

**RENEWAL AND AMENDMENT NO. 1
TO THE SERVICES AGREEMENT
BETWEEN NATIVIDAD MEDICAL CENTER (COUNTY OF MONTEREY) AND
EVERYONE'S HARVEST**

THIS RENEWAL to the County of Monterey Agreement for Services (hereinafter, "RENEWAL") is made and entered into, by and between the County of Monterey, a political subdivision of the State of California, on behalf of Natividad Medical Center, an acute care hospital (hereinafter, "County"), and Everyone's Harvest (hereinafter, "CONTRACTOR") (collectively, the County and CONTRACTOR are referred to as the "Parties.").

WHEREAS, the Parties had previously entered into an Agreement (MYA323) for Services (hereinafter, "Agreement"), on February 1, 2012; and

WHEREAS, the Agreement is attached hereto as Attachment 1; and

WHEREAS, that Agreement expired on January 31, 2013; and

WHEREAS, the Parties wish to renew the Agreement on the same or similar terms, beginning February 1, 2013 and increase the amount payable by \$45,344 to continue to provide services associated with Certified Farmers Market Services within the County of Monterey.

NOW THEREFORE, the Parties agree as follows:

The Agreement is hereby renewed on the terms and conditions as set forth in Attachment 1 incorporated herein by this reference, except as specifically set forth below.

1. The term of this RENEWAL is from April 1, 2013 to June 30, 2014 unless sooner terminated pursuant to the terms of this RENEWAL, or extended in writing.
2. Exhibit A to the Agreement is replaced with Renewal and Amendment-1 to Exhibit A, attached to this Renewal. All references in the Agreement to Exhibit A shall be construed to refer to Renewal and Amendment-1 to Exhibit A.
3. County shall pay the CONTRACTOR in accordance with the payment provisions set forth in Attachment 1, subject to the limitations set forth in this RENEWAL. The total amount payable by County to CONTRACTOR shall not exceed the sum of \$80,344.
4. If there is any conflict or inconsistency between the provisions of Agreement, or this RENEWAL, the provisions of this RENEWAL shall govern.

IN WITNESS WHEREOF, the parties hereby execute this RENEWAL as follows:

NATIVIDAD MEDICAL CENTER

By: [Signature]
Sid Cato, NMC, Management Analyst/Contracts
Date: 4-24-13

By: [Signature]
Harry Weis, NMC, Chief Executive Officer
Date: 4/18/13

APPROVED AS TO LEGAL PROVISIONS

By: [Signature]
Anne Brauer, Deputy County Counsel
Date: April 22, 2013

APPROVED AS TO FISCAL PROVISIONS

By: [Signature]
Gary Giboney, Auditor/Controller's Office
Date: 4/23/13

CONTRACTOR

Everyone's Harvest
Contractor's Business Name***

[Signature]
Signature of Chair, President, or Vice-President

Iris Peppard, Executive Director
Name and Title

Date: 4/11/13

By: [Signature]
Signature of Secretary, Asst. Secretary,
CFO, Treasurer or Asst. Treasurer

[Signature] Bruce Delgado
Name and Title
TREASURER

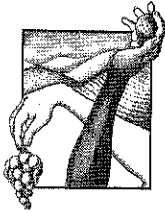
Date: 4/1/13

***INSTRUCTIONS:

If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers.

If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership.

If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement.



Everyone's Harvest

Mailing Address: P.O. Box 1423, Marina, CA 93933
Office Address: 3180 Imjin Road, Suite 149, Marina, CA 93933
Phone: (831) 384-6961 Fax: (831) 384-6881
www.everyonesharvest.org

Renewal & Amendment-1 to Exhibit A

March 1, 2013

Ms. Andrea J. Rosenberg
Administrator Operations and Support Services
Natividad Medical Center (NMC)
1441 Constitution Blvd.
Salinas, CA 93906

Re: CERTIFIED FARMERS' MARKET SERVICE PROPOSAL – NATIVIDAD MEDICAL CENTER

Dear Ms. Rosenberg,

Thank you for the opportunity to submit, on behalf of Everyone's Harvest, this proposal to create a vibrant, healthy Certified Farmers' Market for the Natividad Medical Center (NMC). Our goal is to bring healthy food and people together. This is a formal request to approve the Everyone's Harvest - NMC Certified Farmers' Market Proposal, (detailed in this letter) and an agreement between the Owner, Natividad Medical Center (NMC) and the not-for-profit organization. Everyone's Harvest for the fiscal year of 2013/14 from April 1, 2013 to June 30, 2014. This letter is a formal proposal by Everyone's Harvest to provide service to NMC in the amount of \$45,344.00

PROJECT DESCRIPTION

Below is the list of identified projects and services we anticipate providing for NMC from April 1, 2013 to June 30, 2014 including 32 Markets running from May 15, 2013 to October 30, 2013 and May 14, 2014 to June 25, 2014 each Wednesday from 11:00am to 3:30pm. Note that these are only estimates and will be further clarified through the scopes of services for all projects. Actual hours and costs may vary from the identified estimates below, depending on each scope of service.

The NMC Certified Farmers' Market will include certified California growers and prepared food. The NMC Market will include a Market Information Booth, Kid's Activity Table, and one cooking demonstration a month lead by a professional chef showcasing produce at the NMC Market. Under this scope of work all fees collected by Everyone's Harvest at the NMC Market will go to NMC Certified Farmers' Market expenses.

