

COUNTY OF SANTA CLARA – AMENDMENT TO SERVICE AGREEMENT

This is an amendment to an existing Agreement

Purchase Order Number:	4300016662	Amendment Number:	1	Effective Date (Will be the date executed by Authorized County Representative):	
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Maximum Financial Obligation (Prior to this Amendment):	\$ 550,000	Amended Maximum Financial Obligation (If dollar amount is changing):	\$
Current Agreement End Date:	6/30/2020	New Agreement End Date:	

For County Use Only – SAP

	Account Assignment	Plant Number	General Ledger (Expense Code)	Cost Center (Dept Code)	Amount	WBS (Capital Project Code)	Internal Order (“PCA” code – optional)
Line 1	Select...						
Line 2	Select...						
Line 3	Select...						
Line 4	Select...						
Line 5	Select...						

Parties to Agreement

Legal notices and invoices pertaining to this Agreement shall be sent to the appropriate contact person listed below. Notices shall be in writing and served either by personal delivery or sent by certified or registered mail, postage prepaid, addressed as follows. Notice shall be deemed effective on the date that the notice is personally delivered or, if mailed, three (3) days after deposit in the mail. Either party may designate a different person and/or address for the receipt of notices by sending written notice to the other party, which shall not require an amendment to this Agreement.

Contractor

Contractor Name (As Displayed In SAP):	Breakout Prison Outreach dba California Youth Outreach
Contact Person:	Christina Yee
Street Address *:	2315 Canoas Garden Avenue
City, State, Zip *:	San Jose, CA 95125
Telephone Number *:	408-979-3043
Email Address *:	cyee@cyoutreach.org
SCC Vendor Number (As Assigned In SAP):	1001518

* To be completed for Independent Contractors Only – DO NOT COMPLETE FOR DEPENDENT CONTRACTORS

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County of Santa Clara

Agency / Department:	Office of the County Executive (ORS)	Department Number: 0217
Program Manager or Contract Monitor Name:	Chad Martens	
Street Address:	151 W. Mission St	
City, State, Zip:	San Jose, CA 95110	
Telephone Number:	408-535-4298	
Fiscal Contact (Accounts Payable Contact):	Wendy Jhong	
Contract Preparer:	Gladys Cabagbag	

Signatures

Amendment is not valid until signed by Contractor, County Counsel and the County Authorized Representative. The Agreement as amended constitutes the entire agreement of the parties concerning the subject matter herein and supersedes all prior oral and written agreements, representations and understandings concerning such subject matter. By signing below, signatory warrants and represents that he/she executed this Amendment in his/her authorized capacity, that he/she has the authority to bind the entity listed below to contractual obligations and that by his/her signature on this Amendment, the entity on behalf of which he/she acted, executed this Amendment.

Agency/Department Manager:	DocuSigned by: <i>Javier Aguirre</i>	Date:	7/29/2019
Agency/Department Fiscal Officer:	DocuSigned by: <i>Fran Palacio</i>	Date:	7/30/2019
County Council Approval as to Form and Legality: <i>(Signature required on all contracts before execution by Contractor or County Authorized Representative)</i>	DocuSigned by: <i>Hayley Reynolds</i>	Date:	7/29/2019
Contractor:	DocuSigned by: <i>Christina Yee</i>	Date:	7/29/2019
County Authorized Representative: <i>(Procurement Department; President, Board of Supervisors; or Delegated Authority)</i>		Date:	
Office of the County Executive: <i>(Signature required when Board approved contract by a Delegation of Authority)</i>		Date:	
Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors.	Attest: Megan Doyle Clerk of the Board of Supervisors <i>(Signature required when Board approved contract)</i>	Date:	

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Reason(s) for Amending the Service Agreement

Amend Term of Agreement

Or see Attachment _____ as incorporated by this reference

Amend Contract Specifics

Note: A new Agreement should be created if the Scope of Services is significantly modified or expanded.

Attachment A1 is hereby add to this Agreement.

Or see Attachment _____ as incorporated by this reference

Amend Maximum Financial Obligation

A.	Maximum Financial Obligation prior to this Amendment: (Same as on page 1)	\$ 550,000
B.	Amount of increase or decrease: (Explain below)	\$ 0
C.	Revised Maximum Financial Obligation: (A +/- B will equal C)	\$ 550,000

Explanation of increase / decrease (include new payment terms if applicable):

Or see Attachment _____ as incorporated by this reference

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Amend Standard Provisions

Or see Attachment _____ as incorporated by this reference
 Or Section VI. Standard Provisions is replaced in its entirety by Attachment _____

Other (please explain below)

Or see Attachment _____ as incorporated by this reference

Contract History

Total financial obligation from prior fiscal year(s):	\$ 0
Financial obligation in current fiscal year:	\$ 550,000
Cumulative total of all agreements with this Contractor within Budget Unit for same type of services (including this amendment):	\$ 550,000

Insurance

✓	Insurance does not require changes
	Insurance Exhibit is replaced by Exhibit B _____ attached and incorporated by this reference.

Payment Schedule for Fiscal Year 2020

I. Payment Schedule Terms for Fiscal Year 2020

In addition, to the terms in Attachment A, the following payment schedule terms apply, upon execution of the First Amendment and the fidelity bond attached herein:

- A. The Contractor will invoice the County for an advance payment of \$82,500.
- B. The Contractor will make deductions to their invoices each month, for 10 months, so that the County can recoup the amount of advance paid. The payment schedule for the advance and invoice deductions is outlined below.

Advance paid to Contractor in August 2019	\$82,500
Minimum amount Contractor must deduct on monthly invoices:	
September	\$8,250
October	\$8,250
November	\$8,250
December	\$8,250
January	\$8,250
February	\$8,250
March	\$8,250
April	\$8,250
May	\$8,250
June	\$8,250



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CalNonprofits Insurance Services 1500 41st Avenue Suite 280 Capitola CA 95010	CONTACT NAME: PHONE (A/C, No, Ext): 831-427-5222		FAX (A/C, No): 831-462-8529
	E-MAIL ADDRESS: colleen@cal-insurance.org		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Nonprofits Insurance Alliance of California			10023
INSURER B : New York Marine & General Insurance Company			16608
INSURER C : Travelers Casualty and Surety Company of America			19038
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 639948516 **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2019-19976	9/1/2019	9/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2019-19976-UMB	9/1/2019	9/1/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC20180006947	9/1/2018	9/1/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	CRIME Forgery & Dishonesty			105806482	6/24/2018	6/24/2021	Occurrence 1,000,000 165,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 County of Santa Clara c/o Ebix BPO Ref:84-1001518 its members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively, are included as additionally insureds with respect to general liability arising out of insured operations. Coverage is afforded per the attached automatic endorsement form CG20260413.

Ref: 84-1001518

CERTIFICATE HOLDER **CANCELLATION**

County of Santa Clara c/o Ebix BPO Ref: 84-1001518 PO Box 257 Portland MI 48875	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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