

**COUNTY OF MONTEREY STANDARD AGREEMENT
(MORE THAN \$100,000)**

This **Agreement** is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter "County") and:
San Benito County _____,
(hereinafter "CONTRACTOR").

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

1.0 GENERAL DESCRIPTION.

1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

Provide services in San Benito County that assist Supplemental Nutrition Assistance Program-Education (SNAP-Ed) eligible consumers in adopting healthy eating and physical activity behaviors as part of a healthy lifestyle.

2.0 PAYMENT PROVISIONS.

2.01 County 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 County to CONTRACTOR under this Agreement shall not exceed the sum of \$ 570,000.00.

3.0 TERM OF AGREEMENT.

3.01 The term of this Agreement is from October 1, 2013 to September 30, 2016, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and **CONTRACTOR may not commence work before County signs this Agreement.**

3.02 The County reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.

4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.

4.01 The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

- Exhibit A** **Scope of Services/Payment Provisions**
- Exhibit B** **Business Associate Agreement**

5.0 PERFORMANCE STANDARDS.

- 5.01 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 the County, or immediate family of an employee of the County.
- 5.02 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.
- 5.03 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 County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

6.0 PAYMENT CONDITIONS.

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall 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 the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County 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.

7.0 TERMINATION.

- 7.01 During the term of this Agreement, the County 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.

- 7.02 The County 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 County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.
- 7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

8.0 INDEMNIFICATION.

- 8.01 CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

9.0 INSURANCE REQUIREMENTS.

9.01 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 the County'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 the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

9.02 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 than A- VII, according to

the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Manager.

- 9.03 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.

(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County 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 \$1,000,000 per occurrence.

(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Workers' Compensation Insurance, if CONTRACTOR employs others 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.

(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County 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.

(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

9.04 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to the County 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 the County 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 insureds 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 form 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 form for Automobile Additional Insured endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, 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 County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County 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 County, at its sole discretion, to terminate this Agreement immediately.

10.0 RECORDS AND CONFIDENTIALITY.

- 10.01 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 the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County 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.
- 10.02 County Records. When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.03 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.
- 10.04 Access to and Audit of Records. The County 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 the County or as part of any audit of the County, 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.
- 10.05 Royalties and Inventions. County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others 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 County.

11.0 NON-DISCRIMINATION.

- 11.01 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, fully 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.

12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

12.01 If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

13.0 INDEPENDENT CONTRACTOR.

13.01 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 the County. No offer or obligation of permanent employment with the County 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 County 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 and 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 County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

14.0 NOTICES.

14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

FOR COUNTY:	FOR CONTRACTOR:
Edward L. Moreno, MD, MPH, Health Officer/Director, Public Health Bureau	James A. Rydingsword, MPA, HHS Director, San Benito County
Name and Title	Name and Title
1270 Natividad Road Salinas, CA 93906	439 Fourth Street Hollister, CA 95023
Address	Address
(831) 755-4526	(831) 630-5124
Phone	Phone

15.0 MISCELLANEOUS PROVISIONS.

- 15.01 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 services required to be rendered under this Agreement.
- 15.02 Amendment. This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.
- 15.03 Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County 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.
- 15.04 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.
- 15.05 Disputes. CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.06 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 the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.07 Successors and Assigns. This Agreement and the rights, privileges, duties, and obligations of the County 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.
- 15.08 Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.09 Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.
- 15.11 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 Non-exclusive Agreement. This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.

- 15.13 Construction of Agreement. The County 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.
- 15.14 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.
- 15.15 Authority. Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 15.16 Integration. This Agreement, including the exhibits, represent the entire Agreement between the County 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 the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.
- 15.17 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.

-----*This section left blank intentionally*-----

16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY

CONTRACTOR

By: _____
Contracts/Purchasing Officer

San Benito County
Contractor's Business Name*

Date: _____

By: _____
Department Head (if applicable)

By: _____
(Signature of Chair, President, or Vice-President)*

Date: 2-5-14

By: _____
Board of Supervisors (if applicable)

Anthony Botelho, Chair
Name and Title

Date: _____

Date: 11/19/13

Approved as to Form¹

By: _____
County Council

By: _____
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Date: 12/12/13

DENISE R. THOME CLERK OF THE BOARD
Name and Title

Approved as to Fiscal Provisions²

By: _____
Auditor/Controller

Date: 11/19/13

Date: 12-19-13

Approved as to Liability Provisions³
INSURANCE LANGUAGE

**APPROVED AS TO LEGAL FORM
SAN BENITO COUNTY COUNSEL**

By: _____
Risk Management

DEPUTY COUNTY COUNSEL 10-30-13
DATE

Date: 1-8-14

County Board of Supervisors' Agreement Number: _____, approved on (date): _____

*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 an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