NMC CERTIFIED FARMERS' MARKET SERVICES:

EVERYONE'S HARVEST will, under this scope of work, provide to NATIVIDAD MEDICAL CENTER: the following from May 15, 2013 to October 30, 2013 and May 14, 2014 to June 25, 2014:

Internal Systems Management provides for NMC Certified Farmers' Market:

- EBT (Electrical Benefit Transfer): Everyone's Harvest redemption system will allow low-income families on Temporary Aid to Needy Families (TANF) to use their EBT card at the NMC Market. No power needed for this activity
- MARKET MATCH (incentive program): Everyone's Harvest will participate in the Agricultural Land Base Association (ALBA) Market Match program. This will allow every EBT customer that conducts a \$10 or more transaction at the NMC Market per day to receive an extra \$5 worth of produce through a Market Match fund incentives.
- WIC (Woman, Infants, and Children): Everyone's Harvest will provide WIC voucher program involvement. This will allow low-income families on Temporary Aid to Needy Families (TANF) the ability to use their WIC vouchers at the NMC Market.
- Everyone's Harvest Rules and Regulations, Rule Sign-Off Form and Vendor Application to ensure all Market vendors and participants are safe, and follow governmental rules and regulations (including but not limited to; California State Agricultural Commissioner and Monterey County Health Department rules and regulations)
- Everyone's Harvest Information Booth and Kid's Activities Table at every NMC Market
- Use of Everyone's Harvest equipment and supplies at every NMC Market
- Coordination, communication, goal setting, and evaluation with Everyone's Harvest NMC Market staff
- Collaboration with NMC staff to determine NMC Market vendors and participants
- Involve and manage other non-profit organizations including the Service Learning Institute of California State University Monterey Bay with Service Learning volunteer students.
- Weekly market reports and deposit from vendor fees collected
- Weekly payment of bills pertaining to the NMC Market
- Annual submission of NMC Market project's profit and loss reports to NMC or upon requested

Market Manager provides for NMC Certified Farmers' Market:

- Coordinate all NMC Market set-up and take-down activities
- Enforcement of all Everyone's Harvest Rules and Regulations and governmental rules and regulations (including but not limited to; California State Agricultural Commissioner and Monterey County Health Department rules and regulations)
- Facilitate all current participants' documents (collect and file): Participants' Applications, Rule-Sign-off, Holdharmlesses, and current permits
- Distribute and collect participants' Certified Producer Load Lists
- Collect all fees and receipts from NMC Market vendors. Under this scope of work all Participants' fees from the NMC Market will go to Everyone's Harvest for NMC Market expenses
- Purchase all NMC Market supplies
- Determine all Participants' role and if any, limitations to the NMC Market to ensure produce variety and NMC Market success
- Organize Participants' space at the NMC Market
- Keep in communication with NMC Market vendors and participants

Market Assistant provides for the NMC Certified Farmers' Market:

- Provide assistance to the Market Manager and Outreach and Edible Education Coordinator

- Set-up and take-down directional signs for NMC Market
- Manage Everyone's Harvest Information Booth (conducting EBT and Market Match transactions) and Kid's Activities Table at every NMC Market

Outreach Coordinator provides for NMC Certified Farmers' Market:

- Conduct surveys and interviews at NMC, Monterey County Health Department, and within the local neighborhood to improve the NMC Market
- Coordinate a fruit and vegetable prescription program for the NMC Market
- Continue research and interviews at other Medical Centers hosting Farmers' Markets to learn best practices to improve NMC Market
- Conduct outreach and advertising for the NMC Market including coordinating advertisements, distributing NMC Market flyers, posters, postcards, and incentive coupons, and networking with NMC, Monterey County Health Department, Salinas Chamber of Commerce, SUBA and the local neighborhood
- Every NMC Market put together sample boxes including the purchase of \$150 worth of produce/flowers from NMC Market farmers and distribute through a donation to various groups to increase NMC Market customer base
- Recruit, facilitate, and file paperwork pertaining to cooking demonstrations
- Assist the Edible Education Coordinator with one cooking demonstration per month at the NMC Market conducted by a professional chef

Edible Education Coordinator provides for the NMC Certified Farmers' Market:

- Organize and promote one cooking demonstration per month at the NMC Market conducted by a professional chef

Project Details of NMC Certified Farmers' Market:

- Everyone's Harvest estimates employees will spend an average of 34 hours a week between 4 employees on the NMC Certified Farmers' Market
- Current scope of work defines these activities. Proposed dates are:
 - Conduct interviews and research to develop NMC Market improvements, recruit vendors and coordinate Grand Opening details from April 1, 2013/14 to May 15, 2013/14
 - Coordinate and start the on-going process of NMC Market outreach and advertising starting April 16, 2013/14
- NMC Market Grand Opening; Wednesday, May 15, 2013 and May 21, 2014
- NMC Market operation will run from May 15, 2013 to October 30, 2013 and May 14, 2014 to June 25, 2014
- NMC Market will operate every Wednesday from 11:00am to 3:30pm
- Nov. 29th to Dec. 15th profit and loss statements submitted, interviews and reflects take place to plan for improvements 2014/15

FLAT RATE FOR THE NMC CERTIFIED FARMERS' MARKET SERVICE:

The flat rate for Everyone's Harvest to run the NMC Certified Farmers' Market is \$765.14 per week for 44 weeks (April 1, 2013 to October 30, 2013 and April 1, 2014 to June 30, 2014) including market preparation and market operation to equal a total of \$33,666.00. The flat rate includes:

