBIT B- TERMS OF PAYMENT

<table>
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<th>Contracting Department</th>
<th>WORKFORCE &amp; BENEFITS ADMINISTRATION (WBA)</th>
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<td>FAMILY SERVICE OF SAN LENADRO, DBA: FAMILY SERVICE COUNSELING AND COMMUNITY RESOURCE CENTER (FSCCRC)</td>
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<td>Type of Services</td>
<td>MENTAL HEALTH EVALUATIONS FOR GA PROGRAM RECIPIENTS AND APPLICANTS</td>
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<td></td>
</tr>
<tr>
<td>Contact Amt./Max</td>
<td>$70,000.00</td>
</tr>
</tbody>
</table>

In addition to all terms of payment described in the Master Contract Terms and Conditions and any relevant exhibits and attachments, the parties to this Agreement shall abide by the following terms of payment:

I. Terms and Conditions of Payment

SSA will pay CONTRACTOR, upon receipt of a completed invoice, every month for services performed pursuant to the terms of this agreement. CONTRACTOR will be paid $71.40 for each evaluation given, $20.40 for each missed appointment (“No Show”) and $102.00 per scheduled quarterly meeting attended. In no event shall payment under the terms of this agreement exceed an average of $5,800.00 per month.

The term of this Agreement shall be from July 1, 2015 through June 30, 2016.

The compensation payable to CONTRACTOR hereunder shall not exceed $70,000.00 (seventy-thousand dollars) for the term of this agreement.

II. Invoicing Procedures

Invoices shall be submitted to the Contract Liaison within the first ten (10) working days after each billing month. CONTRACTOR may submit invoices electronically via email per SSA Contracts Office instructions provided in Attachment C, to TRoberts@acgov.org; or submit an original invoice with original signature, and all other documents as required, to:

ATTN: Tim Roberts
SSA Contracts Office
2000 San Pablo Ave., 4th Floor
Oakland, CA 94612

III. Client Records

Client records shall be maintained for service audit-trail purposes and for the preparation of monthly Patient Evaluations’ Reports.
IV. Funding and Reporting Requirements

A. Funding

CONTRACTOR acknowledges funding under this contract does not duplicate funding from other sources. Should future funding duplicate the funding under this contract, the invoices to Alameda County shall be reduced accordingly by the amount of the duplicate funding.

B. Reporting Requirements

CONTRACTOR shall submit monthly Patient Evaluations’ Reports to the Contract Liaison per Exhibit-A instructions.

V. Termination Provisions

Termination for Cause - If County determines that CONTRACTOR has failed, or will fail, through any cause, to fulfill in a timely and proper manner its obligations under the Agreement, or if County determines that CONTRACTOR has violated or will violate any of the covenants, agreements, provisions, or stipulations of the Agreement, County shall thereupon have the right to terminate the Agreement by giving written notice to CONTRACTOR of such termination and specifying the effective date of such termination.

Without prejudice to the foregoing, CONTRACTOR agrees that if prior to or subsequent to the termination or expiration of the Agreement upon any final or interim audit by County, CONTRACTOR shall have failed in any way to comply with any requirements of this Agreement, then CONTRACTOR shall pay to County forthwith whatever sums are so disclosed to be due to County (or shall, at County's election, permit County to deduct such sums from whatever amounts remain un-disbursed by County to CONTRACTOR pursuant to this Agreement or from whatever remains due CONTRACTOR by County from any other contract between CONTRACTOR and County).

Termination Without Cause -- County shall have the right to terminate this Agreement without cause at any time upon giving at least 30 days written notice prior to the effective date of such termination.