¹Approval by County Counsel is required

²Approval by Auditor-Controller is required

³Approval by Risk Management is necessary only if changes are made in paragraphs 8 or 9

EXHIBIT A
Scope of Services / Payment Provisions
To the
Standard Agreement
Between
County of Monterey
And
San Benito County

A. SCOPE OF SERVICES

BACKGROUND:

Funded through the United States Department of Agriculture, the California Department of Public Health (CDPH) awarded to the County of Monterey on behalf of its Health Department a three year grant for the period of October 1, 2013 to September 30, 2016, in the amount of \$1,319,529, approved by the Monterey County Board of Supervisors on October 1, 2013, File Number A 13-230. The grant replaces the Network Local Incentive Award grant and is now a Local Health Department award. The purpose of the grant is to implement the project, "Supplemental Nutrition Assistance Program-Education (SNAP-Ed). Since funding is now received at the state level, counties are funded separately. CDPH asked Monterey County (hereinafter "County") to be the lead agency and to subcontract with San Benito County (hereinafter "Contractor"), a collaborative partnership for over 10 years as part of the Regional Network grant.

Scope of Services:

Contractor shall provide the following:

Compile data for and report quarterly on educational activities, completing all relevant components on the Activity Tracking Form (ATF):

- A) The number, SNAP status, age, gender, race/ethnicity of SNAP-Ed eligible individuals receiving what type of evidence based direct nutrition education and in what setting.
- B) The number of evidence based nutrition education and health promotion messages to address SNAP-Ed goals, at least half of which are "Half your Plate: Fruits and Vegetables" and "Rethink Your Drink".
- C) Community public relations events and community messages promoting healthy foods and beverages and physical activity in SNAP-eligible census tracts and venues.

Implement an annual nutrition education work plan, describing evidence based nutrition education and obesity prevention and evaluation strategies to improve the health of the SNAP-Ed eligible population.

Eighteen hundred SNAP-Ed eligible individuals will receive evidence based direct nutrition education annually.

C/P 3/4/2010

Provide fifteen nutrition education classes per year addressing SNAP-Ed goals.

Attend two community events promoting nutrition education messages such as MyPlate, Rethink Your Drink, Make Half Your Plate Fruits and Veggies, Dietary Guidelines, or other Network allowable materials to SNAP eligible population.

Attend a quarterly coalition and/or partnership meeting established with other USDA funded partners to address community nutrition issues, enhance the consistency of food and nutrition messaging and reaching consensus on how best to improve access to healthy foods, beverages and physical activity in the SNAP eligible communities.

Report on Policy, Systems or Environmental change process, including reach, effectiveness, adoption, implementation and challenges overcome.

Document all expenses incurred in a quarterly expense report with the ability to provide all back up documentation for one quarter's expenses in sufficient detail to Monterey County Health Department.

Attend three to five Network-sponsored trainings, meetings or conferences annually.

The following is CDPH's Deliverables (Scope of Services) provided to Monterey County as part of County's award. The deliverables that have an X in the box apply to San Benito County:

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
NUTRITION EDUCATION AND OBESITY PREVENTION (NEOP) BRANCH
Deliverables for Local Health Department Grants
FFY 2014-2016**

GOAL: Supplemental Nutrition Assistance Program Nutrition Education (SNAP-Ed) participants and those eligible up to 185 percent Federal Poverty Level (FPL) are educated and receive support to consume healthy foods and beverages, reduce consumption of less healthy foods and beverages and to increase physical activity. These are the behavioral outcomes that the United States Department of Agriculture (USDA) expects and have the potential to reduce the prevalence of obesity and the onset of related chronic diseases in the SNAP-Ed population.

Objective 1: Consumption and Access to Healthy Foods - Fruit and Vegetables

By September 2014, as measured by statewide surveys and other surveillance systems, the percent of eligible Californian adults, teens, and children consuming fruits and vegetables will increase (measured as at least five servings of fruit and vegetables a day, two servings of fruit/day, and three servings of vegetables/day).