On-site services, total of 18 hours spent per week when the market is open and approximately 8 hours per person;

- Market Manager for 8 hours a week
- Outreach Coordinator for 8 hours a week
- Edible Ed Coordinator 8 hours one market day once a month

Off-site services, total of 16 hours spent and approximately 5 hours per person;

- Executive Director for 2 hours a week
- Market Manager for 4 hours a week
- Outreach Coordinator for 10 hours a week

ADDITIONAL COSTS FOR THE NMC CERTIFIED FARMERS' MARKET:

Additional costs for this scope of work not included in the flat rate to run the NMC Certified Farmers' Market include:

- Advertising cost not to exceed \$156.00
- Incentive coupons cost not to exceed \$11,800.00
- Permits and fess cost not to exceed \$1,455.00
- Supply costs not to exceed \$318.00
- Outside contract services (professional chefs for cooking demos) not to exceed \$800.00

INDIRECT COSTS FOR THE NMC CERTIFIED FARMERS' MARKET:

The NMC Market indirect costs of 15% of the total NMC Market project cost of \$48,195.00 equals \$7,229.00 for a total of \$55,424.00. It is estimated that the Farmers' Market will net from vendors \$10,080.00 this amount will be credited to NMC. With this estimated credit NMC estimated cost is \$45,344.00.

PAYMENT SCHEDULE/ REIMBURSABLE EXPENSES FOR ALL PROJECTS

Invoices shall be sent to Owner by Corporation by the 10th day of every month. Payment shall be in accordance with the original Monterey County Professional Services Agreement (PSA).

Reimbursable expenses will be billed in accordance. Expenditures made are to be in-the direct interest of the project including, but not limited to expenses of reproduction, postage and handling, telephone calls, and mileage.

EXTENT OF THE AGREEMENT

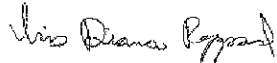
This agreement-represents the entire and integrated agreement between the Owner, Natividad Medical Center and the Corporation; EVERYONE'S HARVEST may be amended only by written instrument signed by both Owner and Corporation. This agreement may be terminated by either party upon thirty days written notice. In the event of termination, the Corporation shall be paid for services performed before and on the termination date, including all reimbursement expenses, and additional services.

In closing, Ms. Rosenberg, I want to express from all of us at Everyone's Harvest how excited we are to present this proposal to start and operate the NMC Certified Farmers' Market for the 2013/14. We are requesting approval of this April 1, 2013 to June 30, 2014 - Everyone's Harvest NMC Certified Farmers' Market Proposal. The NMC Market will provide a bounty of healthy

produce and community outreach activities NMC, City of Salinas, and region of Monterey County.

If the aforementioned meets your approval, please sign one copy of this letter and return it to Everyone's Harvest for our files. I look forward to the opportunity to meet with you and discuss this new proposal. Please contact me with any additional questions or need for additional information. Thank you for your time and consideration to this Proposal.

Sincerely,



Iris Diana Peppard, Executive Director

NATIVIDAD MEDICAL CENTER – ACCEPTED BY:

Signed:  Date: 4/8/13

Natividad MEDICAL CENTER

COUNTY OF MONTEREY AGREEMENT FOR PROFESSIONAL SERVICES
(NOT TO EXCEED \$100,000)

This Professional Services Agreement (hereinafter "Agreement") is made by and between Natividad Medical Center ("NMC"), a general acute care teaching hospital wholly owned and operated by the County of Monterey, which is a political subdivision of the State of California and **Everyone's Harvest** hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

SERVICES TO BE PROVIDED. NMC hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in Exhibit A in conformity with the terms of the Agreement. The services are generally described as follows: Certified Farmers' Market Operations

1. PAYMENTS BY NMC. NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of \$35,000
2. TERM OF AGREEMENT. The term of this Agreement is from 2-1-12 to 1-31-13 unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and NMC and with NMC signing last and CONTRACTOR may not commence work before NMC signs this Agreement.
3. ADDITIONAL PROVISIONS/EXHIBITS. The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

Exhibit A/Schedule A: Scope of Services/Payment Provisions

4. PERFORMANCE STANDARDS.
 - 4.1. CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of NMC, or immediate family of an employee of NMC.
 - 4.2. CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.

4.3. CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use NMC premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

5. PAYMENT CONDITIONS.

5.1. CONTRACTOR shall submit to the Contract Administrator an invoice on a form acceptable to NMC. If not otherwise specified, the CONTRACTOR may submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for Administrator or his or her designee shall certify the invoice, either in the requested amount or in such other amount as NMC approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

5.2. CONTRACTOR shall not receive reimbursement for travel expenses unless set forth in this Agreement.

6. TERMINATION.

6.1. During the term of this Agreement, NMC may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

6.2. NMC may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If NMC terminates this Agreement for good cause, NMC may be relieved of the payment of any consideration to Contractor, and NMC may proceed with the work in any manner, which NMC deems proper. The cost to NMC shall be deducted from any sum due the CONTRACTOR under this Agreement.

7. INDEMNIFICATION: CONTRACTOR shall indemnify, defend and hold harmless NMC and the County of Monterey (hereinafter "County"), its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, the performance of this Agreement by CONTRACTOR and/or its agent, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by NMC. It is the intent of the parties to this Agreement to provide the broadest possible coverage for NMC. The CONTRACTOR shall reimburse NMC for all costs, attorneys' fees, expenses and liabilities incurred with respect to any litigation in which the CONTRACTOR is obligated to indemnify, defend and hold harmless NMC and the County under this Agreement.