Termination By Mutual Agreement -- County and CONTRACTOR may otherwise agree in writing to terminate this Agreement in a manner consistent with mutually agreed upon specific terms and conditions.
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:

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE COVERAGE</th>
<th>MINIMUM LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Commercial General Liability</td>
<td>$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage</td>
</tr>
<tr>
<td>Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability</td>
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</tr>
<tr>
<td><strong>B</strong> Commercial or Business Automobile Liability</td>
<td>$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage</td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td><strong>C</strong> Workers' Compensation (WC) and Employers Liability (EL)</td>
<td>WC: Statutory Limits EL: $100,000 per accident for bodily injury or disease</td>
</tr>
<tr>
<td>Required for all contractors with employees</td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> Professional Liability/Errors &amp; Omissions</td>
<td>$1,000,000 per occurrence $2,000,000 aggregate</td>
</tr>
<tr>
<td>Includes endorsements of contractual liability</td>
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</table>

**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, 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. 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 to:
   - Alameda County Social Services/Contracts Office, 2000 San Pablo Avenue, 4th Floor, Oakland, CA 94612
   - Attn: Insurance Unit
   - With a copy to Risk Management Unit (1106 Madison Street, Room 233, Oakland, CA 94607)
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRMS 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 License # 0167057
McDonough-Costa Co., Inc.
1045 MacArthur Blvd.
San Leandro, CA 94577

CONTACT NAME: (510) 357-3230

INSURED
Family Service Counseling
of San Leandro
2208 San Leandro Blvd
San Leandro, CA 94577

COVERAGES

CERIFICATE 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.

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<th>POLICY NUMBER</th>
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<td>EMPLOYEE Dishonesty $10,000</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Riders or Schedule, may be attached if more space is required)
Re: Funding Source.
County of Alameda, its Board of Supervisors, the individual members thereof, and all County Officers, Agents, employees and representatives are named as additional insured on General Liability as per attached CG2005.
Anne Gregson-Var, LMFT; Joyce DeJesus, LMFT; Carolyn Phillips, LMFT; Grace Barrueco, LMFT are automatically covered under Professional Liability
*30 day notice of cancellation

CERTIFICATE HOLDER

Alameda County Social Services Agency
Timothy W. Roberts, MS
2000 San Pablo Ave, 4th Flr.
Oakland, CA 94612

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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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD
POLICY NUMBER: PHPK1334859

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED--CONTROLLING INTEREST

The endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:
County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives.
Alameda County Social Services Agency
Timothy W. Roberts, MS
2000 San Pablo Ave, 4th Flr.
Oakland, CA 94612

(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 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.

CG 20 05 11 85 Copyright, Insurance Services Office, Inc., 1984
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.

Last revised: 1/2015
EXHIBIT E

NON-APPLICABLE AND INTENTIONALLY OMITTED FROM THIS CONTRACT
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, 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.

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 Community Based Organization Master Contract. Signing this Contract on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Family Service of San Leandro, DBA: Family Service Counseling and Community Resource Center (FSCCRC)

PRINCIPAL: Tricia Harris
TITLE: Executive Director

SIGNATURE: [Signature] DATE: 6/8/2015
EXHIBIT G

COUNTY OF ALAMEDA

OFFICIAL COUNTY HOLIDAYS

JULY 2015-JUNE 2016

(Note: Only holidays falling within the contract term are listed.)

- INDEPENDENCE DAY—Observed Friday, July 3
- LABOR DAY—Observed Monday, September 7
- VETERANS' DAY—Wednesday, November 11
- THANKSGIVING—Thursday & Friday, November 26 & 27
- CHRISTMAS—Friday, December 25
- NEW YEAR'S DAY—Friday, January 1, 2016
- MARTIN LUTHER KING JR’S BIRTHDAY—Observed Monday, January 18
- LINCOLN’S BIRTHDAY—Thursday, February 11
- WASHINGTON’S BIRTHDAY—Observed Monday, February 15
- MEMORIAL DAY—Observed Monday, May 23
Search Results

Current Search Terms: tricia* harris*

No records found for current search.
## Search Results

**Current Search Terms:** family* support* services* of san* leandro*

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<td>By Functional Area - Performance Information</td>
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*Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.*

No records found for current search.