Objective 2: Consumption and Access to Healthy Beverages and Reduced Consumption of Unhealthy Beverages

By September 2014, as measured by statewide surveys and other surveillance systems, the percent of eligible Californian adults, teens, and children consuming low fat/nonfat milk and water will increase and consuming sugary beverages will decrease

Objective 3: Physical Activity and Sedentary Behavior

By September 2014, as measured by statewide surveys and other surveillance systems, the percent of eligible California adults, teens, and children who meet their respective age-level goals for physical activity will increase and the percent of youth who report watching two or fewer hours of television a day will increase

Objective 4 - Environmental Supports for Nutrition Education

By September 2014, as measured by policy/systems/environmental change reports, at least 50 percent of local health departments will report successful implementation of one (or more place-based nutrition standard(s) or environmental support(s) to nutrition education.

DELIVERABLES/OUTCOME MEASURES: In order to assure that CDPH meets the above goal and objectives, the Local Health Department (LHD) is responsible for meeting USDA assurances and the following checked deliverables:

Local Health Department Deliverables

Deliverable 1	Three-year nutrition education plan, updated annually, describing nutrition education and obesity prevention and evaluation strategies to improve the health of the SNAP-Ed eligible population based on the Social Ecological Model (SEM), and an assessment using ethnicity, obesity, chronic disease and related data for the jurisdiction.	<input checked="" type="checkbox"/>
Deliverable 2	<p>Compile data for and report quarterly on educational activities, completing all relevant components on the Activity Tracking Form (ATF):</p> <p>A) The number, SNAP status, age, gender, race/ ethnicity of SNAP-Ed eligible individuals receiving what type of evidence-based direct nutrition education and in what setting. (Note: When this information is not available, report as indirect education contacts as in B) or C) below.)</p> <p>B) The number of evidence-based nutrition education and health promotion messages to address SNAP-Ed goals, at least half of which are “Half Your Plate: Fruits and Vegetables” and “Rethink Your Drink”.</p>	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

	C) Community public relations events and community messages promoting healthy foods and beverages and physical activity in SNAP-eligible census tracts and venues.	<input checked="" type="checkbox"/>
Deliverable 3	<p>Compile data for and report quarterly on community engagement activities, completing all relevant components on the Activity Tracking Form (ATF):</p> <p>A) Training to service providers, SNAP-Ed-eligible families or their representatives ("Champions"), youths and/or groups in SNAP-Ed-eligible venues/census tracts on SNAP-Ed strategies.</p> <p>B) Coalitions and partnerships established with USDA-funded and other partners to address community issues, enhance the consistency of food and nutrition messaging and reaching consensus on how best to improve access to healthy foods, beverages and physical activity in the SNAP-eligible community.</p> <p>C) "Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention" (CX³) or other evidence-based community assessment, including a plan for achieving identified changes.</p>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	D) Any presentation to decision makers of CX ³ or other community assessment findings along with (a) proposal(s) for action and an implemented action plan(s) for achieving the identified changes developed through full or modified consensus by community members and partners.	<input type="checkbox"/>
Deliverable 4	As applicable, report on successful implementation of Policy/Systems/ Environmental Change (PSE) processes, including reach, effectiveness (outcomes), adoption, implementation, maintenance, and challenges faced, means used to overcome them, and next steps. Include copy/description of policy change enacted, system altered and/or photographs of environmental change made to improve access to healthy foods and beverages and to improve opportunities for physical activity.	<input checked="" type="checkbox"/>

Deliverable 5	Quarterly Expense documenting all expenses incurred during the quarter with the ability to provide back-up documentation for one quarter's expenses in sufficient detail to allow CDPH to ascertain compliance with USDA grant rules for allowable expenses. Likewise, provide Quarterly Progress Reports describing in detail the program activities conducted during the quarter, and the ability to provide source documentation in sufficient detail to support the reported activities.	<input checked="" type="checkbox"/>
Deliverable 6	Evaluation of a minimum series of five nutrition education classes using practice or evidence-based lessons using the <i>Network's</i> standard pre/post-test Impact/Outcome evaluation design for a specified number of individuals. (Note: Required only for LHDs receiving \geq \$350,000 in the base grant)	<input type="checkbox"/>

B. PAYMENT PROVISIONS

CDPH funding for year one of this Agreement (October 1, 2013 to September 30, 2014) is in the amount of \$184,664.00. It is anticipated that funding for years two and three will be the same. County will provide the scopes of services/budgets to Contractor for years two & three, once funding is determined by CDPH for those years. County shall pay for the performance of all things necessary for or incidental to the performance of work as set forth in the state's provided budget below.

