



**ADMINISTRATION & INDIGENT HEALTH**

1000 San Leandro Boulevard, Suite 300

San Leandro, CA 94577

TEL (510) 618-3452

FAX (510) 351-1367

October 10, 2017

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

Dear Board Members:

**SUBJECT: APPROVE THE FIRST AMENDMENT TO THE STANDARD SERVICES AGREEMENT WITH RESOURCE DEVELOPMENT ASSOCIATES TO ESTABLISH AND MAINTAIN AN ORGANIZATIONAL DEVELOPMENT AND CHANGE MANAGEMENT SUPPORT AND A CONSULTATION UNIT FOR ALAMEDA COUNTY CARE CONNECT**

**RECOMMENDATION**

Approve the First Amendment (Procurement Contract No. 15134) with Resource Development Associates (Principal: Nishi Moonka; Location: Oakland) to establish and maintain an organizational development and change management support and consultation unit for the Alameda County Care Connect Program, extending the contract period from 7/1/2017 - 6/30/2018 to 7/1/2017 – 6/30/2019 (extension of 12 months), and increasing the contract amount from \$194,822 to \$409,125 (an increase of \$214,303)

**DISCUSSION/SUMMARY**

The Alameda County Health Care Services Agency (HCSA) requests that your Board approve the contract amendment with Resource Development Associates to provide ongoing organizational change consulting services and consulting services related to the implementation of a new Homelessness Management Information System (HMIS). These services will support Alameda County Care Connect (AC Care Connect), which is the local Whole Person Care Pilot Program led by HCSA.

In October 2016, HCSA was awarded \$140 million over five years by the State of California's Whole Person Care Pilot to develop infrastructure and test programs and incentives to better connect physical health, mental health, substance abuse treatment, and social supports (including housing connections) for vulnerable Medi-Cal beneficiaries with poor health outcomes. AC Care Connect establishes a new, standardized system of care coordination for a target population of Medi-Cal beneficiaries who are homeless and/or frequently in need of crisis services to stabilize their health and achieve their optimal well-being.

With grant funding ending after five years, the improvements AC Care Connect offers will continue only if the program demonstrates cost savings through increased efficiency and effectiveness. On June 20, 2017, your Board approved a Standard Services Agreement with Resource Development Associates to serve as the Organizational Development and Change Management Support and Consultation unit for AC Care Connect to provide focused guidance in service of these objectives. In July 2017, Resource Development Associates began working with the AC Care Connect leadership and partners to plan and implement thoughtful and lasting change in service delivery by carrying out the following responsibilities:

1. Assist in the development of a consistent vision/aim statement for AC Care Connect;
2. Develop a clear yet flexible roadmap to drive implementation and ensure the achievement of proposed performance measures;
3. Develop a framework for identifying and removing barriers as they arise while remaining focused on the intended outcomes; and
4. Instill a change culture in which leadership is focused not just on immediate goals but “locking in” new capabilities and infrastructure to build organizational resiliency and sustainability.

To date, Resource Development Associates have completed a significant portion of their Phase 1 Direction Setting deliverables, including planning support for AC Care Connect Communications, facilitating a retreat with the Operations team to define responsibilities, and observing various meetings to produce recommendations related to the effectiveness of existing meeting structures. AC Care Connect has also identified the need for additional consultation services to support the implementation of a new Homelessness Management Information System (HMIS), which is critical piece of the housing solutions for health program within AC Care Connect. Its successful implementation is vital to serving the target population and meeting the proposed performance measures. Approval of this amendment would allow Resource Development Associates to provide project management support for the HMIS transition by creating an implementation timeline and project plan and providing coaching to support momentum and alignment among partners.