8. INSURANCE.

8.1. Evidence of Coverage:

Prior to commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements

executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to NMC's Contracts/Purchasing Department, unless otherwise directed. The CONTRACTOR shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

- 8.2. Qualifying Insurers: All coverage's except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less that A-VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by NMC's Contracts/Purchasing Director.
- 8.3. Insurance Coverage Requirements: Without limiting Contractor's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial general liability insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

Exemption/Modification (Justification attached; subject to approval).

Business automobile liability insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$500,000 per occurrence.

Exemption/Modification (Justification attached; subject to approval).

Workers' Compensation Insurance, If CONTRACTOR employs other in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

Exemption/Modification (Justification attached; subject to approval).

Professional liability insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

Exemption/Modification (Justification attached; subject to approval).

8.4. Other Insurance Requirements:

All insurance required by this Agreement shall be with a company acceptable to NMC and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that NMC shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional insureds with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance. The required endorsement from for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement from for Automobile Additional Insured Endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by NMC, CONTRACTOR shall file certificates of insurance with NMC's Contracts/Purchasing Department, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by NMC, annual certificates to NMC's Contracts/Purchasing Department. If the certificate is not received by the expiration date, NMC shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles NMC, at its sole discretion, to terminate the Agreement immediately.

9. RECORDS AND CONFIDENTIALITY.

9.1. Confidentiality, CONTRACTOR and its officers, employees, agents and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from NMC or prepared in connection with the performance of this Agreement, unless NMC specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to NMC any and all requests for disclosure of any such

confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out Contractor's obligations under this Agreement.

- 9.2. NMC Records . When this Agreement expires or terminates, CONTRACTOR shall return to NMC any NMC records which CONTRACTOR used or received from NMC to perform services under this Agreement.
- 9.3. Maintenance of Records . CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- 9.4. Access to and Audit of Records . NMC shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of NMC or as part of any audit of NMC, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 9.5. Royalties and Inventions . NMC shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize other to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC.
10. **NON-DISCRIMINATION**. During the performance of this Agreement, Contractor, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in Contractor's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, full comply with all federal, state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.
11. **COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANT**. If this Agreement has been or will be funded with monies received by NMC pursuant to a contract with the state or federal government in which NMC is the grantee, CONTRACTOR will comply with all the provisions of said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, NMC will deliver a copy of said contract to Contractor, at no cost to Contractor.
12. **INDEPENDENT CONTRACTOR**. In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent CONTRACTOR and not as an employee of NMC. No offer or obligation of permanent employment with NMC or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled

by virtue of this Agreement to receive from NMC any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for an obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of Contractor's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold NMC and the County of Monterey harmless from any and all liability, which NMC may incur because of Contractor's failure to pay such taxes.

13. NOTICES. Notices required under this Agreement shall be delivered personally or by first-class, postage per-paid mail to NMC and Contractor's contract administrators at the addresses listed below.

FOR NATIVIDAD MEDICAL CENTER: Contracts/Purchasing Manager	FOR CONTRACTOR: Everyone's Harvest Iris Pappard, Executive Director
_____ Name	_____ Name and Title
1441 Constitution Blvd, Salinas, CA, 93906 _____ Address	P.O. Box 1423 Marina, CA 93933 _____ Address
831.755.4111 _____ Phone	(831) 384-6961 _____ Phone

14. MISCELLANEOUS PROVISIONS.

- 14.1. Conflict of Interest. CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the professional services required to be rendered under this Agreement.
- 14.2. Amendment. This Agreement may be amended or modified only by an instrument in writing signed by NMC and the Contractor.
- 14.3. Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by NMC and the Contractor. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 14.4. Contractor. The term "Contractor" as used in this Agreement includes Contractor's officers, agents, and employees acting on Contractor's behalf in the performance of this Agreement.
- 14.5. Disputes. CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 14.6. Assignment and Subcontracting. The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of NMC. None of the services covered by this Agreement shall be subcontracted without the prior written approval of

NMC. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.

- 14.7. Successors and Assigns. This Agreement and the rights, privileges, duties, and obligations of NMC and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 14.8. Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 14.9. Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 14.10. Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.
- 14.11. Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- 14.12. Non-exclusive Agreement. This Agreement is non-exclusive and both NMC and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.
- 14.13. Construction of Agreement. NMC and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 14.14. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 14.15. Integration. This Agreement, including the exhibits, represents the entire Agreement between NMC and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, Representations, or agreements, either written or oral, between NMC and CONTRACTOR as of the effective date of this Agreement, which is the date that NMC signs the Agreement.
- 14.16. Interpretation of Conflicting Provisions. In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

NATIVIDAD MEDICAL CENTER

By: Jm Lopez
NMC Contracts/Purchasing Agent

Date: 3-14-12

By: [Signature]
Department Head (if applicable)

Date: 2/6/12

Approved as to Legal Form

By: AB
Stacy Saetta Anne Brauer
Deputy County Counsel

Date: March 12, 2012

Approved as to Fiscal Provisions

By: [Signature]
Auditor/Controller

Date: 3/12/12

CONTRACTOR

Everyone's Harvest
Contractor's Business Name***

[Signature]
Signature of Chair, President, or Vice-President

Iris Peppard, Executive Director
Name and Title

Date: 2-1-12

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)

