

# Contract Summary Form:

Contract Number: BC 10-079

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 10/11 & FY 11/12  
 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 .....: (805) 346-7294

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K1. Contract Type (check one):  Personal Service  Capital Project/Construction  
 K2. Brief Summary of Contract Description/Purpose...: Contract Renewal-AOD Services  
 K3. Original Contract Amount .....: \$192,006  
 K4. Contract Begin Date .....: 12/1/09  
 K5. Original Contract End Date.....: 6/30/10  
 K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	7/1/10	\$237,003	\$237,003	\$429,007	6/30/11	Renewal/Increase contract amt
2	7/1/11	\$192,006	\$192,006	\$621,013	6/30/12	Renewal

K7. Department Project Number.....: N/A

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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.....:  
 B6. ... and Agenda Item Number.....: #  
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite §): Yes

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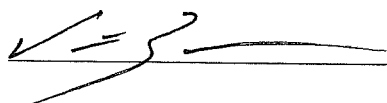
F1. Encumbrance Transaction Code.....: 1701  
 F2. Current Year Encumbrance Amount .....: \$ n/a  
 F3. Fund Number .....: 0055  
 F4. Department Number .....: 044  
 F5. Program Number .....: 07  
 F6. Account Number .....: 7659  
 F7. Org. Unit Number.....: 5310  
 F8. Payment Terms.....: Net 30

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V1. Vendor Numbers (A=uditor, P=purchasing).....: A=324348  
 V2. Payee/Contractor Name .....: Good Samaritan Shelter, Inc  
 V3. Mailing Address.....: 731 S. Lincoln Street  
 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 .....: 77-0133375  
 V7. Contact Person .....: Sylvia Barnard  
 V8. Workers Comp Insurance Expiration Date.....: 5/24/11  
 V9. Liability Insurance Expiration Date[s] (G=ent; P=rofl): 9/18/11  
 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 (X) Private for Profit

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

Date: 5/10/11

Authorized Signature: 

# ACCORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/23/2010

PRODUCER License # 0B02587 (805) 965-0071  
 Brown & Brown Insurance  
 License # 0B02587  
 P.O. Box 1469  
 Santa Barbara, CA 93102

INSURED  
 Good Samaritan Shelter Inc./Recovery Point  
 Transition Center for Women and Children  
 Affordable Treasures  
 731 South Lincoln Street  
 Santa Maria, CA 93454

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Nonprofits Insurance Alliance of California	
INSURER B: Star Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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.

ADD'L INSUROR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
X	GENERAL LIABILITY	201002847NPO	9/18/2010	9/18/2011	EACH OCCURRENCE	\$ 1,000,000				
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
					<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)	\$ 10,000			
									PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 2,000,000
									PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC										
	AUTOMOBILE LIABILITY	201002847NPO	9/18/2010	9/18/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	X ANY AUTO				BODILY INJURY (Per person)	\$				
					SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
X NON-OWNED AUTOS										
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$				
						AUTO ONLY: AGG	\$			
	EXCESS/UMBRELLA LIABILITY	201002847UMBPO	9/18/2010	9/18/2011	EACH OCCURRENCE	\$ 2,000,000				
	X OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2,000,000				
							\$			
							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCMSTR501203400	6/15/2010	6/15/2011	X WC STATUTORY LIMITS	OTHER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 1,000,000				
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
OTHER										
A	Professional Liability	201002847NPO	9/18/2010	9/18/2011	\$2M Aggregate	\$1M occurrence				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

30 Days Notice for Non-Payment of Premium

Certificate Holder is named as Additional Insured under the General Liability per the attached form CG2026 0704.

**CERTIFICATE HOLDER**

County of Santa Barbara  
 c/o Contracts  
 300 North San Antonio Road, Bldg 3  
 Santa Barbara, CA 93110-

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Laura Siegel*

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.

