Board Office Use: Le	egislative File Info.
File ID Number	13-0862
Introduction Date	61213
Enactment Number	13-09 49
Enactment Date	6/12/13 0



Memo

Mellio	
То	The Board of Education
From	Tony Smith, Ph.D., Superintendent By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action Vernon Hal, Deputy Superintendent, Business & Operations
Board Meeting Date (To be completed by Procurement)	<u>G(e)13</u>
Subject	Professional Services Contract - Catholic Charities of the East Ba Oakland CA (contractor, City State) 922/Family, School, and Community Partnership (site/department)
Action Requested	Ratification of a professional services contract between Oakland Unified School District and Catholic Charities of the East Bay
Background A one paragraph explanation of why the consultant's services are needed.	The rate of crises resulting from incidents of school and community violence impacting our students and families in K-12 schools has surpassed our capacity to effectively respond without assistance. Schools need immediate crisis intervention; emotional first aid within the first 24 hours; circles of support for grief, healing, and conflict resolution; clinical case management for siblings and peers directly impacted; peacemaking circles to prevent retaliation; community education and training to prevent violence and address trauma; intensive individual and family counseling; linkages to survivor support services; assistance with Victims of Crime applications; family advocacy and relocation services, and other services to mitigate the harmful effects of trauma.
Discussion One paragraph summary of the scope of work.	Ratification by the Board of Education of a Professional Services Contract between District and Catholic Charities of the East Bay, Oakland, CA, for the latter to provide Crisis Response and Support Services in partnership with the District's crisis response team. Services provided will include immediate crisis intervention, emotional first aid within the first 24 hours, circles of support for peacemaking to prevent retaliation; grief, healing and conflict re solution; clinical case management for siblings/peers directly impacted; community education and training to prevent violence & address trauma; counseling; linkages to survivor support services, assistance with Victims of Crime applications; family advocacy & relocation services, and other services in response to school related crises for the period of March 1, 2013 through June 30, 2013, in an amount not to exceed \$25,000.00.
Recommendation	Ratification of professional services contract between Oakland Unified School District and Catholic Charities of the East Bay . Services to be primarily provided to 922/Family, School, and Community Partners for the period of 03/01/2013 through 06/30/2013 .
Fiscal Impact	Funding resource name (please spell out) RegionalMental HIth/Rest.Justic not to exceed \$ 25.000.00
Attachments	 Professional Services Contract including scope of work Fingerprint/Background Check Certification Commercial General Liability Insurance Certification TB screening documentation Statement of qualifications

Board Office Use: Legis	slative File Info.
File ID Number	13-0862
Introduction Date	6/12/13
Enactment Number	131 0949
Enactment Date	6/12/13 08



PROFESSIONAL SERVICES CONTRACT 2012-2013

This Agreement is entered into between the Oakland Unified School District (OUSD) and Catholic Charities of the East Bay

fina to p	ONTRACTOR). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in incial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The ties agree as follows:
1.	Services: The CONTRACTOR shall provide the ("Services" or "Work") as described in Exhibit "A," attached hereto and incorporated herein by reference.
2.	Terms: CONTRACTOR shall commence work on <u>03/01/2013</u> , or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$81,000 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$81,000, whichever is later. The work shall be completed no later than <u>06/30/2013</u> .
3.	Compensation: OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to exceed Twenty Five Thousand Dollars (\$25,000.00). This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.
	If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.
	OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: None
	Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.
	The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by the District and in that case must be replaced by CONTRACTOR without delay.
4.	Submittal of Documents: CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following:
	 Individual consultants: Tuberculosis Clearance – Documentation from health care provider showing negative TB status within the last four years.
	Completion of Pre-Consultant Screening Process – Attach letter from Human Resources Support Services showing completion of Pre-Consultant Screening for this current fiscal year.
	☐ Insurance Certificates and Endorsements – General Liability insurance in compliance with section 9 herein.
	2. Agencies or organizations:
	■ Insurance Certificates and Endorsements – Workers' Compensation insurance in compliance with section 9 herein.
5.	Equipment and Materials: CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement except: N/A which shall not exceed a total cost of \$ 0.00
6.	CONTRACTOR Qualifications / Performance of Services.
	CONTRACTOR Qualifications. CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and,/or regulations, as they may apply.

Standard of Care. CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts.

Notices: All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

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Professional Services Contract OUSD Representative:	CONTRACTOR:
Name: Barbara McClung	Name: Cindy Hill-Ford, L
Site /Dept.: 922/Family, School, and Community Partnership	Title: Director of Mental
Address: 746 Grand Ave.	Address: 433 Jefferson S

Name: Cindy Hill-Ford, LMFT

Title: Director of Mental Health Services

Address: 433 Jefferson Street

Oakland CA 94607

Phone: (510) 768-3112

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

8. Invoicing

Oakland, CA

Phone: 273-1533

Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD.

- 1. Invoices shall include, but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, total payment requested.
- 2. Invoices from Agencies or Organizations must include evidence of compliance with section 19 herein:
 - i. Fingerprinting of Employees and Agents: Agency or organization must provide a current list of all employees, agents and volunteers working at an OUSD site when invoicing, and must include the Department of Justice ATI number for each person, and at statement that subsequent arrest records have been requested for each person listed.
 - ii. Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.
- 9. **Status of Contractor:** This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

10. Insurance:

- 1. Commercial General Liability Insurance: Unless specifically waived by OUSD, the following insurance is required:
 - If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

- CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.
- CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.
- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured. Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.
- 11. Licenses and Permits: CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

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Professional Services Contract

- 12. Assignment: The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD
- 13. Anti-Discrimination. It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national ongin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, the CONTRACTOR agrees to require like compliance by all its subcontractor(s). Contractor shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation.
- 14. Drug-Free / Smoke Free Policy. No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use drugs on these sites.
- 15. Indemnification: CONTRACTOR agrees to hold harmless, indemnify, and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
- 16. Copyright/Trademark/Patent/Ownership. CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORs in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
- 17. Waiver: No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
- 18. Termination: OUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
- Conduct of Consultant. CONSULTANT will adhere to the following staff requirements and provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8, which include:
 - **Tuberculosis Screening**
 - Fingerprinting of Employees and Agents. The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contract with OUSD pupils in providing services to the District under this Agreement.

Contractor initial:

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONSULTANT related persons, employee, representative or agent from an OUSD school site and, or property, CONSULTANT shall immediately upon receiving notice from OUSD of such desire, cause the removal of such person or persons

- 20. No Rights in Third Parties. This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
- 21. OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors. OUSD may evaluate the CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
 - 1. Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
 - Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).

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- 22. Limitation of OUSD Liability. Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be **Professional Services Contract** limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
- The CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that 23. Confidentiality. student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
- 24. Conflict of Interest. CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement.

CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.

Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 et seq. and section 87100 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement, which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.

- 25. Integration/Entire Agreement of Parties. This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.
- 26. Litigation: This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
- 27. Contract Contingent on Governing Board Approval: The District shall not be bound by the terms of this Agreement until it has been formally approved by the District's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee
- 28. Signature Authority: Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
- 29. Counterparts: This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
- 30. Incorporation of Recitals and Exhibits: The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
- 31. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion: The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, certifies that this vendor does not appear on the Excluded

Parties List. (https://www.epls.gov/epls/search.do) Summary of terms and compensation: Total Fee: \$ 25,000.00 Work shall be completed by: 06/30/2013 Anticipated start date: 03/01/2013 OAKLAND UNIFIED SCHOOL DISTRICT President, Board of Education Superintendent or Designee Certified: Director of Mental Health Ser Cindy Hill-Ford, LMFT Print Name, Title Edgar Rakestraw, Jr., Secretar File ID Number: 13 Board of Education Introduction Date: Enactment Number:

Enactment Date:

EXHIBIT "A" Scope of Work

DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR'S entire Proposal is <u>not</u> made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED <u>WITHOUT</u> ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda – Must accurately align with scope of work below.

Ratification by the Board of Education of a Professional Services Contract between District and Catholic Charities of the East Bay, Oakland, CA, for the latter to provide Crisis Response and Support Services in partnership with the District's crisis response team. Services provided will include immediate crisis intervention, emotional first aid within the first 24 hours, circles of support for peacemaking to prevent retaliation; grief, healing and conflict re solution; clinical case management for siblings/peers directly impacted; community education and training to prevent violence & address trauma; counseling; linkages to survivor support services, assistance with Victims of Crime applications; family advocacy & relocation services, and other services in response to school related crises for the period of March 1, 2013 through June 30, 2013, in an amount not to exceed \$25,000.00.

	<u>s</u>	COPE OF W	ORK
Ca	Catholic Charities of the East Bay will provide	a maximum of	hours of services at a rate of \$ per hour for
tota	tal not to exceed \$25,000.00 . Services are anticipation	ted to begin on 03	03/01/2013 and end on 06/30/2013 .
1.	Description of Services to be Provided: about what service(s) OUSD is purchasing and what		ption of the service(s) the contractor will provide. Be specific will do.
	Contractor will provide Crisis Response and Support Se provided will include immediate crisis intervention, emo to prevent retaliation; grief, healing and conflict resoluti community education and training to prevent violence & assistance with Victims of Crime applications; family ad related crises.	tional first aid within ion; clinical case m & address trauma; c	nin the first 24 hours, circles of support for peacemaking management for siblings/peers directly impacted; counseling; linkages to survivor support services,
2.	result of the service(s): 1) How many more Oakla children are attending school 95% or more? 3) How many more Oakland children have access to, and	and children are of many more stude use, the health se	he services of this Contract? Be specific. For example, as graduating from high school? 2) How many more Oaklan dents have meaningful internships and/or paying jobs? 4) Hoservices they need? Provide details of program participatio to). NOT THE GOALS OF THE SITE OR DEPARTMENT.
	Contractor will provide crisis response and intervention violence, trauma, and other school safety related event goal of these services is to provide support to the school	services to student s impacting the dai of community to en	nts, families, and school district staff in response to
3.	Alignment with District Strategic Plan: In (Check all that apply.) ☐ Ensure a high quality instructional core ☑ Develop social, emotional and physical health ☑ Create equitable opportunities for learning ☐ High quality and effective instruction	<u> </u>	s and visions supported by the services of this contract: Prepare students for success in college and careers Safe, healthy and supportive schools Accountable for quality Full service community district

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Professional Services Contract

Pleas	Alignment with Single Plan for Student Achievement (required if using State or Federal Funds) Please select: Action Item included in Board Approved SPSA (no additional documentation required) – Action Item Number:				
	ction Item added as modification to Board Approved SPSA – Submit the following documents to the Resource Manager ther electronically via email of scanned documents. fax or drop off.				
1.	Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified", modification date, school site name, both principal and school site council chair initials and date.				
2	Meeting announcement for meeting in which the SPSA modification was approved.				
3	Minutes for meeting in which the SPSA modification was approved indicating approval of the modification.				
4	Sign-in sheet for meeting in which the SPSA modification was approved.				