Bruce Delgado - Treasurer
Name and Title

Date: 2/1/12

***INSTRUCTIONS: IF CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement.



Everyone's Harvest

Mailing Address: P.O. Box 1423, Marina, CA 93933
Office Address: 3180 Imjin Road, Suite 149, Marina, CA 93933
Phone: (831) 384-6961 Fax: (831) 384-6881
www.everyonesharvest.org

Exhibit A:

Proposal: Natividad Certified Farmers' Market including;
Attachment A: Everyone's Harvest, Natividad Certified Farmers' Market: 2012 Budget (estimate of vendor revenue and expenses)

January 13, 2012

Ms. Andrea J. Rosenberg
Administrator Operations and Support Services
Natividad Medical Center (NMC)
1441 Constitution Blvd.
Salinas, CA 93906

Re: CERTIFIED FARMERS' MARKET SERVICE PROPOSAL - Amendment Request --
NATIVIDAD MEDICAL CENTER

Dear Ms. Rosenberg,

Thank you for the opportunity to submit, on behalf of Everyone's Harvest, this proposal to create a vibrant, healthy Natividad Certified Farmers' Market. Our goal is to bring fresh produce and people together. This is a formal request to approve the Everyone's Harvest - Natividad Certified Farmers' Market Proposal, (detailed in this letter) and an agreement between the Owner, Natividad Medical Center (NMC) and the not-for-profit organization, Everyone's Harvest for the fiscal year of 2012 from February 1st to December 15th. This letter is a formal proposal by Everyone's Harvest to provide service to Natividad Medical Center in the amount of \$34,042.00

PROJECT DESCRIPTION

Below is the list of identified projects and services we anticipate providing for NMC from February 1, 2012 to December 15, 2012. Note that these are only estimates and will be further clarified through the scopes of services for all projects. Actual hours and costs may vary from the identified estimates below, depending on each scope of service.

MARKET SERVICES:

EVERYONE'S HARVEST will, under this scope of work, provide to NATIVIDAD MEDICAL CENTER: the following:

Internal Systems Management provides for Natividad Certified Farmers' Markets:

- EBT (Electrical Benefit Transfer): Everyone's Harvest redemption system will allow low-income families on Temporary Aid to Needy Families (TANF) to use their EBT card at the Natividad Market. No power needed for this activity.
- FUNDAMENTALLY FRESH (incentive program): Everyone's Harvest will participate in the Agricultural Land Base Association (ALBA) Fundamentally Fresh program. This will allow every EBT customer that conducts a \$10 or more transaction at the Natividad Market

per day to receive an extra \$5 worth of produce through a Fundamentally Fresh fund incentives.

- WIC (Woman, Infants, and Children): Everyone's Harvest will provide WIC voucher program involvement. This will allow low-income families on Temporary Aid to Needy Families (TANF) the ability to use their WIC vouchers at the Natividad Market.
- Everyone's Harvest Rules and Regulations, Rule Sign-Off Form and Vendor Application to ensure all Market vendors and participants are safe, and follow governmental rules and regulations (including but not limited to; California State Agricultural Commissioner and Monterey County Health Department rules and regulations).
- Everyone's Harvest Information Booth and Kid's Activities Table at every Natividad Market.
- Use of Everyone's Harvest equipment and supplies at every Natividad Market.
- Coordination, communication, goal setting, and evaluation with Everyone's Harvest Natividad Market staff.
- Collaboration with NMC staff to determine Natividad vendors and participants.
- Involve and manage other non-profit organizations including the Service Learning Institute of California State University Monterey Bay with Service Learning volunteer students.
- Weekly market reports and deposit from vendor fees collected.
- Weekly payment of bills pertaining to the Natividad Market.
- Annual submission of Natividad Market Project's profit and loss reports to NMC or every two months upon requested.

Market Manager provides for Natividad Certified Farmers' Markets:

- Coordinate all Natividad Market set-up and take-down activities.
- Enforcement of all Everyone's Harvest Rules and Regulations and governmental rules and regulations (including but not limited to; California State Agricultural Commissioner and Monterey County Health Department rules and regulations).
- Facilitate all current participants' documents (collect and file): Participants' Applications, Rule-Sign-off, Holdharmlesses, and current permits.
- Distribute and collect participants' Certified Producer Load Lists.
- Collect all fees and receipts from Natividad Market vendors. Under this scope of work all Participants' fees from the Natividad Market will go to Everyone's Harvest for Natividad Market expenses.
- Purchase all Natividad Market supplies.
- Determine all Participants' role and if any, limitations to the Natividad Market to ensure produce variety and Natividad Market success.
- Organize Participants' space at the Natividad Market.
- Manage Everyone's Harvest Information Booth (conducting EBT and Fundamentally Fresh transactions) and Kid's Activities Table at every Natividad Market.
- Keep in communication with Natividad Market vendors and participants.

Outreach and Event Manager provides for Natividad Certified Farmers' Markets:

- Conduct surveys and interviews at NMC, Monterey County Health Department, and within the local neighborhood to improve the Natividad Market for 2012.
- Research and conduct interviews at other Medical Centers hosting Farmers' Markets to learn best practices to improve Natividad Market for 2012.
- Conduct outreach and advertising for the Natividad Market including coordinating large banner order, distributing Natividad Market flyers, posters, postcards, and incentive coupons, and networking with NMC, Monterey County Health Department, Salinas Chamber of Commerce, SUBA and the local neighborhood.