#### **SELECTION CRITERIA**

*In February 2017, a formal Request for Proposal (RFP) was released to procure consultation and support services to the AC Care Connect Skills Development and Quality Improvement (SDQI) Program. The SDQI program is divided into four discrete scopes of work that relate to development and delivery of training, feedback and refinement of needed new skills and behaviors and facilitation and support of organizational change among individuals and partner organizations participating in AC Care Connect. The RFP was released to 3,010 subscribers of the General Services Agency Goods & Services - Current Contracting Opportunities list. By the RFP due date on March 31, 2017, 17 bids were submitted to HCSA and upon review, all met minimum qualifications and were forwarded to the County Selection Committee (CSC) for full review. The proposals received high scores from the evaluations by the CSC and met the scope requirements as stated in the formal RFP.*

*Resource Development Associates is a mission-driven consulting firm that strives to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. Resource Development Associates is a certified small vendor (Certification No. 10-00182; Expiration date: 6/30/2018) in the Alameda County Small, Local and Emerging Business (SLEB) Program.*

#### **FINANCING**

Funding for this recommendation comes from the Whole Person Care Pilot grant. \$114,400 of the total \$214,303 augmentation is included in the FY 2017-18 Final Budget. The remaining \$99,903 will be included in the FY 2018-19 HCSA MOE budget request. Approval of these recommendations will have no impact on Net County Costs.

Sincerely,



Rebecca Gebhart, Interim Director  
Health Care Services Agency

10/24/17  
#48  
F30026

### FIRST AMENDMENT TO AGREEMENT

This First Amendment to Agreement (“First Amendment”) is made by the County of Alameda (“County”) and Resource Development Associates, (“Contractor”) with respect to that certain agreement entered by them on June 20, 2017 (referred to herein as the “Agreement”) pursuant to which Contractor provides services to establish and maintain an organizational development and change management support and consultation unit for Alameda County Care Connect.

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:
2. Except as otherwise stated in this First Amendment, the terms and provisions of this Amendment will be effective as of the date this First Amendment is executed by the County (“Effective Date”).
3. The term of the Agreement is currently scheduled to expire on June 30, 2018. As of the Effective Date, the term of the Agreement is extended through June 30, 2019.
4. In consideration for Contractor’s additional services, the County shall pay Contractor in an additional amount not to exceed Two Hundred Fourteen Thousand Four Hundred dollars (\$214,303). As a result of these additional services the not to exceed amount has increased from One Hundred Ninety Four Thousand Seven Hundred Twenty Five dollars (\$194,822) to Four Hundred Nine Thousand One Hundred Twenty Five dollars (\$409,125) over the term of the Agreement and any amendments.

C-15134

5. Item 20 of the Standard Services Agreement has been amended to read as follows in its entirety:

The County has and reserves the right to suspend, terminate or abandon the execution of any work by the Contractor without cause at any time upon giving to the Contractor prior written notice. In the event that the County should abandon, terminate or suspend the Contractor's work, the Contractor shall be entitled to payment for services provided hereunder prior to the effective date of said suspension, termination or abandonment. Said payment shall be computed in accordance with Revised Exhibit B hereto, provided that the maximum amount payable to Contractor to establish and maintain an organizational development and change management support and consultation unit shall not exceed (~~\$409,125~~) payment for services provided hereunder prior to the effective date of said suspension, termination or abandonment.

6. A Revised Exhibit A, Additional Services, is attached to this First Amendment, and is hereby incorporated into the Agreement by this reference. This Revised Exhibit A supplements and is in addition to the original Exhibit A of this Agreement.
7. A Revised Exhibit B, Payment Terms, is attached to this First Amendment, and is hereby incorporated into the Agreement by this reference. This Revised Exhibit B replaces the original Exhibit B of this Agreement in its entirety.
8. DEBARMENT AND SUSPENSION CERTIFICATION:
  - a. By signing this First Amendment and Exhibit D, Debarment and Suspension Certification, Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29

CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549.

- 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.
  
- 9. 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.

[The remainder of this page is intentionally left blank.]