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Programs & Services Overview

The theory of change that underlies the work of CCEB drives our programs and services. Our theory is that by focusing on clear target populations with need and addressing core issues that lead to poverty, we can partner with clients to create self-sufficiency, strong families and safe communities.

Catholic Charities services people in need who reside in the East Bay. For those living below the California self-sufficiency standard in the East Bay we aim to:

- Meet the immediate needs of individuals and families through a social safety net, and locate long-term support through CCEB programs and partners
- Create resilience and economic health among low-income child rearing households, youth (adolescent through age 24), immigrants & refugees

Theory of Change



Get in Touch

If you are looking for assistance, please contact one of our three offices, below. For general inquiries or to learn more about our services, please contact our main office at 510.768.3100. For Legal Services, you can reach us toll free at

Oakland - Main Office

433 Jefferson Street

Oakland, CA 94607

For more information.

Telephone, 510,768 3100

Fax 510 451 6998

Directions

Programs and Services at the Oakland Office

Critical Family Needs and Homelessness Prevention

Catholic Counseling Services

Crisis Response Support Network

Emancipated Foster Youth Program

Refugee Employment Services

Volunteer Income Tax Assistance (VITA)

Community Violence Prevention

HIV Housing Services

Refugee Resettlement Services

Employment and Training

Immigration Services and Naturalization

Concord Family Center

3540 Chestnut Avenue

Concord, CA 94519

For more information

Telephone 925 825 3099

Fax 925 825 5503

Directions

Programs and Services at the Concord office:

Catholic Counseling Services

Immigration Services and Naturalization

Critical Family Needs and Homelessness Prevention

CARE For Emancipated Foster Youth

Housing Advocacy and Case Management

Child Welfare Case Management

Monument Corridor Family Strengthening

HIV/AIDS Housing Advocacy

Volunteer Income Tax Assistance (VITA)

Pittsburg SVdP Partnership

2210 Gladstone Drive

Pittsburg, CA 94565

For more information

Telephone. 925 825 3099

Fax. 925.825 5503

Directions

Richmond Project ACCESS

2369 Barrett Avenue

Richmond CA 94804

For more information

Telephone: 510 234 5110

Fax 510 237 6778

Directions

Programs and Services at the Richmond Office:

Bilingual Certified Medical Assistant Training Project

Early Childhood Job Training Project

Immigration and Naturalization

English as a Second Language Classes

HIV Housing Advocacy and Case Management

Regional Centers located in: Oakland / Concord / Richmond / Pittsburg



DATE (MM/DD/YYYY) 12/24/2012

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

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

PRODUCER 0726293 1-415-546-9300 Arthur J. Gallagher & Co. PHONE (A/C, No, Ext): E-MAIL Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower ADDRESS: Suite 200 INSURER(S) AFFORDING COVERAGE NAIC # San Francisco, CA 94105 INSURER A: WESTERN CATHOLIC INS CO RRG INC 14122 INSURED INSURER B : CHURCH MUT INS CO 18767 Catholic Charities of the East Bay INSURER C: 433 Jefferson Street INSURER D : INSURER E: Oakland, CA 94607 INSURER F

COVERAGES CERTIFICATE NUMBER: 30898928 REVISION NUMBER:

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

SR TR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY		WCGAL-005-12	07/01/12		EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE CCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
	CLAIMS-MADE - OCCUR					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	050005607535139	01/01/13	01/01/14	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Catholic Charities of the East Bay, 433 Jefferson St., Oakland. As per attached endorsement CCEB to provide space at the Program Site to OUSD/OACE for the purposes of conducting adult education classes and programming services and OUSD/OACE to provide the programming and educational services at the Program Site. Oakland Unified School District - Oakland Adult & Career Education and their officers, agents and employees are listed as Additional Insured only where contract requires per attached endorsement form CG2026 1185.

CERTIFICATE HOLDER	CANCELLATION
Oakland Unified School District - Oakland Adult & Career Education and their officers, agents and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: Oakland Unified School District, Risk Manager 1025 Second Street Oakland, CA 94606	AUTHORIZED REPRESENTATIVE Jennie H. O'Hana

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Oakland Unified School District - Oakland Adult & Career Education and their officers, agents and employees Attn: Oakland Unified School District, Risk Manager 1025 Second Street
Oakland, CA 94606
USA
1. Constitution of the Colombia Colombia Colombia Colombia
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

DATE 12/24/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date.

Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext):	(A/C, No):		
One Market Plaza, Spear Tower	E-MAIL ADDRESS:			
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122	
INSURED	INSURER B: CHURCH MUT INS CO 1876		18767	
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D:			
Oakland, CA 94607	INSURER E :			
Odilessa, Ca Jeour	INSURER F :			

X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED \$ 100,000	CO	VERAGES CER	TIFICATI	E NUMBER: 28001710			REVISION NUMBER:	
TYPE OF INSURANCE NSR WYD POLICY NUMBER MM/DD/YYY) (MM/DD/YYY) (IN	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F	QUIREME PERTAIN,	ENT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY	IY CONTRACT THE POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO WHICH THIS
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENERAL REGREGATE LIMIT APPLIES PER: X POLICY PRO-LOC AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY AUTONO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X OCCUR BOOLLY INJURY (Per person) SCHEDULED AUTOS X NOHOWNED AUTOS X OCCUR BOOLLY INJURY (Per accident) S COMBINED SINGLE LIMIT S ANY AUTO AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE B WORKERS COMPENSATION AND MAD MEMPLOYERS' LIABILITY ANY PROPRIETORI/PARTINER/EXECUTIVE OFFICE/RIMEMBER EXECLUDED? (Mandatory in NH) If yes, describe under	INSR	TYPE OF INSURANCE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CRETCH AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS								\$ 1,000,000
PERSONAL & ADV INJURY \$1,000,000		X COMMERCIAL GENERAL LIABILITY						\$ 100,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED A		CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 2,000,000							PERSONAL & ADV INJURY	\$ 1,000,000
X POLICY PRO- LOC AUTOMOBILE LIABILITY ANY AUTO AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS WCGAL-005-12 WCGAL-005-12 O7/01/12 O7/01/13 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/JEXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							GENERAL AGGREGATE	\$ 2,000,000
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X HORERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X HIRED AUTOS X HON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (Ea accident) \$ \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE \$ PROPERTY DAMAGE \$ PROPERTY DAMAGE \$ AUTOS AUTOS S EACH OCCURRENCE \$ AGGREGATE \$ O50005607421907 O1/01/12 01/01/13 X WC STATU-TORY LIMITS ER E.L. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000		X POLICY PRO- JECT LOC						\$
ALL OWNED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X WC STATU- X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X WC STATU- X HIRED AUTOS X WC STATU- X HIRED AUTOS X H	A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13		\$ 1,000,000
X HIRED AUTOS X NON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		X ANY AUTO					BODILY INJURY (Per person)	\$
RETENTION N/A NON-OWNED N/A NON-OWNED PROPERTY DAMAGE S							BODILY INJURY (Per accident)	\$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		w NON-OWNED						\$
EXCESS LIAB CLAIMS-MADE DED RETENTION\$ MORKERS COMPENSATION N/A								\$
DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		DED RETENTION\$						\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	В	AND EMPLOYEDS! LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
(Mandatory in NH) [f yes, describe under		ANY PROPRIETOR/PARTNER/EXECUTIVE	AL / A				E.L. EACH ACCIDENT	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESCRIPTION OF OPENATIONS (1 COATIONS (MELICULES AND ACCORDANCE Additional Parameter Schools is more appeal in required)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space

RE: Catholic Charities of the East Bay, 433 Jefferson St., Oakland, CA 94612. As respects Immigrant and Refugee Services Alameda County, Board of Supervisors, District 3 is listed as Additional Insured only where contract requires per attached endorsement form CG2026 1185. RE:

CERTIFICATE HOLDER	CANCELLATION
Alameda County, Board of Supervisors, District 3	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: District 3 Office 1221 Oak Street, Suite 536	AUTHORIZED REPRESENTATIVE
Oakland, CA 94612	Jemi F. O'fan
USA	

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Pe	rson(s) Or Organization(s)	
Alameda County, Board of Super		
1221 Oak Street, Suite 536		
Oakland, CA 94612	USA	
	U.S.A.	
		in the Declarations
Information required to complete	this Schedule if not shown above will be show	n in the Deciarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page	<u>ie 1</u> :		

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE FAX				
One Market Plaza, Spear Tower Suite 200	(A/C, No, Ext): (A/C, No): =-MAIL ADDRESS:				
San Francisco, CA 94105	INSURER(S) AFF	NAIC#			
	INSURER A : WESTERN CATHOL	14122			
INSURED	INSURER B : CHURCH MUT INS	CO	18767		
Catholic Charities of the East Bay	INSURER C:				
433 Jefferson Street	INSURER D :				
Oakland, CA 94607	INSURER E :				
	INSURER F:				

COVERAGES	CERTIFICATE NUMBER: 28001877	REVISION NUMBER:

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

INSR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			1		PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

Alameda County Department of Behavioral Health Care Services as respects Catholic counseling services and their offices in Alameda and Contra Costa Counties.

RE:

CERTIFICATE HOLDER	CANCELLATION
Alameda County Department of Behavioral Health Care Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2000 Embarcadero Cove, Suite 400	AUTHORIZED REPRESENTATIVE
Oakland, CA 94606	Jenni H. O'Jana

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
Alameda County Department of Behavioral Health Care Services 2000 Embarcadero Cove, Suite 400	
Oakland, CA 94606	
USA	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date.

Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293	1-415-546-9300	CONTACT NAME:		
Arthur J. Gallagher & Co.		PHONE (AIC NO EVA)	FAX (A/C, No):	
One Market Plaza, Spear T	fornia, Inc., License #0726293 ower	(A/C, No, Ext): E-MAIL ADDRESS:	[(A/O, NO).	1-
Suite 200 San Francisco, CA 94105		INSURER(S) AFFORDING COVERAGE		NAIC #
San Francisco, CA 94103		INSURER A: WESTERN CATHOLIC INS CO RR	G INC	14122
INSURED		INSURER B : CHURCH MUT INS CO		18767
Catholic Charities of the	East Bay	INSURER C:		
433 Jefferson Street		INSURER D:		
Oakland, CA 94607		INSURER E :		
Cartana, CA 94607		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 28001701	REVISION N	JMBER:	

COVERAGES

CERTIFICATE NUMBER: 28001701

REVISION NUMBER:

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

SR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	WCGAL-005-12		07/01/13	EACH OCCUPATION	\$ 1,000,000 \$ 100,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	A\$100						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

Alameda Count Public Health Department Administration

RE: Catholic Charities of the East Bay, 433 Jefferson Street, Oakland, CA 94607 as respects contracted assistance with housing needs for persons with HIV/AIDS in Alameda County

CERTIFICATE HOLDER	CANCELLATION			
lameda County Public Health Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
1000 Broadway Street, Suite 500	AUTHORIZED REPRESENTATIVE			
Oakland, Ca 94607	Jenni H. O'fan			

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Alameda County Public Health Department
1000 Broadway Street, Suite 500
Oakland, CA 94607 USA
USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200	PHONE	X /C, No):		
San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: WESTERN CATHOLIC INS CO RRG IN	IC 14122		
INSURED	INSURER B: CHURCH MUT INS CO			
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street Oakland, CA 94607	INSURER D:			
	INSURER E :			
ountaine, as seed,	INSURER F:			
COVERACES CERTIFICATE NUMBER: 2800171	13 REVISION NUMB	FR.		

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

NSR TR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
1	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	AUTOS						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Included as Additional Insured as respects General Liability per attached CG2026 1185 endorsement: The County of Alameda, Its Board of Supervisors, Social Services Agency, Workforce and Resources Development Department and Their Officers, Agents and Employees RE: Catholic Charities of the East Bay 433 Jefferson Street, Oakland, CA 94607 as respects Refugee Employment Services Job Development and Vocational English-as-a-Second Language to reduce dependency on public assistance, increase self sufficiency, assist Refugees to find and retain employment and other social adjustment needs.

CERTIFICATE HOLDER	CANCELLATION
Alameda County Social Services Agency Workforce and Resources Development Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
24100 Amador Street, 6th Floor	AUTHORIZED REPRESENTATIVE
Hayward, CA 94544	Jenni H. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Pers	son(s) Or Organization(s)	
Alameda County Social Services a Workforce and Resources Develop 24100 Amador Street, 6th Floor		
Hayward, CA 94544	USA	
Information required to complete the	nis Schedule, if not shown above, will be shown in the Declarations.	

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Iditional Description of Operations/Rema	arks from Page 1:		

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.



DATE (MM/DD/YYYY) 06/28/2012

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER 0726293 CONTACT NAME: Arthur J. Gallagher & Co. PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200 NAIC # INSURER(S) AFFORDING COVERAGE San Francisco, CA 94105 INSURER A: WESTERN CATHOLIC INS CO RRG INC 14122

NSURED Catholic Charities of the East Bay 433 Jefferson Street			INSURER B : CHURCH MUT INS CO			18767	
				INSURER C :			
				INSURER D:			
				INSURER E :			
Oak	Dakland, CA 94607			INSURER F :			
co	VERAGES CEI	RTIFICATI	E NUMBER: 28001654			REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	INT, TERM OR CONDITION OF THE INSURANCE AFFORDE	OF ANY CONTRACT D BY THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBF	8		POLICY EXP	LIMITS	•
A	GENERAL LIABILITY	INSR WVD	WCGAL-005-12		07/01/13		\$ 1,000,000
	v			***************************************		DAMAGE TO RENTED	\$ 100,000
	COMMERCIAL GENERAL LIABILITY					TIVEMIOLO (La occurrence)	\$ 5,000
	CLAIMS-MADE CCCUR						\$ 1,000,000
						, =	\$ 2,000,000
						OLIVEI DIE MODILIZIONI	-
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 2,000,000
A	POLICY JECT LOC		WCGAL-005-12	07/01/12	07/01/13	COMPINED SINCLE LIMIT	\$
A	AUTOMOBILE LIABILITY		WCGALI-003-12	0,,02,22	0.,00,00	(Ea accident)	\$ 1,000,000
	ANY AUTO ALL OWNED SCHEDULED					,	\$
	AUTOS AUTOS					DDODEDTY DAMAGE	\$
	X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MAD					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Attach	ACORD 101, Additional Remarks S	chedule, if more space is	required)	-	
	Supplement Page for addition						
ala	meda County Social Services	gency, 1	Workforce & Resources				
	Catholic Charities, 433 Jef:						, Job
Dev	elopment, Vocational & Englis	sh as a	Second Language but o	nly those perfo	ormed by C	atholic Charities.	
CE	RTIFICATE HOLDER			CANCELLATION			
Ala	meda County Social Services	lgency			DATE TH	PESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.	
241	24100 Amador Street, 6th Floor			AUTHORIZED REPRESE	NTATIVE		

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Jenni H. O'fara

Hayward, CA 94544

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured	Person(s) Or Organization(s)	
Alameda County Social Service	es Agency	
24100 Amador Street, 6th Flo	or	
Hayward, CA 94544	USA	
	USA	
Information required to comple	te this Schedule, if not shown above, will be shown	own in the Declarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.



DATE (MM/DD/YYYY) 06/28/2012

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

PRODUCER 0726293 1-415-546-9300		CONTACT NAME:			
Arthur J. Gallagher & Co.	in Ton Timone #0726202	PHONE (A/C, No. Ext): FAX (A/C, No):			
Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200		E-MAIL ADDRESS:			
San Francisco, CA 94105		INSURER(S) AI	FFORDING COVERAGE	NAIC#	
Bail Francisco, Ca 34103		INSURER A : WESTERN CATHO	DLIC INS CO RRG INC	14122	
INSURED		INSURER B: CHURCH MUT INS CO		18767	
Catholic Charities of the East Bay		INSURER C :			
433 Jefferson Street		INSURER D :			
Oakland, CA 94607		INSURER E :			
Cartain, CA 3100/		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 28001660		REVISION NUMBER:		

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

	SENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	INSR WVD	POLICY NUMBER WCGAL-005-12	POLICY EFF (MM/DD/YYYY) 07/01/12		EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
						PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
C	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
3	POLICY PRO- JECT LOC						\$
A A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
х	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
3	MONI OWNED					PROPERTY DAMAGE (Per accident)	\$
	76100						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A			E.L. EACH ACCIDENT	\$ 1,000,000
(DFFICER/MEMBER EXCLUDED? Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
I1	f yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

See Supplement Page for additional information.

Alameda County Social Services Agency and their officers, agents and employees.

RE: Cathoilc Charities of the East Bay. As respects to Transitional Housing Program-Plus (THP+) to assist foster youth emancipating out of County Foster Care in Alameda County.

CERTIFICATE HOLDER	CANCELLATION
Alameda County Social Services Agency	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2000 San Pablo Avenue, 4th Floor	AUTHORIZED REPRESENTATIVE
Oakland, CA 94612	Jenni H. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)				
Alameda County Social Services Agency				
2000 San Pablo Avenue, 4th Floor				
Oakland, CA 94612	USA			
Information required to complete this Scho	edule, if not shown above, will be shown in the Declarations.			

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:		
Additional Description of Operational Contains No. 1. 1830 -		
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Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



DATE (MM/DD/YYYY) 06/28/2012

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co.	PHONE (A/C, No, Ext): FAX (A/C, No):				
Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower	E-MAIL ADDRESS:				
Suite 200 San Francisco, CA 94105	INSURER(S) AFFOR	NAIC#			
San Fiancisco, Ca 94103	INSURER A: WESTERN CATHOLIC	14122			
INSURED	INSURER B : CHURCH MUT INS C	18767			
Catholic Charities of the East Bay	INSURER C:				
433 Jefferson Street	INSURER D :				
Oakland, CA 94607	INSURER E :				
Oakland, Ca 92007	INSURER F :				

			NUMBER: 28001848			REVISION NUMBER:	
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION OF A THE INSURANCE AFFORDED E	ANY CONTRACT BY THE POLICIES N REDUCED BY F	OR OTHER D DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO WHICH THIS
NSR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY	IIION TEE	WCGAL-005-12		07/01/13	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	20100						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Alameda County Social Services Agency and their oficers, agents and employees ar additional insured only where contract requires per attached endorsement form CG 2026 1185 as respects to Transitional Housing Program-Plus (THP+) to assist foster youth emancipating out of County Foster Care in Alameda County.

RE:

CERTIFICATE HOLDER	CANCELLATION
Alameda County Social Services Agency	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2000 San Pablo Avenue, 4th Floor	AUTHORIZED REPRESENTATIVE
Oakland, CA 94612	Jenni H. O'fan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)				
Alameda County Social Services Agency				
2000 San Pablo Avenue, 4th Floor				
Oakland, CA 94612 USA				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1	
Additional Description of Operations/Administration Fage 1.	
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1	
H .	
1	

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.



DATE (MM/DD/YYYY) 06/28/2012

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PRODUCER 0726293	1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co Insurance Brokers of Cal One Market Plaza, Spear	ifornia, Inc., License #0726293	PHONE (A/C, No, Ext): E-MAIL			
Suite 200 San Francisco, CA 94105	TOWEL	INSURER(S) AFFOR		NAIC#	
INSURED		INSURER B: CHURCH MUT INS C	18767		
Catholic Charities of the East Bay 433 Jefferson Street Oakland, CA 94607		INSURER C :			
		INSURER D:			
		INSURER E :			
		INSURER F :	INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 2800156	1	REVISION NUMBER:		

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

INSR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	I					GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	75.55						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADI					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N. C. A.				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (Attach	ACORD 101, Additional Remarks Sc	hedule, if more space is	required)		

RE: Catholic Charities, 433 Jefferson Street, Oakland, CA 94607 as respects Child Welfare Counseling Services.