Both parties understand and agree that this Standard Agreement is made contingent upon availability of funds. If funds from the state or federal source are not obtained and continued at a level sufficient to allow for County's continuation of these services, County may give written notice of this fact to Contractor, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

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Prime Grantee Name: Monterey County Health Department
Grant Number: 13-20017
Sub Grant A Name: San Benito County

Position Title (or Description for each job description table)	Position Name	Description of Job Duties (or SNAP-Ed Task/Activity Priority/ Admin Function/ Staff Category)	FTE (Start to SNAP-Ed)	Professional Salary	Total SNAP-Ed Salary	Student Rate	Benefits (Health, Disability, Retirement, Federal Unemployment)	SNAP-Ed Salary (Health, Disability, Retirement, Federal Unemployment)
17 Health Educator (through Health Aide- Health Promotion Instructor, etc.)								
1 TBD		10.00%	0	\$62,998.00	\$62,998.00	62.000%	\$9,818.76	\$102,055.76
2 TBD		20.00%	0	\$72,278.00	\$72,278.00	62.000%	\$9,818.76	\$23,401.76
3			0	\$0.00	\$0.00		\$0.00	\$0.00
4			0	\$0.00	\$0.00		\$0.00	\$0.00
5			0	\$0.00	\$0.00		\$0.00	\$0.00
6			0	\$0.00	\$0.00		\$0.00	\$0.00
7			0	\$0.00	\$0.00		\$0.00	\$0.00
8			0	\$0.00	\$0.00		\$0.00	\$0.00
9			0	\$0.00	\$0.00		\$0.00	\$0.00
10			0	\$0.00	\$0.00		\$0.00	\$0.00
11			0	\$0.00	\$0.00		\$0.00	\$0.00
12			0	\$0.00	\$0.00		\$0.00	\$0.00
13			0	\$0.00	\$0.00		\$0.00	\$0.00
14			0	\$0.00	\$0.00		\$0.00	\$0.00
15			0	\$0.00	\$0.00		\$0.00	\$0.00
16			0	\$0.00	\$0.00		\$0.00	\$0.00
17			0	\$0.00	\$0.00		\$0.00	\$0.00
18			0	\$0.00	\$0.00		\$0.00	\$0.00
19			0	\$0.00	\$0.00		\$0.00	\$0.00
20			0	\$0.00	\$0.00		\$0.00	\$0.00
21			0	\$0.00	\$0.00		\$0.00	\$0.00
Totals				30.00%	\$1,352,276.00	62.00%	\$174,437.52	\$1,526,713.52

Definition and basis for calculations of benefit rate(s): PICA, Retirement, Workers Compensation, Health Benefits & Unemployment

Prime Grantee Name:
 Grant Number:
 Sub Grant A Name:

Monterey County Health Department
 13-20017
 San Benito County

Operating Expenses

Budget Item	Description/Qualifications	Unit Cost	Quantity	FTE	Total
Space Rent/Lease	Rent calculation is based on program FTEs to total department FTEs. Expenditures for this line item is \$85 per month. The county owns the building.	\$85.00	12.00	1.00	\$10,200.00
Office Supplies	Costs include general office supplies (paper, pens, etc.) postage per month.	\$240.00	12.00	1.00	\$2,880.00
Printing/copy	Monthly printing costs to include paper, printing cartridges, printer	\$125.00	12.00	1.00	\$1,500.00
Communications	Calculation based on program FTEs to department FTEs. Monthly costs include: telephone costs and telephone system costs.	\$110.00	12.00	1.00	\$1,320.00
Total Operating Expense:					\$15,900.00

Travel and Per Diem

Travel/Per Diem Title	Location	Trip FTE	Days	Night	Per Diem	Per Diem	Per Diem	Miles	Per Mile	Other	Total
Local travel associated with implementing SGW deliverables	County-wide	120	1	60	0	\$0.00	\$0.00	\$0.00	20.00	\$0.00	\$0.00
Regional travel	SC/Mona/SC	3	1	0	0	\$0.00	\$0.00	\$0.00	70.00	\$0.00	\$0.00
State Conference	Sacramento	1	1	3	2	\$40.00	\$100.00	\$0.00	630.58	\$150.00	\$270.58
Total Travel and Per Diem:											\$2,430.58

* Lodging costs include taxes. Reimbursement is at CalHR rates.

