

Contract Summary Form: Contract Number : 13 - 004

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000) or Purchasing (≤\$100,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 12/13 & FY 13/14
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 044
 D3. Requisition Number : N/A
 D4. Department Name : Social Services
 D5. Contact Person : Linda Rodriguez
 D6. Phone : 7294

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : 1st Amend CWS Alcohol & Drug Treatment Services
 K3. Original Contract Amount : \$384,000
 K4. Contract Begin Date : 7/1/12
 K5. Original Contract End Date : 6/30/14
 K6. Amendment History (leave blank if no prior amendments):

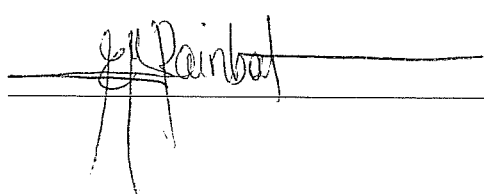
Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1.	7/1/12	\$176,000	\$176,000	\$560,000	6/30/14	increase contract FY12/13 & FY 13/14

K7. Department Project Number :
 B1. Is this a Board Contract? (Yes/No) : Yes
 B2. Number of Workers Displaced (if any) : N/A
 B3. Number of Competitive Bids (if any) : 3
 B4. Lowest Bid Amount (if bid) : \$
 B5. If Board waived bids, show Agenda Date : N/A
 B6. ... and Agenda Item Number : #
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶): Yes

F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount : \$ 280,000
 F3. Fund Number : 0055
 F4. Department Number : 044
 F5. Program Number : 3020
 F6. Account Number : 7659
 F7. Org. Unit Number : 5310
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=purchasing) :
 V2. Payee/Contractor Name : Good Samaritan Shelter
 V3. Mailing Address : 245 E. Inger Suite 103B
 V4. City State (two-letter) Zip (include +4 if known) : Santa Maria, CA 93458
 V5. Telephone Number : (805) 346-8185
 V6. Contractor's Federal Tax ID Number :
 V7. Contact Person : Sylvia Barnard, Executive Director
 V8. Workers Comp Insurance Expiration Date : 6/15/2013
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl): 9/18/2013
 V10. Professional License Number : #
 V11. Verified by (name of County staff) : Linda Rodriguez
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation
 Educational Institution Private for Profit

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Authorized Signature:  2/14/13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/11/2013

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

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

PRODUCER Brown & Brown Insurance License # 0D04053 P.O. Box 61010 Santa Barbara, CA 93160-1010		(805) 965-0071	CONTACT NAME: Laura Siegel PHONE (A/C, No, Ext): (805) 690-2616 FAX (A/C, No): (805) 690-2716 E-MAIL ADDRESS: lsiegel@bbofcal.com	
INSURED Good Samaritan Shelter Inc. P.O. Box 5908 Santa Maria, CA 93456		INSURER(S) AFFORDING COVERAGE INSURER A : Nonprofits Insurance Alliance of California INSURER B : Star Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSTR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input checked="checked" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			201202847NPO	9/18/2012	9/18/2013	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	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			201202847UMBPO	9/18/2012	9/18/2013	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
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 <input type="checkbox"/> N/A			WCMSTR5012034	6/15/2012	6/15/2013	<input checked="checked" type="checkbox"/> WC STATUTORY LIMITS <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
A	Professional Liability			201202847NPO	9/18/2012	9/18/2013	\$1,000,000 Occurrence, 1,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is named as Additional Insured under the General Liability as follows:
 Blanket Additional Insured applies when required by written contract or agreement under form #CG2026 07/04

CERTIFICATE HOLDER County of Santa Barbara, Its Officers, Employees & Agents Dept. of Social Services 2125 S. Centerpointe Pkwy. Santa Maria, CA 93455-	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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POLICY NUMBER: 201202847NPO

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.