RE:

CERTIFICATE HOLDER	CANCELLATION
Alameda County, Social Services Agency	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
401 Broadway Street	AUTHORIZED REPRESENTATIVE
Oakland, CA 94604-2677	Jenni F. O'Jan

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Add	itional Description of Operations/Remark	s from Page 1:		

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

certificate holder in lieu of su	ich endorsement(s).				
PRODUCER 0726293	1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of Cali	fornia, Inc., License #0726293	PHONE (A/C, No, Ext):			
One Market Plaza, Spear T		E-MAIL ADDRESS:			
San Francisco, CA 94105		INSURER(S) AFFORDING	G COVERAGE	NAIC#	
		INSURER A: WESTERN CATHOLIC IN	NS CO RRG INC	14122	
INSURED		INSURER B : CHURCH MUT INS CO	18767		
Catholic Charities of the	East Bay	INSURER C :			
433 Jefferson Street		INSURER D :			
Oakland, CA 94607		INSURER E :			
January Car Jacon		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 28001534	RE	VISION NUMBER:		
	POLICIES OF INSURANCE LISTED BELOW HA				

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

TYPE OF INSURANCE

ADDLISUR WYD POLICY NUMBER POLICY TYPE OF INSURANCE STANDARD TYPE O

TYPE OF INSURANCE	INSR WV	D POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
X POLICY PRO-						\$
AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X ANY AUTO					BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
v NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
						\$
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
DED RETENTION\$						\$
WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH)	117.4				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS WHIRED AUTOS X NON-OWNED AUTOS UMBRELLA LIAB CCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/R/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS WCGAL-005-12 07/01/12 WCGAL-005-12 07/01/12 WCGAL-005-12 07/01/12 07/01/12 07/01/12 07/01/12 07/01/12 07/01/12	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS X HIRED RETENTIONS AUTOS AUTOS AUTOS WCGAL-005-12 07/01/12 07/01/13 WCGAL-005-12 07/01/12 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13 07/01/13	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: CEN'L AGGREGATE LIMIT APPLIES PER: CEN'L AGGREGATE LIMIT APPLIES PER: COMBINED SINGLE LIMIT APPLIES PER: ANY AUTO ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS WORAL-005-12 O7/01/12 O7/01/12 O7/01/13 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) WORAL-005-12 O1/01/12 O1/01/13 X WC STATU- OTH- ANY PROPRIETOR/PARTNER/EXECUTIVE CFICERMEMBER EXCLUDED? (Wandatory in NH) N/A WICH STATU- OTH- CEL. DISEASE - EA EMPLOYEE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of insurance only.

Proof of Coverage for Board of Directors of Catholic Charities.

CERTIFICATE HOLDER	CANCELLATION
Catholic Charities of the East Bay Attn: Rhonda Marion-Lott	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
433 Jefferson St. Oakland, CA 94607	AUTHORIZED REPRESENTATIVE
USA	

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	
Additional Description of Operations/Verhality north age 1.	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower	PHONE			
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: WESTERN CATHOLIC INS CO RRO	G INC 14122		
INSURED	INSURER B: CHURCH MUT INS CO 1876			
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D : INSURER E :			
Oakland, CA 94607				
	INSURER F :			

CERTIFICATE NUMBER: 28001695 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LTR \$ 1,000,000 A **GENERAL LIABILITY** WCGAL-005-12 07/01/12 07/01/13 EACH OCCURRENCE DAMAGE TO RENTED \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY

\$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-JECT \$ COMBINED SINGLE LIMIT WCGAL-005-12 07/01/12 07/01/13 A AUTOMOBILE LIABILITY \$ 1,000,000 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS PROPERTY DAMAGE NON-OWNED AUTOS \$ HIRED AUTOS (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ DED RETENTION\$ \$ WORKERS COMPENSATION X WC STATU-01/01/12 01/01/13 050005607421907 AND EMPLOYERS' LIABILITY \$ 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT

OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)

E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

If yes, describe under
DESCRIPTION OF OPERATIONS below

E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

As respects HUD Housing Counseling Assistance Program during the policy term.

Catholic Charities USA is listed as Additional Insured only where contract requires per attached endorsement form CG 2026 1185.

RE:

CERTIFICATE HOLDER	CANCELLATION
Catholic Charities USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
66 Canal Center Plaza, Ste. 600	AUTHORIZED REPRESENTATIVE
Alexandria, VA 22314 USA	July 10.00

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)				
Catholic Charities USA				
66 Canal Center Plaza, Ste. 600				
Alexandria, VA 22314 USA				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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CONTACT NAME:				
PHONE FAX				
(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURER A: WESTERN CATHOLIC INS CO RRG INC	14122			
INSURER B: CHURCH MUT INS CO 1876				
INSURER C:				
INSURER D:				
INSURER E :				
INSURER F:				
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN CATHOLIC INS CO RRG INC INSURER B: CHURCH MUT INS CO INSURER C: INSURER C: INSURER D: INSURER E:			

NSR		ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY	х	WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO-						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	70.00						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

Included as Additional Insured as respects General Liability per attached CG2026 endorsement:

City of Oakland, its council members, directors, officers, agents and employees.

CERTIFICATE HOLDER	CANCELLATION
City of Oakland, its Council members, directors, officers, agents, and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
150 Frank H Ogawa Plaza, Suite 4340	AUTHORIZED REPRESENTATIVE
Oakland, CA 94612	Jemi H. O'Jana

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
City of Oakland, its Council members, directors, officers, agents, and employees 150 Frank H Ogawa Plaza, Suite 4340	
Oakland, CA 94612	
USA	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

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

DATE 06/28/2012

Additional Description of Operations/Remarks from Page 1:

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



DATE (MM/DD/YYYY) 06/28/2012

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CONTACT NAME:			
PHONE FAX			
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE	NAIC #		
INSURER A: WESTERN CATHOLIC INS CO RRG INC	14122		
INSURER B: CHURCH MUT INS CO 18767			
INSURER C:			
INSURER D:			
INSURER E :			
INSURER F:			
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN CATHOLIC INS CO RRG INC INSURER B: CHURCH MUT INS CO INSURER C: INSURER C: INSURER C: INSURER C: INSURER C:		

COVERAGES CERTIFICATE NUMBER: 28001692 REVISION NUMBER:

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

INSR	TYPE OF INSURANCE	ADDL S	SUBR		POLICY EFF (MM/DD/YYYY)		LIMIT	s
A	GENERAL LIABILITY	INSK	VVVD	WCGAL-005-12	07/01/12		EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
A	AUTOMOBILE LIABILITY			WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
I								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Included as Additional Insured as respects General Liability per attached CG20261185 endorsement: The City of Richmond, Recreation Division RE: Catholic Charities, 433 Jefferson Street, Oakland, CA 94607 as respects use of facilities for Family Literacy Services to Even Start Families of North Richmond, CA at Shields Reid Community Center, 1416 Kelsey Street, Richmond, CA 94701.

CERTIFICATE HOLDER	CANCELLATION
City of Richmond Recreation Division Attn: Ranjan Maharaj	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3230 MacDonald Avenue, 2nd Floor	AUTHORIZED REPRESENTATIVE
Richmond, CA 94804	Jenni H. O'Jana

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
City of Richmond Recreation Division 3230 MacDonald Avenue, 2nd Floor	
Richmond, CA 94804	
USA	
nformation required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1		

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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TRODUCER TITLE	1-415-546-9300	CONTACT NAME:			
			PHONE (A/C, No, Ext): FAX (A/C, No):		
One Market Plaza, Spear Tower			E-MAIL ADDRESS:		
Suite 200 San Francisco, CA 94105		INSURER(S) AFI	FORDING COVERAGE	NAIC#	
		INSURER A: WESTERN CATHOL	LIC INS CO RRG INC	14122	
INSURED			s co	18767	
Catholic Charities of the East Bay			INSURER C :		
433 Jefferson Street		INSURER D :			
Oakland, CA 94607		INSURER E :			
Canada Ca Jeou		INSURER F :			
COVERAGES CERTIFIC	CATE NUMBER: 28001648		REVISION NUMBER:		

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

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD WCGAL-005-12 A **GENERAL LIABILITY** 07/01/12 07/01/13 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT X POLICY LOC 07/01/12 07/01/13 COMBINED SINGLE LIMIT WCGAL-005-12 A **AUTOMOBILE LIABILITY** \$ 1,000,000 (Ea accident) X BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS PROPERTY DAMAGE NON-OWNED \$ X HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS OTH-ER 050005607421907 01/01/12 01/01/13 AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Included as Additional Insured as respects General Liability per attached CG2026 1185 endorsement: Contra Costa County, Its Officers, Agents and Employees RE: Catholic Charities of the East Bay, 433 Jefferson Street, Oakland, CA 94607 as respects assistance to emancipated Foster Youth up to age 21, housing and support to assist in their transition from foster care to independence.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa Community Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40 Douglas Drive	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553-4050	Jenni H. O'ylean

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s)) Or Organization(s)	
Contra Costa Community Services		
40 Douglas Drive		
Martinez, CA 94553-4050	USA	
Information required to complete this Sci	hedule, if not shown above, will be shown in the Declarat	ions.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200	PHONE (A/C, No. Ext): (A/C, No): E-MAIL ADDRESS:				
San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC#			
Dan Flancisco, Ca 74207	INSURER A: WESTERN CATHOLIC INS CO RRG INC	14122			
INSURED	INSURER B: CHURCH MUT INS CO	18767			
Catholic Charities of the East Bay	INSURER C:				
433 Jefferson Street	INSURER D:				
Oakland, CA 94607	INSURER E :				
OGAZGALI, CA 3700.	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 2800183	6 REVISION NUMBER:				

COAFINACE		TITLE TO THE					
INDICATED	NOTWITHSTANDING ANY	REQUIREMENT, TER	M OR CONDITION OF	ANY CONTRACT	OR OTHER D	O NAMED ABOVE FOR THE PO OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALI	O WHICH THIS
EXCLUSION	S AND CONDITIONS OF SUC	CH POLICIES, LIMITS S	SHOWN MAY HAVE BEE	N REDUCED BY	PAID CLAIMS.		
NSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	

ISR TR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6
A	GENERAL LIABILITY	INSIC	NVD	WCGAL-005-12	07/01/12	07/01/13		\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	AUTOS							\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
В	WORKERS COMPENSATION			050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Catholic Charities of the East Bay, 433 Jefferson St., Oakland. As respects Project ACCESS 's participation in the service plan required by CCFuture Fund. Contra Costa County - Department of Conservation and Development is listed as Additional Insured only where contract requires per attached endorsement form CG2026 1185. RE:

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County - Department of Conservation and Development	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2530 Arnold Drive, Suite 190	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni F. O'fana