- Every Natividad Market purchase \$150 worth of produce/flowers from Natividad Market farmers and distribute through a donation to various groups to increase Natividad Market customer base.
- Organize one special event per month at the Natividad Market including an Edible Education inter-active cooking workshop conducted by a professional chef.
- Recruit, facilitate, and file paperwork pertaining to special events.

Project Details of Natividad Certified Farmers' Market:

- Everyone's Harvest estimates employees will spend an average of 26 hours a week on the Natividad Certified Farmers' Market
- Current scope of work defines these activities, starting in February three months before the Natividad Market Grand Opening. Proposed dates are:
 - Hire and orientate Outreach and Event Manager from Feb. 1st to Feb. 15th
 - Conduct interviews and research to develop Natividad Market improvements, recruit vendors and coordinate Grand Opening details from Feb. 15th to March 31st
 - Coordinate and start the on-going process of Natividad Market outreach and advertising starting April 1st
 - Natividad Market Grand Opening; Wednesday, May 2nd, 2012
 - Natividad Market operation will run from May 2, 2012 to November 28, 2012 (31 Markets)
 - Natividad Market will operate every Wednesday from 11:00am to 5:00pm (available to change depending on NMC needs and from surveys conducted).
 - Nov. 29th to Dec. 15th profit and loss statements submitted, interviews and reflects take place to plan for improvements 2013.

HOURLY RATES

On-site services, total of 248 hours spent and approximately 82 hours per person;

- Executive Director (\$35/hr x 1hr a month x 9 months) = \$315.00
- Market Manager (\$18/hr x 9hrs a wk x 31 wks) = \$5,022.00
- Outreach and Event Manager (\$15/hr x 2hrs a wk x 31 wks) = \$930.00
- Outreach and Event Manager (\$15/hr a 7hrs a month x 9 months) = \$945.00

Off-site services, total of 563 hours spent and approximately 188 hours per person;

- Executive Director (\$35/hr x 2hr a wk x 35 wks) = \$2,450
- Market Manger (\$18/hr x 3hrs a wk x 31 wks) = \$1,674
- Outreach and Event Manager (\$15/hr x 10hrs a wk x 40wks) = \$6,000

ADDITIONAL COSTS

The Natividad Market scope of work includes one outside service; a professional chef at \$150 per workshop x 9 workshops equals \$1,050.00. Natividad Market expenses include: printing of posters, coupons, and postcards, a large banner designed and produced, market incentives: coupons distributed and reimbursed, produce purchases to donated to various groups to advertise the Natividad Market, permits and membership fees including the State of California Agricultural Commissioner, Monterey County Health Department Temporary Food Facilitating Permit, City of Salinas business license, and Salinas Chamber membership, insurance including general liability, auto, and worker's compensation, market supplies, travel - diesel to transport needed market equipment and supplies, payroll taxes, and administrative costs at \$22,861.00.

Refer to Attachment A: Everyone's Harvest, Natividad Certified Farmers' Market: 2012 Budget to view all costs involved with the Natividad Market.

PAYMENT SCHEDULE/ REIMBURSABLE EXPENSES

Invoices shall be sent to Owner by Corporation by the 10th day of May, August, and December of 2012. Payment shall be in accordance with the original Monterey County Professional Services Agreement (PSA).

Reimbursable expenses will be billed in accordance. Expenditures made are to be in the direct interest of the project including, but not limited to expenses of reproduction, postage and handling, telephone calls, and mileage.

In Attachment A: Natividad Certified Farmers' Market: 2012 Budget (estimate of vendor revenue and expenses) it is estimated this scope of work will take \$40,957.00 in total expenses. These expenses will be covered through Everyone's Harvest collecting vendors' fees of \$6,915.00, and payment from NMC of \$34,042.00. Additional revenue from Natividad Certified Farmers' Market, from vendor fees and payment from NMC, not spent on expenses for Natividad Certified Farmers' Market in the 2012 season will roll-over to the next market season to all be spent on Natividad Certified Farmers' Market in the 2013 season.

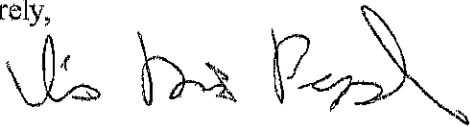
EXTENT OF THE AGREEMENT

This agreement represents the entire and integrated agreement between the Owner, Natividad Medical Center and the Corporation; EVERYONE'S HARVEST may be amended only by written instrument signed by both Owner and Corporation. This agreement may be terminated by either party upon thirty days written notice. In the event of termination, the Corporation shall be paid for services performed before and on the termination date, including all reimbursement expenses, and additional services.

In closing, Ms. Rosenberg, I want to express from all of us at Everyone's Harvest how excited we are to present this proposal to start and operate the Natividad Certified Farmers' Market. We are requesting approval of this, 2012- Everyone's Harvest Natividad Certified Farmers' Market Proposal. The Natividad Market will provide a bounty of healthy produce and community outreach activities thus creating a vibrant Natividad Certified Farmers' Market for the Natividad Medical Center, City of Salinas, and region of Monterey County.

If the aforementioned meets your approval, please sign one copy of this letter and return it to Everyone's Harvest for our files. I look forward to the opportunity to meet with you and discuss this new proposal. Please contact me with any additional questions or need for additional information. Thank you for your time and consideration to this Proposal.