Sub Grant(s)

Name	Description/Justification	Total
80 - Two Promotoras	Promotoras will serve as the gatekeepers to "hard to reach" populations, including the Mexican community. Promotoras will offer support to the health educator by assisting in conducting nutrition education, physical activity promotion interventions in the community setting. Promotoras will coordinate efforts with community-based organizations to increase the reach of nutrition education interventions to Nutrition Education Obesity Program (NEOP) eligible. Promotoras will participate in outreach at community events. Calculations for funding: 2 promotoras @ \$15/hour x 17 hours per week x 52 weeks= \$26,520 (Social Security @6.2% and Medicare @1.45% for an additional 7.65% = \$2028.78, Totaling \$28,548.78)	\$28,549.00
A		
B		
C		
Total Sub Grant(s)		\$28,549.00

Other Costs

Budget Item	Description/Justification	Unit Cost	Quantity	YARS	TOTAL
Education Materials	Pamphlets, nutrition activity books, nutrition books for enhancement to HOTM program.	\$2.85	1315.00	1.00	\$3,747.75
DVD player/radio	To be used w/HOTM enhancement activities, physical activity	\$226.04	1.00	1.00	\$226.04
Media	Twelve advertisement placements in local media (KMPG Spanish radio) station and Hollister Free Lance newspaper	\$100.00	12.00	1.00	\$1,200.00
Food equipment	Two blenders, bowls, one grill, saute pan, portable refrigerator unit, such as ice chests and traveling tubs	\$100.00	6.00	1.00	\$600.00
Food items for sample/demo's	1,200 nutritional tastings (people) x \$2.25 per person = \$2,700	\$2.25	1200.00	1.00	\$2,700.00
Table and chairs/Canopy	To be used during food demonstrations, large festivals and health fairs providing nutrition education to community.	209.00	2.00	1.00	\$418.00
Total Other Costs				1.00	\$8,971.79

Indirect Costs

Calculation Method	Rate	Cost Basis	Total
Administration s/b % A-B7 costs, accounting services and audit costs, 10% of total personnel costs.	10.00%	\$12,549.00	\$1,254.90
Total Indirect Costs			\$1,254.90
Total Budget			\$31,058.69

C. INVOICING AND PAYMENTS

1. For services satisfactorily rendered, and upon receipt and approval of the invoices, the County agrees to compensate the Contractor in accordance with the above listed terms. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.
2. Invoices shall be submitted on a quarterly basis.
3. Invoices shall be submitted in duplicate to:

**Monterey County Health Department
WIC/Nutrition Program
Attn: Niaomi Hrepich, Sup PH Nutritionist
632 East Alisal Street
Salinas, CA 93905
(831) 796-2872**

4. Invoices shall:
 - i. Be prepared on Contractor letterhead. An authorized official, employee, or agent certifying that the expenditures claimed represent services performed under this contract must sign invoices.
 - ii. Bear the Contractor's name as shown on the agreement.
 - iii. Identify the billing and/or performance period covered by the invoice.
 - iv. Itemize costs for the billing period in the same detail as indicated in the scope of services in the agreement. Reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by the County of Monterey.

D. EXPENSES/FISCAL DOCUMENTATION

1. Invoices, received from Contractor and accepted and/or submitted for payment by the County, shall not be deemed evidence of allowable agreement costs.
2. Contractor shall maintain for review and audit and provide to County upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.

BUSINESS ASSOCIATE AGREEMENT

This Agreement, hereinafter referred to as "**Agreement**", is made effective October 1, 2013 by and between the County of Monterey, a political subdivision of the State of California, on behalf of the Health Department, hereinafter referred to as "**Covered Entity**", and San Benito County, hereinafter referred to as "**Business Associate**", (individually, a "Party" and collectively, the "Parties").

WITNESSETH:

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"); and

WHEREAS, the United States Congress has enacted the American Recovery and Reinvestment Act of 2009 ("ARRA"), which amends HIPAA and the HIPAA Privacy Rule; and

WHEREAS, the State of California has enacted statutes designed to safeguard patient privacy including, without limitation, the Confidentiality of Medical Information Act ("CMIA"), California Civil Code § 56 *et seq.*, Senate Bill 541, enacted September 30, 2008, and Assembly Bill 211, enacted September 30, 2008; and

WHEREAS, the parties acknowledge that California law may include provisions more stringent and more protective of the confidentiality of health information than the provisions of HIPAA; and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, hereby referred to as the "Service Agreement" and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Privacy Rule and under California law; and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties' continuing obligations under the Service Agreement, compliance with the HIPAA Privacy Rule, as amended by ARRA, compliance with California law, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy Rule, as amended by ARRA, and California law and to protect the interests of both Parties.