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

RESEARCH DEVELOPMENT  
ASSOCIATES

By:   
Signature

By:   
Signature

Name: **WILMA CHAN**  
(Printed)

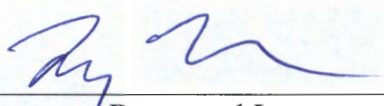
Name: **Nishi Moonka**  
~~Patricia Marrone Bennett~~  
(Printed)

Title: President of the Board of Supervisors

Title: Managing Director  
~~President & CEO~~

Date: 10/10/2017

Approved as to Form, Donna Ziegler,  
County Counsel for the County of Alameda:

By:   
Raymond Lara  
Senior Deputy County Counsel

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

**Revised EXHIBIT A  
ADDITIONAL SERVICES**

CONTRACTOR:	Resource Development Associates
ORIGINAL CONTRACT PERIOD:	July 1, 2017 through June 30, 2018
ORIGINAL CONTRACT AMOUNT:	\$194,822.00
FIRST AMENDMENT PERIOD:	October 1, 2017 through June 30, 2019
FIRST AMENDMENT AMOUNT:	\$214,303.00

**I. Program Description and Services**

The Contractor will plan and implement thoughtful and lasting change in service delivery by carrying out the following responsibilities:

1. Developing a clear yet flexible roadmap to drive implementation and ensure the achievement of proposed performance measures, including implementation of the Homeless Management Information System (HMIS);
2. Developing a framework for identifying and removing barriers as they arise while remaining focused on the intended outcomes, including HMIS implementation; and
3. Instilling a change culture in which leadership is focused not just on immediate goals but “locking in” new capabilities and infrastructure to build organizational resiliency and sustainability, including HMIS implementation.

AC Care Connect has been awarded \$140 million over five years by the State of California’s Whole Person Care Pilot. AC Care Connect will develop infrastructure and test programs and incentives to better connect physical health, mental health, substance abuse treatment, and social supports (including housing connections) for vulnerable Medi-Cal beneficiaries with poor health outcomes. AC Care Connect will establish a new, standardized system of care coordination for a target population of Medi-Cal beneficiaries who are homeless and/or frequently in need of crisis services to stabilize their health and achieve their optimal well-being. By the end of the project period, in order to maintain the successful interventions, a plan for sustainability will be ready for implementation.

In addition to the services included in the original agreement, Contractor will be working closely with AC Care Connect by providing additional consultation to the following areas:

- Provide project support related to implementation of a new HMIS. This project support is a key piece of the county’s new Coordinated Entry system, a vital component of the system change that will improve the county’s ability to serve the AC Care Connect target population
- Continue to provide additional coaching to support systems alignment and culture of

change and coordinate with AC Care Connect lead, executive leader and other modules as needed

- Continue to provide coaching to support momentum, issue resolution and processes

**II. Deliverables and Scope of Work**

Contractor shall provide the following services through 6/30/2019.

Contractor shall complete the following goal, objectives, and deliverables noted in the scope of work. Alameda County reserves the rights to request additional information from the Contractor.

The existing agreement is still in effect. For this first amendment, the additional deliverables shall be the following:

#	Objectives	Timeline	Activities
1	Phase 1: Direction Setting	10/1/17 to 12/31/17	<ul style="list-style-type: none"> <li>• Conduct administrative activities related to Homeless Management Information System (HMIS) project launch</li> <li>• Conduct interviews and research with partners involved with HMIS project launch</li> </ul>
2	Phase 2: Roadmap Design	10/1/17 to 6/30/19	<ul style="list-style-type: none"> <li>• Provide ongoing coaching to support systems alignment and culture of change</li> <li>• Revise Change Management Roadmap as needed for project year 3</li> <li>• Provide project support for implementation of the new HMIS, and creation of implementation timeline and project plan for this change initiative</li> </ul>
3	Phase 3: Performance Refinement	3/1/18 to 6/30/19	<ul style="list-style-type: none"> <li>• Continue to coordinate across modules to identify performance barriers, including HMIS project implementation</li> <li>• Provide coaching to support momentum, issue resolution and processes, including for HMIS project implementation</li> </ul>

**A.III. Reporting**

**Reporting Requirements**

Alameda County reserves the right to request additional information from the Contractor.