Sincerely,



Iris Diana Peppard, Executive Director

NATIVIDAD MEDICAL CENTER – ACCEPTED BY:

Signed: _____ Date: _____

Attachment A: Natividad Certified Farmers' Market: 2012 Budget

Natividad Certified Farmers' Market: 2012 Budget	
31 Markets running from May 2, 2012 to November 28, 2012.	
Budget included one month of market preparation and one special event per month.	
Income	Total
Estimated Vendor Fees (3 farmers per market x \$35 x 31 markets = \$3,255 + 2 farmers x \$55 x 31 market = \$3,410)	\$6,665
Estimated Vendor Approved Dues (5 farmers x \$50 x one year)	\$250
Natividad Hospital Contract	\$34,042
Total Income	\$40,957
Expense	Total
Marketing and advertising for the surrounding neighborhoods (Posters \$1.35 each x 240 = \$324, coupons 0.10 each x 1,000 = \$100, postcards 0.30 each x 5,000 = \$1,500, large banner \$2,500)	\$4,424
Market incentives: coupons distributed and reimbursed (each coupon worth \$5 x 1,000 distributed)	\$5,000
Produce/flower purchases to donated to various groups to advertise the market (\$150 per market worth of produce x 31 markets)	\$4,650
Permits and Membership Fees (State AG \$243, MC Health Department \$550, City of Salinas business license \$37, and Salinas Chamber membership \$359)	\$1,189
Insurance (general liability \$180, auto addition \$150, and worker's compensation \$979)	\$1,309
Market supplies (clamps \$25, trash bags \$15, art and craft supplies for kid's booth \$150)	\$190
Travel (one trip per wk x 19.8 miles round trip x 31 wks x .58%)	\$356
Executive Director (\$35/hr x 2hrs a wk x 45 wks)	\$3,150
Outreach and Events Manager (12hrs a wk x \$15/hr x 40 wks)	\$7,200
Market Manager (\$18/hr x 12hrs a wk x 31 wks)	\$6,696
Payroll taxes for all employees	\$2,648
Outside Contract Services: professional chef for Edible Education interactive cooking workshops (7 workshops x \$150 per workshop)	\$1,050
Everyone's Harvest admin costs (10%) including postage, printing, office supplies, and telephone and telecommunications	\$3,095
Total Expenses	\$40,957
Net Income	\$0

Utilities (bathrooms and storage space) are not included in this budget. Utilities to be provided by Natividad Medical Center.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/3/2013

PRODUCER (831) 373-4925 FAX: (831) 373-6935

Monterey Insurance Agencies

P.O. Box MIA

401 Fremont Street, Suite 100

Monterey CA 93940-3263

INSURED

Everyone's Harvest

PO Box 1423

Marina

CA 93933

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: NIAC

0115

INSURER B: State Compensation

0140

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.

INSR/ADD'L TR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	2013-24982-NPO	4/25/2013	4/25/2014	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2013-24982-NPO	4/25/2013	4/25/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1909799-13	2/1/2013	2/1/2014	<input 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
	OTHER				

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

The County of Monterey, Its Officers, Agents and Employees are named as Additional Insured - Managers or Lessors of Premises as respects to General Liability and as Additional Insured on Auto Liability (forms CG 2011 0196 and NIAC-A1 3/91 attached). This insurance is Primary & Non Contributory. *10 day notice in the event of cancellation for non payment of premium applies.

CERTIFICATE HOLDER

County of Monterey
Contracts Manager - Natividad Med. Ctr
1441 Constitution Blvd.
Salinas, CA 93906

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

P Bystrowski/LEELAN *Leelan Bystrowski*

INSURED: Everyone's Harvest POLICY 2013-24982-DO-NPO

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following :

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation Of Premises (Part Leased To You):

Natividad Medical Center, 1441 Constitution Blvd., Salinas, CA

2. Name of Person Or Organization (Additional Insured):

The County of Monterey, Its Officers, Agents and Employees

Any person or organization acting as a manager or lessor of a covered premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming that person or organization as an additional insured has been issued.

3. Additional Premium: INCLUDED

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the schedule and subject to the following additional exclusions :

This insurance does not apply to:

- a) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- b) Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the schedule.

PRIMARY INSURANCE

Such insurance is afforded by this endorsement for the additional insured's shall apply as primary insurance. Any other insurance maintained by the additional insured or its officers and employees shall be excess only and non-contributing with the insurance afforded by this endorsement.



P.O. Box 8507, Santa Cruz, CA 95061
P: (800) 359-6422
F: (831) 459-0853



**BUSINESS AUTO COVERAGE
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

POLICY NUMBER: 2013-24982-NPO
NAME OF INSURED: Everyone's Harvest

Schedule AI
Page 1

**ADDITIONAL INSURED /
LOSS PAYEE**

The County of Monterey, its officers, agents and employees
1441 Constitution Blvd.
Salinas, CA 93906
As respects vehicle(s): N/A

PRIMARY INSURANCE

Such insurance is afforded by this endorsement for the additional insured's shall apply as primary insurance. Any other insurance maintained by the additional insured or its officers and employees shall be excess only and non-contributing with the insurance afforded by this endorsement.

COUNTERSIGNED: 03/23/2012

BY

(AUTHORIZED REPRESENTATIVE)

YEAR

2012

Withholding Exemption Certificate

CALIFORNIA FORM

590

(This form can only be used to certify exemption from nonresident withholding under California R&TC Section 18662. This form cannot be used for exemption from wage withholding.)

File this form with your withholding agent.
(Please type or print)Withholding agent's name
County of Monterey

Vendor/Payee's name

Vendor/Payee's Social security number
 SOS. no. California corp. no. FEINNote:
Failure to furnish your
identification number will
make this certificate void.