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
Contra Costa County - Department of Conservation and Development 2530 Arnold Drive, Suite 190	
Martinez, CA 94553	
USA	
Information required to complete this Schedule, if not shown above, will be shown	own in the Declarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

certificate holder in lieu of such endor	rsement(s).					
PRODUCER 0726293	1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co.	T Ti #0726202	PHONE (A/C, No, Ext):	FAX (A/C, No):			
Insurance Brokers of California, One Market Plaza, Spear Tower	, Inc., License #U/26293	E-MAIL ADDRESS:				
Suite 200 San Francisco, CA 94105		INSURER(S) AF	FORDING COVERAGE	NAIC#		
San Flancisco, CA 94103		INSURER A : WESTERN CATHOL	14122			
INSURED		INSURER B : CHURCH MUT INS	18767			
Catholic Charities of the East Bay		INSURER C :				
433 Jefferson Street		INSURER D :				
Oakland, CA 94607		INSURER E :				
ountaine, on 5400.		INSURER F :				
COVERAGES CE	RTIFICATE NUMBER: 28001569		REVISION NUMBER:			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER \$ 1,000,000 GENERAL LIABILITY WCGAL-005-12 07/01/12 07/01/13 EACH OCCURRENCE DAMAGE TO RENTED \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person)

\$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 **GENERAL AGGREGATE** \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY LOC 07/01/12 07/01/13 COMBINED SINGLE LIMIT WCGAL-005-12 A AUTOMOBILE LIABILITY \$ 1,000,000 (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS \$ UMBRELLALIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION X WC STATU-01/01/12 01/01/13 050005607421907 B AND EMPLOYERS' LIABILITY \$ 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe unde E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Catholic Charities of the East Bay, 433 Jefferson St., Oakland, CA 94607. As respects Participation in the Victim Witness Assistance Program being held at Contra Costa County.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County - Office of the District Attorney	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
900 Ward Street	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni F. O'ylena

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower	PHONE (A/C, No. Ext): (A/C, No. E-Mall. ADDRESS:):		
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC #		
Ball Flancisco, Ch 74103	INSURER A: WESTERN CATHOLIC INS CO RRG INC	14122		
INSURED	INSURER B: CHURCH MUT INS CO 18767			
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D :			
Oakland, CA 94607	INSURER E :			
Odriana, Ca 94007	INSURER F :			

COVERAGES CERTIFICATE NUMBER: 28002076 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDI SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS LTR POLICY NUMBER INSR WVD 07/01/12 07/01/13 EACH OCCURRENCE A GENERAL LIABILITY WCGAL-005-12 \$ 1,000,000 \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person)

\$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 **GENERAL AGGREGATE** \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY LOC COMBINED SINGLE LIMIT (Ea accident) 07/01/12 07/01/13 WCGAL-005-12 A **AUTOMOBILE LIABILITY** \$ 1,000,000 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS 050005607421907 01/01/12 01/01/13 B AND EMPLOYERS' LIABILITY \$ 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

As respects to Catholic Charities of the East Bay developing Domestic Violence Protocal and their offices in Contra Costa County. Contract Extension Agreement # 19-671-1. Rental Account number R/A1381.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County and their officers, agents and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40 Douglas Drive	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni H. O'ylan

DATE 06/28/2012

Additional Description of Operations/Remarks from Page 1:

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2012

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

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext):	PHONE FAX			
One Market Plaza, Spear Tower	E-MAIL ADDRESS:	E-MAIL			
Suite 200 San Francisco, CA 94105	INSURER(S) AFF	ORDING COVERAGE	NAIC#		
San Flancisco, CA 74103	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122		
INSURED	INSURER B: CHURCH MUT INS CO 18				
Catholic Charities of the East Bay	INSURER C:				
433 Jefferson Street	INSURER D:				
Oakland, CA 94607	INSURER E :				
Oakiand, Ck 94007	INSURER F:				

CO	VERAGES CER	RTIFICAT	E NUMBER: 28001707			REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY	IY CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	CT TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROLECT LOC	INSK VIVE	WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$
						COMPINIED CINICIE LIMIT	

COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED. BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ UMBRELLA LIAB \$ EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS 01/01/12 01/01/13 050005607421907 В AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$ 1,000,000 E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

07/01/12 07/01/13

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WCGAL-005-12

Included as Additional Insured as respects General Liability per attached CG2026 1185 endorsement as respects providing Case Management Path One services to families living in the Monument Corridor of Contra Costa County. Services to include ongoing case management services to 15-20 families at risk of entering the child welfare system, conduct in-home assessments, develop action plans and set goals and link families to other resources.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County and their officers, agents and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40 Douglas Drive	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni F. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Contra Costa County and their officers, agents and employees 40 Douglas Drive
Martinez, CA 94553
USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Demotion from Dega 1.	
Additional Description of Operations/Remarks from Page 1:	
1	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext):	FAX (A/C, No):		
One Market Plaza, Spear Tower	E-MAIL ADDRESS:			
Suite 200 San Francisco, CA 94105	INSURER(S) A	AFFORDING COVERAGE	NAIC#	
San Francisco, CA 94105	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122	
INSURED	INSURER B: CHURCH MUT INS CO 1876			
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D :			
Oakland, CA 94607	INSURER E :			
Oakland, CA 54007	INSURER F:			

COVERAGES	CERTIFICATE NUMBER.	20001000	INEVIOLOT	THOMBETT.
THIS IS TO CERTIFY T	HAT THE POLICIES OF INSURANCE LISTE	D BELOW HAVE BEE	N ISSUED TO THE INSURED NAMED	ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITH	STANDING ANY REQUIREMENT, TERM OF	R CONDITION OF AN'	CONTRACT OR OTHER DOCUMEN	T WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE	ISSUED OR MAY PERTAIN, THE INSURA	NCE AFFORDED BY	THE POLICIES DESCRIBED HEREIN	IS SUBJECT TO ALL THE TERMS
EXCLUSIONS AND CON	IDITIONS OF SUCH POLICIES. LIMITS SHOV	WN MAY HAVE BEEN F	REDUCED BY PAID CLAIMS.	

ISR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
A	GENERAL LIABILITY	INSIX WYD	WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
	020					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		-		PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	7,0100						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$ 1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Included as Additional Insured as respects General Liability per attached CG2026 1185 endorsement as respects providing Case Management Path Two services to families living in the Monument Corridor of Contra County. Services to include ongoing case management services to 15-20 families at risk of entering the child welfare system, conduct in-home assessments, develop action plans and set goals and link families to other resources.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County and their officers, agents and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40 Douglas Drive	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni H. O'ylan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

ntra Costa County d their officers, agents and employees Douglas Drive	
rtinez, CA 94553	SA

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293	1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower		PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):		
Suite 200 San Francisco, CA 94105			ORDING COVERAGE	NAIC#	
San Flancisco, Ca 34103		INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122	
INSURED Catholic Charities of the East Bay 433 Jefferson Street		INSURER B: CHURCH MUT INS CO 187			
		INSURER C:			
		INSURER D :			
Oakland, CA 94607		INSURER E :			
		INSURER F:			
COVEDACES	CERTIFICATE NUMBER: 2800155	Q	REVISION NUMBER:		

COVERAGES	CERTIFICATE NOWIBER. 20002333	REVISION NOMBER.
THIS IS TO CERTIFY THAT	T THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN IS:	SUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTA	ANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CO	INTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE IS:	SHED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE	POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP ADDL SUBR INSR TYPE OF INSURANCE POLICY NUMBER INSR WVD 07/01/12 07/01/13 GENERAL LIABILITY WCGAL-005-12 \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT X POLICY LOC 07/01/12 07/01/13 COMBINED SINGLE LIMIT (Ea accident) WCGAL-005-12 A AUTOMOBILE LIABILITY \$ 1,000,000 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ X X (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE RETENTION \$ DED WORKERS COMPENSATION X WC STATU-TORY LIMITS 01/01/12 01/01/13 050005607421907 B AND EMPLOYERS' LIABILITY \$ 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Catholic Charities, 433 Jefferson Street, Oakland, CA 94607 as respects Counseling Services at their offices in Alameda and Contra Costa Counties.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County Employment and Human Services Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40 Douglas Drive	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni H. O'ylan

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext):	FAX (A/C, No):		
One Market Plaza, Spear Tower	E-MAIL ADDRESS:			
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122	
INSURED	INSURER B : CHURCH MUT INS CO		18767	
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D :			
Oakland, CA 94607	INSURER E:			
Odrialia, Cr 54007	INSURER F:			

CERTIFICATE NUMBER: 28001666 REVISION NUMBER: **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

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

NSR TR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	MSK WYD	WCGAL-005-12	07/01/12		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
A	X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X AUTOS		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$					EACH OCCURRENCE AGGREGATE WC STATU- OTH-	\$ \$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	050005607421907	01/01/12	01/01/13	WC STATU- TORY LIMITS OTH- EL. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

State & Federal Government Agencies and Contra Costa County Health Servies, their officers, agents, and employees as respects housing advocacy services for county residents diagnosed with HIV diseases. RE:

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County Health Services Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
597 Center Avenue, Suite 255	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni H. O'fara
	A 4000 0040 A CORD CORDORATION All rights recogned

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Contra Costa County Health Services Department
597 Center Avenue, Suite 255
Martinez, CA 94553
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:		

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext): FAX (A/C, No):			
One Market Plaza, Spear Tower	E-MAIL ADDRESS:			
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122	
INSURED	INSURER B : CHURCH MUT INS CO		18767	
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D :			
Oakland, CA 94607	INSURER E:			
Oakland, Ch 74007	INSURER F:			

CERTIFICATE NUMBER: 28001833 REVISION NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD 07/01/12 07/01/13 \$ 1,000,000 WCGAL-005-12 A **GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 COMMERCIAL GENERAL LIABILITY \$ 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE

\$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-X POLICY LOC JECT COMBINED SINGLE LIMIT (Ea accident) 07/01/12 07/01/13 WCGAL-005-12 \$ 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS PROPERTY DAMAGE NON-OWNED \$ HIRED AUTOS AUTOS (Per accident) \$ **UMBRELLA LIAB** EACH OCCURRENCE \$ OCCUR **EXCESS LIAB AGGREGATE** \$ CLAIMS-MADE DED RETENTION \$ X WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 01/01/12 01/01/13 050005607421907 \$ 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Included as Additional Insured as respects General Liability per attached CG2026 1185 endorsement: Federal and State Agencies, Contra Costa County, Its Officers, Agents and Employees. This coverage is primary and not contributing with any other insurance in effect for the Additional Insureds.. RE: Catholic Charities, 433 Jefferson Street, Oakland, CA 94607 as respects HIV Prevention and Education Services in Contra Costa County.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County, Its Officers, Agents and Employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
597 Center Avenue, Suite 255	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni H. O'fara

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Contra Costa County, Its Officers, Agents and Employees
597 Center Avenue, Suite 255
Martinez, CA 94553
USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from P	age 1:		

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date.

Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE FAX (A/C, No. Ext): (A/C, No):				
One Market Plaza, Spear Tower	E-MAIL ADDRESS:				
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC#			
Sail Francisco, CA 94103	INSURER A: WESTERN CATHOLIC INS CO RRG IN	IC 14122			
INSURED	INSURER B : CHURCH MUT INS CO	18767			
Catholic Charities of the East Bay	INSURER C:				
433 Jefferson Street	INSURER D :				
Oakland, CA 94607	INSURER E :				
Oakland, Ck 94007	INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 28001865

REVISION NUMBER:

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

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LTR INSR WVD WCGAL-005-12 \$ 1,000,000 07/01/12 07/01/13 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED A \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY \$ LOC COMBINED SINGLE LIMIT (Ea accident) 07/01/12 07/01/13 WCGAL-005-12 A **AUTOMOBILE LIABILITY** \$ 1,000,000 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ x HIRED AUTOS (Per accident) AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION\$ X WC STATU-WORKERS COMPENSATION 01/01/12 01/01/13 050005607421907 AND EMPLOYERS' LIABILITY \$ 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

The County of Contra Costa, its officers and employees

RE: Catholic Charities, 433 Jefferson Street, Oakland, CA 94607 as respects conducting recruitment and orientation activities to provide Professional Development services for the Contra Costa County Community Services Departments English as a Second Language Childcare Center Staff.

CERTIFICATE HOLDER	CANCELLATION
Contra Costa County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
40 Douglas Drive	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	ISA JANA

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

ame Of Additional Insured P	erson(s) Or Organization(s)	
Contra Costa County		
10 Douglas Drive		
Martinez, CA 94553	USA	
	e this Schedule, if not shown above, will be shown in th	

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:			
Auditorial Description of Operations/remarks from Lage 1.	Additional Description of Operations/Pemarks fro	m Page 1:	
	Additional Description of Operations/Kemarks in	iii ago i	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	icate holder in lieu of such endors		' '	F46 0300	CONTA	^T			
	R 0726293	1.	-415	-546-9300	CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No):				
	J. Gallagher & Co.								
	nce Brokers of California,	Inc.	, Li	cense #0726293	E-MAIL	•		(A/C, NO).	
ne Market Plaza, Spear Tower					ADDRE	SS:			
an Francisco, CA 94105						INSU	JRER(S) AFFOR	DING COVERAGE	NAIC #
	dicibeo, en 31103				INSURE	RA WESTERN	CATHOLIC	INS CO RRG INC	14122
SURED						RB: CHURCH			18767
	ic Charities of the East Ba	av					1101 1111 0		
		_			INSURE	RC:			
3 Je	fferson Street				INSURE	RD:			
					INSURE	RE:			
klan	d, CA 94607				INSURE	DE.			
2) /==	1050	TIFIO	A.T.E.	MUMPED: 20001E62	INSURE	RF:		DEVISION NUMBER.	
	RAGES CER IS TO CERTIFY THAT THE POLICIES			NUMBER: 28001563				REVISION NUMBER:	
INDIC CERT EXCL	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEN IN, T IES. L	T, TERM OR CONDITION THE INSURANCE AFFOR	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	T TO WHICH TH
R	TYPE OF INSURANCE	ADDL S	MAD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	NERAL LIABILITY			WCGAL-005-12			07/01/13	EACH OCCURRENCE S	1,000,000
x	COMMERCIAL CENERAL LIABILITY							DAMAGE TO RENTED	100,000
-	COMMERCIAL GENERAL LIABILITY						+	FREINISES (La occurrence)	
	CLAIMS-MADE X OCCUR								5,000
									1,000,000
								OZITZI O TZITTO TZITTO	2,000,000
GE	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	2,000,000
x	POLICY PRO- JECT LOC								5
Λ11	TOMOBILE LIABILITY		V	WCGAL-005-12		07/01/12	07/01/13	COMBINED SINGLE LIMIT	1,000,000
	TOMODILE LIABILITY							(Ea accident)	
X	ANY AUTO							BODILY INJURY (Per person)	-
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	
x	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	5
	AUTOS								5
_	UMBRELLA LIAB OCCUR							5+01+000HD55405	
	OCCOR								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
	DED RETENTION\$								5
	ORKERS COMPENSATION			050005607421907		01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
	D EMPLOYERS' LIABILITY			J3000300/42190/	01/01/12			1,000,000	
OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A							
(Ma	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	
DE	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	1,000,000
: Ca	TION OF OPERATIONS / LOCATIONS / VEHIC tholic Charities of the Ea um for Emancipated Youth.							respects Transitiona	l Housing
ERTI	FICATE HOLDER				CAN	CELLATION			

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Jami H. O'fana

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Martinez, CA 94553

Attn: Contracts Unit 40 Douglas Drive

USA

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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PRODUCER 0726293	CONTACT NAME:					
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower		PHONE (A/C, No, Ext): E-MAIL ADDRESS:	No):			
Suite 200 San Francisco, CA 94105		INSURER(S)	AFFORDING COVERAGE	NAIC #		
		INSURER A: WESTERN CATH	MOLIC INS CO RRG INC	14122		
INSURED		INSURER B: CHURCH MUT INS CO 18767				
Catholic Charities of the East Bay		INSURER C:				
433 Jefferson Street		INSURER D :				
Oakland, CA 94607		INSURER E :				
ountaine, our seco.		INSURER F :	and the second second			
COVERAGES CERTIFIC	ATE NUMBER: 2800173	4	REVISION NUMBER	R:		

v	VEIGAGES	LIII IOA IL	- NOWIDEIX			ILL FIGIOR HORIDEIX.	
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES.	INT, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE B	F ANY CONTRACT BY THE POLICIES	OR OTHER I	OCUMENT WITH RESPECT TO	CT TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS MADE					AGGREGATE	\$

01/01/12 01/01/13

X WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

N/A

See Supplement Page for additional information.

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

The County of Alameda and the State of California Probation Department as respects mediation services between youth offenders and their victims under the "Victim Reconciliation Offender Program"

050005607421907

RE:

DED

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

CERTIFICATE HOLDER	CANCELLATION
County of Alameda Board of Supervisors	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
400 Broadway Street	AUTHORIZED REPRESENTATIVE
Oakland, CA 94604-2059	Jenni H. O'Jana

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

ounty of Alameda Board of Supervisors	
00 Broadway Street	
akland, CA 94604-2059 USA	

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date.

Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

SUPP (05/04)



DATE (MM/DD/YYYY) 06/28/2012

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	DUCER 0726293 Dur J. Gallagher & Co.	1-41	5-546-9300	CONTACT NAME: PHONE		FAX	
ne	Market Plaza, Spear Tower	Inc., L	icense #0726293	(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:			
	ce 200 Francisco, CA 94105			INSU	JRER(S) AFFOR	DING COVERAGE	NAIC #
				INSURER A : WESTER	N CATHOLIC	INS CO RRG INC	14122
_	RED			INSURER B : CHURCH	MUT INS C	0	18767
ıt.	nolic Charities of the East Ba	Y		INSURER C:			
33	Jefferson Street			INSURER D :			
-1-	I4 03 04607			INSURER E :			
ак	land, CA 94607			INSURER F :			
O	/ERAGES CERT	IFICATE	NUMBER: 28001871			REVISION NUMBER:	
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PECLUSIONS AND CONDITIONS OF SUCH F	QUIREMEI ERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIES EBEEN REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE HEREIN IS SUBJECT T	CT TO WHICH TH O ALL THE TERM
SR rr	TYPE OF INSURANCE	NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMI	
7	GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	DAMAGE TO RENTED	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$ 100,000	
	CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC			05/04/40	00/04/42	COMPINED ON OF LIMIT	\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						****	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/12 01/01/13	X WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYER	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

RE: Catholic Charities of The East Bay, 433 Jefferson St., Oakland, CA 94607. As respects providing alternative dispute resolution services to Alameda residents for the Dispute Resolution Program during the policy term. County of Alameda, its Board of Supervisors, the individual members thereof and all County officers, agents employees and volunteers are listed as additional insured only where contract requires per attached endorsement form CG2026 1185.

CERTIFICATE HOLDER	CANCELLATION
County of Alameda, its Board of Supervisors, the individual members thereof and all County officers, agents employees and volunteers	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1401 Lakeide Drive, Suite 907	AUTHORIZED REPRESENTATIVE
Oakland, CA 94612	Jenni F. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

ounty of Alameda, its Bo ndividual members therec 101 Lakeide Drive, Suite	f and all County officers, ag	gents	
akland, CA 94612	200		
	USA		

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Demodus from Demodu	
Additional Description of Operations/Remarks from Page 1:	
1	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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certificate holder in lieu of such endorsement(s).	in chaofochicht. A statement on and bertinoate about	iot comer rights to the			
DDUCER 0726293 1-415-546-9300 CONTACT NAME:					
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	ur J. Gallagher & Co. PHONE FAX				
One Market Plaza, Spear Tower	E-MAIL ADDRESS:	, 150/.			
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: WESTERN CATHOLIC INS CO RRG INC	14122			
INSURED	INSURER B : CHURCH MUT INS CO	18767			
Catholic Charities of the East Bay	INSURER C :				
433 Jefferson Street	INSURER D :				
Oakland, CA 94607	INSURER E:				
ountaine, on Jeou	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 280017	79 REVISION NUMBE	R:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H.	ION OF ANY CONTRACT OR OTHER DOCUMENT WITH REDRODED BY THE POLICIES DESCRIBED HEREIN IS SUBJECTION.	SPECT TO WHICH THIS			
INSR ADDL SUBR	POLICY EFF POLICY EXP	LIMITO			

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

RE: Grace Lutheran Church is named Additional Insured only where contract requires per attached endorsement CG2026 0704 with regard to English as a Second Language classes conducted at Grace Lutheran Church.