I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy Rule, as amended, the HIPAA Privacy Rule shall control. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of CMIA or other California law, California law shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Privacy Rule and California law, but nonetheless are permitted by the HIPAA Privacy Rule and California law, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

II. CONFIDENTIALITY REQUIREMENTS

(a) Business Associate agrees:

(i) to access, use, or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Service Agreement (if consistent with this Agreement the HIPAA Privacy Rule, and California law), the HIPAA Privacy Rule, or California law and (3) as would be permitted by the HIPAA Privacy Rule and California law if such use or disclosure were made by Covered Entity;

(ii) at termination of this Agreement, the Service Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further access, uses, and disclosures to those purposes that make the return or destruction of the information not feasible; and

(iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement.

(b) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

(i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:

(A) the disclosure is required by law; or

(B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and accessed, used, or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached, within five calendar days of discovering said breach of confidentiality;

(ii) for data aggregation services, if to be provided by Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business

Attachment B

relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

(c) Business Associate will implement appropriate safeguards to prevent access to, use of, or disclosure of Protected Health Information other than as permitted in this Agreement. The Secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity's compliance with the terms of the HIPAA Privacy Rule. Business Associate shall report to Covered Entity any access, use, or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement, the HIPAA Privacy Rule, as amended by ARRA, or under California law, of which it becomes aware within five calendar days of discovering such improper access, use, or disclosure. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use, disclosure, or access of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

III. AVAILABILITY OF PHI

Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Privacy Rule. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.

IV. TERMINATION

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Service Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Service Agreement immediately, and seek injunctive and/or declaratory relief in a court of law having jurisdiction over Business Associate.

V. MISCELLANEOUS

Except as expressly stated herein, in the HIPAA Privacy Rule, or under California law, the parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Service Agreement and/or the business relationship of the parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship

Attachment B

between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of California. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

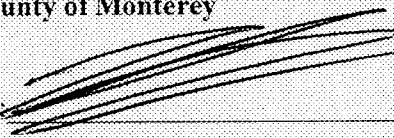
The parties agree that, in the event that any documentation of the parties, pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Privacy Rule or California law, such party shall notify the other party in writing. For a period of up to thirty days, the parties shall attempt in good faith to address such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, at the conclusion of such thirty-day period, a party believes in good faith that the Agreement still fails to comply with the HIPAA Privacy Rule or California law, then either party has the right to terminate this Agreement and the Service Agreement upon written notice to the other party. Neither party may terminate this Agreement without simultaneously terminating the Service Agreement, unless the parties mutually agree in writing to modify this Agreement or immediately replace it with a new Business Associate Agreement that fully complies with the HIPAA Privacy Rule and California law.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

COVERED ENTITY:

County of Monterey

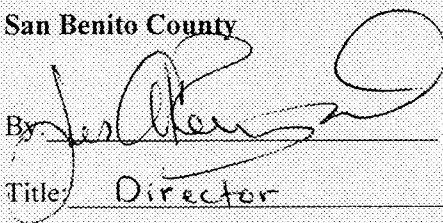
By: 

Title: Director of Health or designee

Date: 2-5-14

BUSINESS ASSOCIATE:

San Benito County

By: 

Title: Director

Date: 11/20/2013

CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

GL1-4841

AI

CERTIFICATE OF COVERAGE

11/05/2013

CSAC Excess Insurance Authority

C/O ALLIANT INSURANCE SERVICES, INC.
PO BOX 6450
NEWPORT BEACH, CA 92658-6450

PHONE (949) 756-0271 / FAX (619) 699-0901
LICENSE #0C36861

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 BELOW. THIS CERTIFICATE OF COVERAGE 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 and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED **A - CSAC Excess Insurance Authority**

Member:

SAN BENITO COUNTY
ATTN: JACKI CREDICO
481 FOURTH STREET
HOLLISTER, CA 95023-3884

COVERAGE AFFORDED **B**

COVERAGE AFFORDED **C**

COVERAGE AFFORDED **D**

Coverages

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input type="checkbox"/> <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Auto Liability <input checked="" type="checkbox"/> Excess Errors & Omissions	EIA 13 EL-47	07/01/2013	07/01/2014	Difference between \$1,000,000 and the Member's Self-Insured Retention of \$100,000 Completed Operations Aggregate Applies

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS AGREEMENT BETWEEN SAN BENITO COUNTY AND MONTEREY COUNTY FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION GRANT (SNAP) PROGRAM.