**REVISED EXHIBIT B  
PAYMENT TERMS**

**I. Budget Summary**

POSITION	HOURS	HOURLY RATE	EST. AMOUNT*
Managing Director/CEO/Senior Coach	31	\$225	\$6,975
Project Manager, Senior Subject Matter Expert, Senior Coach and Facilitator	582	\$200	\$116,400
Senior Associate, Facilitator and Coach	680	\$165	\$112,200
Program Associate, Subject Matter Expert, Facilitator	121	\$150	\$18,150
Research Associate	235	\$120	\$28,200
Project Support Assistant	128	\$100	\$12,800
IT Director	TBD	\$165	\$0
Totals	1,150	n/a	\$294,725
Indirect Rate (not more than 5%)	(Inclusive in rates)		\$0
HMIS Manager Subcontract	2,080	\$55	\$114,400
Total Cost			\$409,125

\*The hours proposed for staff on each task are estimates and the schedule and distribution of staff may be altered to adapt to project needs; however, the cumulative total of project management, coaching, facilitation and subject matter support will not exceed the agreed-upon budget of \$294,725, and the total budget will not exceed \$409,125 without prior negotiation by the Health Care Services Agency and authorization by the County of Alameda Board of Supervisors.

**II. Terms and Conditions of Payment**

1. The total amount of reimbursement under the terms of this Agreement, including all amendments, shall not exceed \$409,125 during the contract term. Funds shall be used solely in support of the project's program budget.
2. Contractor will provide the services described in Exhibit A and the Revised Exhibit A according to the schedule of fees and estimated hours listed above, with flexibility to adjust the schedule as needed as long as costs remain within agreed-upon budget of \$409,125.
3. Fully loaded rates for all Contractor staff positions are provided in the event they are called upon to contribute to the project to meet emerging needs. The cost proposal is inclusive of all personnel, fringe benefit, materials, travel, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. While travel expenses are built into Contractor's hourly rates, Contractor bills half of the travel time related to project activities. This travel time is included in the cost proposal and total budget amount above.
4. County payment for work performed and invoiced by Contractor (RDA) will not be contingent upon payment for work performed by HMIS Manager Subcontract.

5. Contractor shall invoice the County monthly for actual expenses. The total amount of reimbursement under the terms of this Agreement shall not exceed \$409,125 during the contract term. The final invoice and report must be received no later than July 31, 2019.
6. Invoice must be accompanied by a narrative statement on services provided during that invoice period referencing the services in Exhibit A or the Revised Exhibit A. Separate invoices may be submitted for the work related to the HMIS Manager.
7. County shall use best efforts to process invoice submitted for reimbursement by contractor within thirty (30) working days of receipt of invoice, reports and any other back up documentation as requested.

### **III. Invoicing Procedures**

Invoices will be approved by the County Health Care Services Agency. All invoices should be emailed to: [kmander@acgov.org](mailto:kmander@acgov.org) or sent to:

Alameda County Health Care Service Agency  
ATTN: Kai Mander  
Systems Integration Coordinator  
1900 Embarcadero, Suite 210  
Oakland, CA 94606

**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 minimum insurance coverage, limits and endorsements:

<b>TYPE OF INSURANCE COVERAGES</b>		<b>MINIMUM LIMITS</b>
<b>A</b>	<b>Commercial General Liability</b> Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
<b>B</b>	<b>Commercial or Business Automobile Liability</b> 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
<b>C</b>	<b>Workers' Compensation (WC) and Employers Liability (EL)</b> Required for all contractors with employees	WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease
<b>D</b>	<p><b>Endorsements and Conditions:</b></p> <ol style="list-style-type: none"> <li><b>ADDITIONAL INSURED:</b> All insurance required above with the exception of Commercial or Business 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, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</li> <li><b>DURATION OF COVERAGE:</b> All required insurance shall be maintained during the entire term of the Agreement. In addition, 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 the later of termination of the Agreement 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</li> <li><b>REDUCTION OR LIMIT OF OBLIGATION:</b> All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. 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.</li> <li><b>INSURER FINANCIAL RATING:</b> Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A.VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and 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.</li> <li><b>SUBCONTRACTORS:</b> Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</li> <li><b>JOINT VENTURES:</b> If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:             <ul style="list-style-type: none"> <li>- 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. Coverage shall be at least as broad as in the ISO Forms named above.</li> <li>- Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".</li> </ul> </li> <li><b>CANCELLATION OF INSURANCE:</b> All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.</li> <li><b>CERTIFICATE OF INSURANCE:</b> Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.</li> </ol>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)  
9/21/2017

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).