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Jenni H. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization	n(s)
Grace Lutheran Church	
2369 Barrett Street	
Richmond, CA 94804 USA	
Information required to complete this Schedule, if not sho	own above, will be shown in the Declarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:		
Auditorial Description of Operatorial remains 10111 tage 1-	Additional Description of Operations/Remarks from Page 1	
	Additional Description of Operations/Nemarks from Fage 1.	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext): E-MAIL	FAX (A/C, No):		
One Market Plaza, Spear Tower Suite 200	ADDRESS:			
San Francisco, CA 94105	INSURER(S) A	FFORDING COVERAGE	NAIC#	
	INSURER A: WESTERN CATHO	OLIC INS CO RRG INC	14122	
INSURED	INSURER B: CHURCH MUT INS CO 18767			
Catholic Charities of the East Bay	INSURER C :			
433 Jefferson Street	INSURER D :			
Oakland, CA 94607	INSURER E :			
	INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 28001557

REVISION NUMBER:

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

ISR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE			:		AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

As respects externs at Kaiser Permanente Hospital as per contract with Serra Adult School

RE:

ATION
ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE PIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ANCE WITH THE POLICY PROVISIONS.
REPRESENTATIVE Jame H. O'Jane
D

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower	PHONE (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:			
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE	NAIC#		
San Flancisco, Ca 74103	INSURER A: WESTERN CATHOLIC INS CO RRG INC	14122		
INSURED	INSURER B: CHURCH MUT INS CO			
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D:			
Oakland, CA 94607	INSURER E :			
ounication, our years,	INSURER F:			
COVERAGES CERTIFICATE NUMBER: 280017	788 REVISION NUMBER			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD WCGAL-005-12 07/01/12 07/01/13 GENERAL LIABILITY \$ 1,000,000 A **EACH OCCURRENCE** DAMAGE TO RENTED \$ 100,000 COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY LOC COMBINED SINGLE LIMIT (Ea accident) 07/01/12 07/01/13 WCGAL-005-12 \$ 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ X HIRED AUTOS (Per accident) AUTOS \$ **UMBRELLA LIAB** EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION X WC STATU-TORY LIMITS 050005607421907 01/01/12 01/01/13 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$ 1,000,000 E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Catholic Charities of The East Bay, 433 Jefferson Street, Oakland, CA 94607. As respects use of Parking space at 5th and Martin Luther King Jr. Way, Oakland for CCEB Employees and Visitors, Rental Account Number: R/A 1381. San Francisco Bay Area Rapid Transit District - Department Manager, Insurance and their Officers, Agents and Employees are listed as Additional Insureds only where contract requires per attached endorsement form CG2026 1185.

CERTIFICATE HOLDER	CANCELLATION
San Francisco Bay Area Rapid Transit District - Department Manager, Insurance and their Officers, Agents & Employees Attn: Gary Sue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
P O Box 12688	AUTHORIZED REPRESENTATIVE
Oakland, CA 94607-2689	Jenne H. O'Jana

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
San Francisco Bay Area Rapid Transit District - Department Manager, Insurance and their Officers, Agents & Employees P O Box 12688
Oakland, CA 94607-2689
USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from P	<u>'age 1</u> :		
		-	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293	1-415-546-9300	CONTACT NAME:				
Arthur J. Gallagher & Co. Insurance Brokers of California,	Inc. License #0726293	PHONE (A/C, No, Ext): FAX (A/C, No):				
One Market Plaza, Spear Tower		E-MAIL ADDRESS:				
Suite 200 San Francisco, CA 94105		INSURER(S) AF	FORDING COVERAGE	NAIC#		
541 114161500, 41 51110		INSURER A : WESTERN CATHO	LIC INS CO RRG INC	14122		
ISURED		INSURER B : CHURCH MUT IN	s co	18767		
Catholic Charities of the East B	ic Charities of the East Bay		INSURER C:			
433 Jefferson Street	Eferson Street		INSURER D :			
akland. CA 94607		INSURER E :				
		INSURER F :				

433	Jefferson Street	33 Jefferson Street INSURER D:		INSURER D :			
Oak	land, CA 94607			INSURER E :			
				INSURER F :			
CO	VERAGES CERT	IFICATE	NUMBER: 28001858			REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PACLUSIONS AND CONDITIONS OF SUCH F	QUIREME ERTAIN, POLICIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	7.51						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
RE:	CRIPTION OF OPERATIONS/LOCATIONS/VEHICL Catholic Charities of the Eas the Homelessness Prevention a loyees are Additional Insured	t Bay, nd Rapi	433 Jefferson Street d Re-housing Program	, Oakland, CA 9 (HPRP). SHELTE	4607. As :	nd its officers, di	rectors and
CE	RTIFICATE HOLDER			CANCELLATION			
				OHOUR AND OF T	THE ADOVE D	ECODIDED DOLLOIS DE C	ANCELLED DEFORE

CERTIFICATE HOLDER	CANCELLATION
SHELTER, Inc. and its officers, directors and employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1815 Arnold Dr.	AUTHORIZED REPRESENTATIVE
Martinez, CA 94553	Jenni H. O'fare

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
SHELTER, Inc. and its officers, directors and employees
1815 Arnold Dr.
Martinez, CA 94553 USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	
Additional Description of Operations/Administration age	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

	DDUCER 0726293	1-415-546-9300	CONTACT NAME:		FAV	
Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower			PHONE (A/C, No, Ext): E-MAIL ADDRESS:			
	ite 200 n Francisco, CA 94105		INSU	RER(\$) AFFORI	DING COVERAGE	NAIC#
Sam	riancisco, ca saios		INSURER A : WESTERN	CATHOLIC	INS CO RRG INC	14122
INSL	URED		INSURER B : CHURCH	MUT INS C	0	18767
Cat	tholic Charities of the East Ba	ay .	INSURER C :	_		
433	3 Jefferson Street		INSURER D :			
			INSURER E :			
Oak	kland, CA 94607		INSURER F :			
CO	OVERAGES CERT	TIFICATE NUMBER: 28001815	INCONDITY :		REVISION NUMBER:	
C E	NDICATED. NOTWITHSTANDING ANY RECETIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES BEEN REDUCED BY P.	DESCRIBED	HEREIN IS SUBJECT TO	ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	INSR WVD POLICY NUMBER	(MM/DD/YYYY) (I	MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY	WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC					\$
A	AUTOMOBILE LIABILITY	WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
					40	\$
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$
	DED RETENTION\$					\$
В	WORKERS COMPENSATION	050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		NIA			E.L. EACH ACCIDENT	\$ 1,000,000
1	OFFICER/MEMBER EXCLUDED? N/A					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

The State of California and Alameda County Probation Department, their officers, agents, and employees as respects mediation services between youth offenders and their victims under the "Victim Reconciliation Offender Program"

CERTIFICATE HOLDER		CANCELLATION
State of California		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
400 Broadway Street		AUTHORIZED REPRESENTATIVE
Oakland, CA 94604-2059	USA	Jenni H. O'ykun

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E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Pe	erson(s) Or Organization(s)	
State of California		
400 Broadway Street		
Oakland, CA 94604-2059	USA	
Information required to complete	this Schedule, if not shown above, will be shown in the De	clarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	0 CONTACT NAME:				
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200 San Francisco, CA 94105	PHONE	FAX (A/C, No):			
	INSURER(S	s) AFFORDING COVERAGE NAIC #			
San Francisco, CA 94103	INSURER A : WESTERN CAT	THOLIC INS CO RRG INC 14122			
INSURED	INSURER B : CHURCH MUT	INS CO 18767			
Catholic Charities of the East Bay	INSURER C:				
433 Jefferson Street	INSURER D :				
Oakland, CA 94607	INSURER E :				
OEXIANG, CA 9400/	INSURER F:				

Oak	land, CA 94607			INSURER F :			
CO	VERAGES CER	TIFICATI	E NUMBER: 28001883			REVISION NUMBER:	'
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	OF INSU EQUIREME PERTAIN,	RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIES	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12	07/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC			07/01/13	07/01/13	COMBINED SINGLE LIMIT	\$
A	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	0//01/13	(Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	
	X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	in NH)				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
As The whe PRI ins	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC respects Literacy for Every A City of Richmond, its office re contract requires per atta MARY: It is understood and ag ured shall be excess only and VER OF SUBROGATION: Waiver of	dult Proceed on reed the not co	oject (L.E.A.P) - Co icials, employees, a dorsement form CG202 at this insurance is ntributing with this	mputer class bei gents and volunt 61185. primary and any insurance.	ng held feers are	listed as Additions	l Insured only

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Jenni F. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
The City of Richmond its officers, officials, employees, agents and volunteers 440 Civic Center Plaza
Richmond, CA 94804
UDA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations (Description of	
Additional Description of Operations/Remarks from Page 1.	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE FAX (A/C, No. Ext): (A/C, No):			
One Market Plaza, Spear Tower Suite 200	E-MAIL ADDRESS:			
San Francisco, CA 94105	INSURER(S) AFF	ORDING COVERAGE	NAIC#	
	INSURER A : WESTERN CATHOL	IC INS CO RRG INC	14122	
INSURED	INSURER B : CHURCH MUT INS CO			
Catholic Charities of the East Bay	INSURER C:			
433 Jefferson Street	INSURER D :			
Oakland, CA 94607	INSURER E :			
	INSURER F :			

, _	TEICHOLO	THIOATE NOME	LIV. LUUSLUTT			KEVIOION NOMBER.	
	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI						
C	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, THE INS	SURANCE AFFORDED BY	THE POLICIES	DESCRIBE	HEREIN IS SUBJECT T	
ISR TR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS
A	GENERAL LIABILITY	WCGAL	-005-12	07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000

\$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-JECT 07/01/12 07/01/13 COMBINED SINGLE LIMIT WCGAL-005-12 AUTOMOBILE LIABILITY \$ 1,000,000 (Ea accident) X BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE x \$ HIRED AUTOS AUTOS (Per accident) \$ **UMBRELLA LIAB** EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ \$ DED RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

050005607421907

RE: Catholic Charities of The East Bay, 433 Jefferson St., Oakland, CA 94607. As respects CCEB-Project Access to use the Monument Community First 5 Center twice a week to teach the ESL Early Childhood Class during the policy term.