MONTEREY COUNTY IS INCLUDED AS AN ADDITIONAL COVERED PARTY, BUT ONLY INSOFAR AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.

Certificate Holder

MONTEREY COUNTY
ATTN: KATHY ROBINSON
PUBLIC HEALTH BUREAU
1270 NATIVIDAD ROAD
SALINAS, CA 93906

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE



CSAC EXCESS INSURANCE AUTHORITY

ENDORSEMENT NO. U-1
CSAC EXCESS INSURANCE AUTHORITY
GENERAL LIABILITY I
ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT

It is agreed that the "Covered Party, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

ADDITIONAL COVERED PARTY:

NAME OF PERSON OR ORGANIZATION SCHEDULED PER ATTACHED CERTIFICATE OF COVERAGE

AS RESPECTS:

PER ATTACHED CERTIFICATE OF COVERAGE


It is further agreed that nothing herein shall act to increase the Authority's limit of liability.

This endorsement is part of the Memorandum and takes effect on the effective date of the Memorandum unless another effective date is shown below. All other terms and conditions remain unchanged.

Effective Date: _____

Memorandum No.: PER ATTACHED CERTIFICATE OF COVERAGE

Issue Date: July 1, 2013



Authorized Representative
CSAC Excess Insurance Authority

WC-1820	CERTIFICATE OF COVERAGE	11/07/2013
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<p>CSAC Excess Insurance Authority C/O ALLIANT INSURANCE SERVICES, INC. PO BOX 6450 NEWPORT BEACH, CA 92658-6450 PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>	<p>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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p> <p>COVERAGE AFFORDED BY: A - See attached schedule of insurers</p>
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<p>Member: SAN BENITO COUNTY ATTN: JACKI CREDICO 481 FOURTH STREET HOLLISTER, CA 95023-3884</p>	<p>COVERAGE AFFORDED BY: B</p> <p>COVERAGE AFFORDED BY: C</p> <p>COVERAGE AFFORDED BY: D</p>
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Coverages
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.

CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	EXCESS WORKERS' COMPENSATION & EMPLOYER'S LIABILITY	See attached Schedule of Insurers for policy numbers	07/01/2013	07/01/2014	WORKERS' COMPENSATION Difference between Statutory and Member's \$300,000 Retention EMPLOYERS' LIABILITY: Difference between \$5,000,000 and Member's \$300,000 Retention

LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.

Description of Operations/Locations/Vehicles/Special Items:
 AS RESPECTS EVIDENCE OF COVERAGE FOR AGREEMENT BETWEEN SAN BENITO COUNTY AND MONTEREY COUNTY FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION GRANT (SNAP) PROGRAM.

<p>Certificate Holder MONTEREY COUNTY ATTN: KATHY ROBINSON PUBLIC HEALTH BUREAU 1270 NATIVIDAD ROAD SALINAS, CA 93906</p>	<p>Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"></p> <p style="text-align: center;">CSAC EXCESS INSURANCE AUTHORITY</p>
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**CSAC EXCESS INSURANCE AUTHORITY
EXCESS WORKERS' COMPENSATION PROGRAM
2013/2014 SCHEDULE OF INSURERS
San Benito County**

PROVIDER	MEMORANDUM/POLICY NUMBER	LIMIT
CSAC Excess Insurance Authority	EIA 13 EWC-22	<p>Workers' Compensation: \$50,000,000 each accident/each employee for disease \$50,000,000 each accident/each employee for communicable disease</p> <p>(Difference between \$50,000,000 and the individual member's retention)</p> <p>Employers' Liability: \$5,000,000 each Accident \$5,000,000 each Employee for Disease</p> <p>(Difference between \$5,000,000 and the individual member's retention)</p>
National Union Fire Insurance Co. of Pittsburgh, PA (AIG) excess insurance policy	XWC 091-06-12	Statutory each accident/ each employee for disease excess of \$50,000,000