Everyone's Harvest

4 8 - 1 2 9 0 9 9 0

Vendor/Payee's address (number and street)

APT no.

Private Mailbox no.

Vendor/Payee's daytime telephone no.

P.O. Box 1423

(831) 384-6961

City

State
CAZIP Code
93933

Marina

I certify that for the reasons checked below, the entity or individual named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual. Read the following carefully and check the box that applies to the vendor/payee:

 Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly inform the withholding agent. See instructions for Form 590, General Information D, for the definition of a resident.

 Corporations:

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State to do business in California. The corporation will withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California, I will promptly inform the withholding agent. See instructions for Form 590, General Information E, for the definition of permanent place of business.

 Partnerships:

The above-named partnership has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The partnership will file a California tax return and will withhold on foreign and domestic nonresident partners when required. If the partnership ceases to do any of the above, I will promptly inform the withholding agent. Note: For withholding purposes, a Limited Liability Partnership is treated like any other partnership.

 Limited Liability Companies (LLC):

The above-named LLC has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The LLC will file a California tax return and will withhold on foreign and domestic nonresident members when required. If the LLC ceases to do any of the above, I will promptly inform the withholding agent.

 Tax-Exempt Entities:

The above-named entity is exempt from tax under California or federal law. The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly inform the withholding agent.

 Insurance Companies, IRAs, or Qualified Pension/Profit Sharing Plans:

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

 California Irrevocable Trusts:

At least one trustee of the above-named irrevocable trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly inform the withholding agent.

 Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided herein is, to the best of my knowledge, true and correct. If conditions change, I will promptly inform the withholding agent.

Vendor/Payee's name and title (type or print) Iris D. Peppard, Executive Director

Vendor/Payee's signature ► _____

Date 2-1-12

VENDOR DATA RECORD
(Required in lieu of IRS W-9 when doing business with the County of Monterey)

<p align="center">1</p> <p>RETURN</p> <p>TO:</p>	<p>COUNTY OF MONTEREY Contracts/Purchasing 168 W. Alisal Street 3rd Floor Salinas, CA 93901</p> <p>Phone: (831) 755-4990 Fax: (831) 755-4969</p>	<p>PURPOSE: information contained in this form will be used by County to prepare information returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.</p> <p>See Privacy Statement and Residency Information on reverse side.</p>	
<p align="center">2</p> <p>VENDOR ACTIVITY</p>	<p align="center">CHECK THE BOX WHICH DESCRIBES YOUR PRIMARY BUSINESS</p> <p><input type="checkbox"/> EQUIPMENT & SUPPLIES <input checked="" type="checkbox"/> SERVICES - NON-MEDICAL <input type="checkbox"/> SERVICES - MEDICAL <input type="checkbox"/> RENT/LEASES</p> <p><input type="checkbox"/> ATTORNEY FEES <input type="checkbox"/> LEGAL SETTLEMENT <input type="checkbox"/> PRIZES & AWARDS <input type="checkbox"/> OTHER _____</p>		
<p align="center">3</p> <p>NAME AND ADDRESS</p>	<p>VENDOR'S LEGAL NAME (as shown on your Income tax return) Everyone's Harvest</p> <p>BUSINESS NAME / DBA (if different from line 1)</p> <p>MAILING ADDRESS P.O. Box 1423</p> <p>CITY, STATE, ZIP CODE Marina, CA 93933</p>	<p>PHONE NUMBER (831) 384-6961</p> <p>E-MAIL ADDRESS everyonesharvest@gmail.com</p> <p>REMIT-TO ADDRESS 3180 Imjin Road, Suite 149</p> <p>REMIT-TO CITY, STATE, ZIP CODE Marina, CA 93933</p>	<p>FAX NUMBER (831) 384-6881</p>
<p align="center">4</p> <p>VENDOR ENTITY TYPE</p> <p>CHECK ONE BOX ONLY</p>	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <u>48 1290990</u></p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)</p> <p><input type="checkbox"/> C CORPORATION</p> <p><input type="checkbox"/> S CORPORATION</p> <p>CORPORATION</p> <p><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input checked="" type="checkbox"/> EXEMPT (nonprofit)</p> <p><input type="checkbox"/> ALL OTHERS</p> <p>ENTER SOCIAL SECURITY NUMBER (SSN): _____</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p> <p><input type="checkbox"/> PREVIOUS COUNTY EMPLOYEE</p> <p><input type="checkbox"/> OTHER (SSN required by authority of California Revenue and Tax Code Section 18646)</p>		<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
<p align="center">5</p> <p>VENDOR RESIDENCY STATUS FOR TAX PURPOSES</p>	<p><input type="checkbox"/> California Resident - Qualified to do business in CA or have a permanent place of business in CA.</p> <p><input type="checkbox"/> California Nonresident (see reverse side) - Payments to CA nonresidents may be subject to state taxes.</p> <p><input type="checkbox"/> Waiver of state tax withholding from California Franchise Tax Board attached.</p> <p><input type="checkbox"/> All services for payments issued are performed OUTSIDE of California.</p>		
<p align="center">6</p> <p>CERTIFYING SIGNATURE</p>	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the County.</p> <p>Authorized Representative's Name (Type or Print) Iris Diana Peppard</p> <p>Signature</p> <p>Title Executive Director</p> <p>Date 2-1-12</p> <p>Telephone (831) 384-6961</p>		