CERTIFICATE HOLDER	CANCELLATION
The Monument Community First 5 Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1736 Clayton Rd.	AUTHORIZED REPRESENTATIVE
Concord, CA 94520	Jenni H. O'Jana

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X WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

\$ 1,000,000

01/01/12 01/01/13

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	
Additional Description of Operations/Remarks from Fage 1.	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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PRODUCER 0726293 1-415-546-9300		CONTACT NAME:			
Arthur J. Gallagher & Co. Insurance Brokers of Calif One Market Plaza, Spear To	ornia, Inc., License #0726293	PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):		
Suite 200 San Francisco, CA 94105		INSURER(S) AFF	FORDING COVERAGE	NAIC#	
		INSURER A: WESTERN CATHOL		14122	
INSURED		INSURER B: CHURCH MUT INS CO 187			
Catholic Charities of the	East Bay	INSURER C :			
433 Jefferson Street		INSURER D :			
Oakland, CA 94607	INSURER E :				
		INSURER F :			
COVERAGES	CEPTIFICATE NUMBER: 2800166	3	DEVISION NUMBER		

Oakland, CA 94607			INSURER E :				
a.K.	land, CA 94007			INSURER F :			
O	VERAGES CER	TIFICATE	NUMBER: 28001663			REVISION NUMBER:	
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH)	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO WHICH THIS
R	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
K	GENERAL LIABILITY	INSR WVD	WCGAL-005-12		07/01/13	EACH OCCURRENCE	s 1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
	32 11110 111102 () 33331					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO-						\$
	AUTOMOBILE LIABILITY		WCGAL-005-12	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	AUTUS					(i di accident)	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	W/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
e i	CRIPTION OF OPERATIONS/LOCATIONS/VEHICL Supplement Page for additions ted Way of the Bay Area, their tinuum of care & community sup of foster care to successfull	l infor office	mation. rs, agents, and emp ich enables Contra	loyees as respec Costa County ema	ts CARE c	_	
ΕF	RTIFICATE HOLDER			CANCELLATION			

CERTIFICATE HOLDER	CANCELLATION
United Way of the Bay Area	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
221 Main Street, Suite 300	AUTHORIZED REPRESENTATIVE
San Francisco, CA 94105 USA	Jenni H. O'fan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
United Way of the Bay Area
221 Main Street, Suite 300
San Francisco, CA 94105
USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	
Additional Bosonphon of Operations/Normalika from Fage 1.	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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

PRODUCER 0726293 1-415-546-9300	CONTACT NAME:		
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293	PHONE (A/C, No, Ext):	FAX (A/C, No):	
One Market Plaza, Spear Tower	E-MAIL ADDRESS:		
Suite 200 San Francisco, CA 94105	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122
INSURED	INSURER B: CHURCH MUT INS CO		18767
Catholic Charities of the East Bay	INSURER C:		
433 Jefferson Street	INSURER D :		
Oakland, CA 94607	INSURER E :		
	INSURER F:		

CO	VERAGES CER	TIFICATE NUMBER:	25001024	r	REVISION NUMBER.	
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY!	EQUIREMENT, TERM OF	R CONDITION OF ANY CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	CT TO WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH					
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD POL	LICY NUMBER POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY	WCGAL-005	-12 07/01/12	07/01/13	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000

\$ 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) WCGAL-005-12 07/01/12 07/01/13 AUTOMOBILE LIABILITY \$ 1,000,000 x BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE x \$ HIRED AUTOS (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** AGGREGATE

DED RETENTION \$ WORKERS COMPENSATION 01/01/12 01/01/13 X WC STATU-050005607421907 B AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$ 1,000,000 E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

USA

CLAIMS-MADE

United Way of the Bay Area is named Additional Insured per attached endorsement CG2026 1185 as respects Free Tax Preparation provided by Catholic Charities of the East Bay for low income clients in Alameda County and Contra Costa

County in the EKS Campaign. BE -

CERTIFICATE HOLDER	CANCELLATION
United Way of the Bay Area	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Faith Dubois 1970 Broadway, Suite 600	
Oakland, CA 94612	AUTHORIZED REPRESENTATIVE Winni H. O'ylana

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\$

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

lame Of Additional Insured Person(s) Or Organization(s)	
United Way of the Bay Area	
1970 Broadway, Suite 600	
Oakland, CA 94612	
USA	
information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

\$ 1,000,000

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

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

PRODUCER 0726293 Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200 San Francisco, CA 94105 INSURED Catholic Charities of the East Bay		CONTACT NAME:		
		PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL		
		ADDRESS: INSURER(S) AFFORDING COVERAGE WESTERDING COVERAGE THE COURSE OF THE COURSE		NAIC#
		INSURER A: WESTERN CATHOLIC INS CO RRG INC INSURER B: CHURCH MUT INS CO		18767
433 Jefferson Street Oakland, CA 94607	INSURER C: INSURER D:			
	INSURER E :			
COVERAGES CERTIFIC	CATE NUMBER: 28001880		REVISION NUMBER:	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR TYPE OF INSURANCE POLICY NUMBER INSR WVD 07/01/12 07/01/13 WCGAL-005-12 \$ 1,000,000 A **GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 COMMERCIAL GENERAL LIABILITY \$ 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY

\$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG PRO-JECT X POLICY COMBINED SINGLE LIMIT (Ea accident) WCGAL-005-12 07/01/12 07/01/13 A AUTOMOBILE LIABILITY \$ 1,000,000 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ **UMBRELLA LIAB** \$ **OCCUR** EACH OCCURRENCE **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION \$ DED WORKERS COMPENSATION 01/01/12 01/01/13 X WC STATU-TORY LIMITS 050005607421907 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

N/A

United Way of the Bay Area is named Additional Insured per attached endorsement CG2026 1185 as respects Free Tax Preparation provided by Catholic Charities of the East Bay for low income clients in Alameda County and Contra Costa County in the EKS Campaign.

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN United Way of the Bay Area ACCORDANCE WITH THE POLICY PROVISIONS. Faith Dubois 1970 Broadway, Suite 600 **AUTHORIZED REPRESENTATIVE** Jami H. O'yan Oakland, CA 94612 USA

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E.L. EACH ACCIDENT

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
United Way of the Bay Area
1970 Broadway, Suite 600
Oakland, CA 94612
USA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

Additional Description of Operations/Remarks from Page 1:	

Additional Information:



DATE (MM/DD/YYYY) 06/28/2012

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

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PRODUCER 0726293 1-415-546-9300	CONTACT NAME:		
Arthur J. Gallagher & Co.	PHONE		
Insurance Brokers of California, Inc., License #0726293	(A/C, No, Ext):	(A/C, No):	
One Market Plaza, Spear Tower Suite 200	E-MAIL ADDRESS:		
San Francisco, CA 94105	INSURER(S) AFFORDIA	IG COVERAGE	NAIC#
	INSURER A: WESTERN CATHOLIC INS CO RRG INC		14122
INSURED	INSURER B : CHURCH MUT INS CO		18767
Catholic Charities of the East Bay	INSURER C:		
433 Jefferson Street	INSURER D:		
Oakland, CA 94607	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 28001642 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

NSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		WCGAL-005-12	07/01/12		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC						\$	
A	AUTOMOBILE LIABILITY		WCGAL-005-12 07/01/12 07	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		050005607421907	01/01/12	01/01/13	X WC STATU- TORY LIMITS OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Supplement Page for additional information.

West Contra Costa Unified School District Facilities Planner & Operations Specialist only where contracts require as respects to Family Literacy Programs facility located at Verde Elementary School, 2000 Giaramita, Richmond, CA 94801 RE:

CERTIFICATE HOLDER	CANCELLATION
West Contra Costa Unified School District Facilities Planner & Operations Specialist	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1300 Potrero Avenue	AUTHORIZED REPRESENTATIVE
Richmond, CA 94804	Jenni H. O'Jan

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
West Contra Costa Unified School District Facilities Planner & Operations Specialist 1300 Potrero Avenue	3
Richmond, CA 94804	
USA	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

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

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

DATE 06/28/2012

NAME OF INSURED: Catholic Charities of the East Bay

ditional Description of Operations/Remarks from Properties of the	<u>'age 1</u> :		

Additional Information:



ity Schools, Thriving Students PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2012-2013

							Direct							
Services cannot be provided until the contract is fully approved and a Purchase Order has been issued. 1. Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation. 2. Ensure contractor meets the consultant requirements (including The Excluded Party List, Insurance and HRSS Consultant Verification) 3. Contractor and OUSD contract originator complete the contract packet together and attach required attachments. 4. Within 2 weeks of creating the requisition the OUSD contract originator submits complete contract packet for approval to Procurement. Attachment Checklist For individual consultants: HRSS Pre-Consultant Screening Letter for the current fiscal year. For individual consultants: Proof of negative tuberculosis status within past 4 years. For All Consultants: Results page of the Excluded Party List (https://www.epls.gov/epls/search.do) For All Consultants: Statement of qualifications (organization); or resume (individual consultant). For All Consultants: Proof of Commercial General Liability insurance naming OUSD as an Additional Insured. For All Consultants with employees: Proof of Workers' Compensation Insurance. (Ref. to Section 10 of the Contract) OUSD Staff Contact Emails about this contract should be sent to: (required) diane.warren@ousd.k12.ca.us														
Contractor Information														
Contractor Name														
Antici	pated start da			ation and	Date wo							S	\$	
	ate Per Hou		\$	01/2013	Number				0/2013 Other Expenses \$					
5640 RegionalMental 9221340303 5825 \$ 25,000									mount					
											5825		\$	
Re	equisition N	O. (required)	R03	315864				Total C	ontrac	t Amount			\$ 25,000	.00
Approval and Routing (in order of approval steps) Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued. OUSD Administrator verifies that this vendor does not appear on the Excluded Parties List (https://www.epls.gov/epls/search.do)														
! -	Administrator / Manager (Originator) Name Barbara McC										273-1533			
1.	Site / Department 922/Family, School, and Comn						iunity Pa	artnership	nership Fax Date Approved			273-1501		
2.	Resource Manager, if using funds managed by: State and Federal Quality, Community, School Development Family, Schools, and Community Partnerships Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA) Signature Date Approved										artnerships			
-	Signature (if using multiple restricted resources) Regional Executive Officer Date Approved													
3.	Services described in the scope of work align with needs of department or school site Consultant is qualified to provide services described in the scope of work Signature Date Approved 4/15/23/3													
	Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations Consultant Aggregate Under, Over\$50,000										Over □\$50,000			
	Signature	Ma	rice		ntor				Date	Approved	5-	9-	201	3.
5.	Superintende	nt, Board of	Educati	on Signatur	e on the leg	gal contra	act							
	Required if no		ard conti	ract A	pproved			Denied -			1	D	ate	
Procu	pourement Date Received PO Number													