<b>PRODUCER</b> Brown & Brown Insurance Services of CA, Inc 3697 Mt. Diablo Blvd #100  Lafayette CA 94549-3745	<b>CONTACT NAME</b> Stefanie Connolly <b>PHONE (A/C, Ho, Ext.)</b> (510) 452-0458 <b>E-MAIL ADDRESS:</b> sconolly@bbnca.com <b>FAX (A/C, No.)</b> (825) 397-2081
<b>INSURED</b> Resource Development Associate 2333 Harrison St  Oakland CA 94612	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Sentinel Insurance Co. NAIC # 11000 INSURER B: State Compensation Ins. Fund INSURER C: Beasley Insurance Co., Inc. INSURER D: INSURER E: INSURER F:

**COVERAGES** CERTIFICATE NUMBER: 17/18 GL/Auto/WC/Prof **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	WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		578BAID4214	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Non-owned \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			578BAID4214	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1331103-17	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			V13940170501	10/1/2017	10/1/2018	\$2,000,000 per claim \$25,000 Retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The County of Alameda, its Board of Supervisors and the Individual Members Thereof, and all the County Officers, Agents, Employees and Representatives are named as additional insured as respects to their interest as a Funding Source and in regards to general liability subject to the policy terms, conditions and exclusions and per attached form SS 00 08 04 05. Coverage is Primary. Policy Cancellation Exception: 10 days for non-payment of premium.

<b>CERTIFICATE HOLDER</b>  Alameda County Health Care Services Agency Attn: Connie Yale 1000 San Leandro Blvd. Ste 300 San Leandro, CA 94577	<b>CANCELLATION</b>  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  Kevin Milroy/STEP <i>K. Milroy</i>
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INS625 (201401)

POLICY NUMBER: 57 SBA ID4214



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - PERSON-ORGANIZATION

SAN RAFAEL, CA 94903

COUNTY OF SAN DIEGO, AND MEMBERS OF THE BOARD OF SUPERVISORS OF THE  
COUNTY, AND THE OFFICERS, AGENTS, EMPLOYERS AND VOLUNTEERS OF THE  
COUNTY, INDIVIDUALLY AND COLLECTIVELY

C/O EBIX BPO

PO BOX 257, REF #108-1485

PORTLAND, MI 48875-0257

CITY AND COUNTY OF SAN FRANCISCO, ITS OFFICERS, EMPLOYERS AND AGENTS  
JUVENILE PROBATION DEPARTMENT

375 WOODSIDE AVENUE

SAN FRANCISCO, CA 94127

CITY OF PLEASANTON

200 OLD BERNAL AVE

PLEASANTON, CA 94566

THE CITY OF OAKLAND

AND ITS COUNCIL MEMBERS, EMPLOYEES, AGENTS, AND DIRECTORS

1 FRANK H OGAWA PLAZA

OAKLAND, CA 94612

COUNTY OF ALAMEDA

HEALTH CARE SERVICES AGENCY ADMINISTRATION

1000 SAN LEANDRO BLVD., STE 300

SAN LEANDRO, CA 94577

COUNTY OF ALAMEDA

BEHAVIORAL HEALTHCARE SERVICES

2000 EMBARCADERO, STE 400

OAKLAND, CA 94606

RE: LOC #001, BLDG #001

CITY OF OAKLAND - DEPARTMENT OF HUMAN SERVICES

150 FRANK OGAWA PLAZA, 4TH FLOOR

Form IH 12 00 11 85 T SEQ. NO. 001 Printed in U.S.A. Page 002 (CONTINUED ON NEXT PAGE)

Process Date: 07/21/17

Expiration Date: 10/01/18

**EXHIBIT D**

**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: Resource Development Associates

PRINCIPAL: Patricia Marrone Bennett TITLE: President & CEO

SIGNATURE:  DATE: 10/10/2017