

**FIRST AMENDMENT TO GRANT AGREEMENT
SUMMARY PAGE**

This FIRST AMENDMENT TO GRANT AGREEMENT is entered into this 13th day of October, 2021 by the **CITY OF SAN JOSE**, a municipal corporation ("CITY") and **GIRL SCOUTS OF NORTHERN CALIFORNIA** ("GRANTEE").

Department:	<u>PRNS</u>	Contract No.:	<u>646942</u>
WebGrants ID:	<u>37025</u>	Original Contract No.:	<u>B034</u>

Agency:	<u>Girl Scouts of Northern California</u>
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Project:	<u>Girl Scouts Got Choices</u>
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Description:	<u>Amendment to Agreement between CITY and GRANTEE, to reflect modification in scope and service and or budget due to inability to meet original scope due to Santa Clara County Shelter in Place Order.</u>
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Funding Source:	<u>San Jose Bringing Everyone's Strengths Together (BEST)</u>
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Amended Total Grant Award Not to Exceed:	<u>\$ 18, 883</u>
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Payment Terms:	<u>See Revised Exhibit C</u>
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Agreement Term:	Start Date: <u>September 1, 2020</u>	End Date: <u>September 30, 2021</u>
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PARTIES TO AGREEMENT:

GRANTEE		CITY OF SAN JOSE
Agency Name:	Girl Scouts of Northern California	Parks, Recreation and Neighborhood Services
Address for Legal Notice:	1310 S. Bascom Ave.	200 E. Santa Clara St., 9 th Floor
City/State/Zip Code:	San Jose, CA 95128	San Jose, CA 95113-1907
Attention:	Kate Cowan	Jon Cicireli
Email Address:	kcowan@gsnorcal.org	
Telephone No.:	510-562-8470	
Taxpayer ID	94-1551410	
CITY Business License/ Tax No.:	9088190210	
Type of Entity:	501 (c) 3 – non-profit corporation	
State of Incorporation or Residency:	California	

CONTACT INFORMATION

GRANTEE Contact Person:	Kate Cowan
Title:	Director of Institutional Giving, Fund Development
Telephone No:	510-562-8470
Email:	kcowan@gsnorcal.org

CITY Contact Person:	Martin Cruz
Title:	Grants Analyst
Telephone No:	408-535-5636
Email:	Martin.cruz@sanjoseca.gov

REVISED EXHIBIT LIST:

YES	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revised Exhibit A: Scope of Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revised Exhibit B: Budget Summary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revised Exhibit C: Payments to GRANTEE and Reporting Schedule

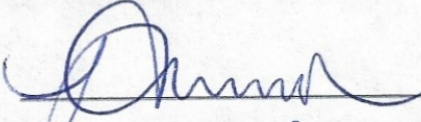
To the extent applicable, the following grant provisions are required for this AGREEMENT. (Check all provisions that apply.)

YES	N/A	<u>REQUIRED LANGUAGE ATTACHMENT</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	City of San Jose Funding
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Federal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	State
<input type="checkbox"/>	<input checked="" type="checkbox"/>	County
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Public Agency
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Private Funding Agency

I certify that I have read and hereby consent to all the terms and provisions contained in the attached AMENDMENT, including without limitation, all exhibits.

WITNESS THE EXECUTION HEREOF the day and year first hereinabove written.


GIRL SCOUTS OF NORTHERN CALIFORNIA

GRANTEE Signature:  Date: 9/30/2021

Print Name: L. KATE COWAN

Title: DIR INSTITUTIONAL GIVING

CITY OF SAN JOSE, a municipal corporation

 On behalf of Date: 10/13/2021

JON CICIRELLI
Director Parks, Recreation and
Neighborhood Services

FORM OF AGREEMENT
APPROVED BY THE OFFICE
OF THE CITY ATTORNEY



RECITALS

WHEREAS, on December 9, 2020, CITY and GRANTEE entered into a grant agreement ("Agreement"); and

WHEREAS, GRANTEE's inability to implement scope of service due to the restrictions placed on in-person services at schools and in the community due to County Orders to prevent the spread of the Coronavirus 19 (COVID-19);

NOW, THEREFORE, the parties agree to amend the original Agreement as follows:

SECTION 1. EXHIBIT A, "SCOPE OF SERVICES" is amended to read as shown in REVISED EXHIBIT A, attached and incorporated into this First Amendment.

SECTION 2. EXHIBIT B, "BUDGET SUMMARY" is amended to read as shown in REVISED EXHIBIT B, attached and incorporated into this First Amendment.

SECTION 3. EXHIBIT C, "PAYMENTS TO GRANTEE AND REPORTING SCHEDULE" is amended to read as shown in REVISED EXHIBIT C, attached and incorporated into this First Amendment.

SECTION 4. All other terms and conditions of the original Agreement not modified by this First Amendment shall remain in full force and effect.

REVISED EXHIBIT A

SCOPE OF SERVICES

GRANTEE will provide the services as described in this EXHIBIT.

In the event GRANTEE desires to modify the Scope of Services, GRANTEE shall apply to CITY in writing setting forth the requested modifications. CITY shall have the authority to approve the following categories of modifications, by electronic mail or letter signed by the CITY, without the necessity of a formal written amendment to this AGREEMENT:

1. Modifications to the times and dates of Scope of Services which do not affect the total units of services ("UOS") to be provided; or
2. Modifications to the location of Scope of Services so long as the proposed location will serve the same target population and is consistent with the San José BEST Allocation Plan; or
3. The total number of UOS is reduced by an amount not to exceed 10% of the UOS specified in the UOS Workbook.

A. Period of Service

The Grant Services will commence on September 1, 2020, completing on August 31, 2021.

B. Target Population

GRANTEE understands and agrees that participants for services under this AGREEMENT will be in accordance with the Mayor's Gang Prevention Task Force Strategic Work Plan 2018-2020 "Trauma to Triumph II – A Plan To Foster Hope And Break The Cycle Of Violence," adopted by City Council on June 5, 2018.

GRANTEE will target youth ages 11-18 exhibiting behaviors and/or involved in At-Risk, High-Risk, Gang-Impacted, and/or Gang-Intentional lifestyles (Hereinafter referred to as "Target Population").

Personal Transformation	Age Range: 11-18			
	At-Risk	High-Risk	Gang-Impacted	Gang-Intentional
	X	X	X	X

GRANTEE will collect and submit data documenting services to this target population.

C. Location of Services

San José Police Department (SJPD) Division and Location	
Foothill Division:	
Ocala Middle School 2800 Ocala Ave. San Jose, CA 95148	Hot Spot Area: Overfelt, Poco Way
James Lick High School 57 N. White Road San Jose, CA 95127	Hot Spot Area: Capital Park/Kollmar
Western Division:	
Lincoln High School 555 Dana Avenue San Jose, CA 95126	Hot Spot Area: Washington Area
Willow Glen High School 2001 Cottle Avenue San Jose, CA 95125	Hot Spot Area: Washington Area
Bridge Academy 1702 McLaughlin Avenue San Jose, CA 95122	Hot Spot Area: Santee/Phelan Area
Central Division:	
San Jose High School 275 N. 24 th Street San Jose, CA 95116	Hot Spot Area: Roosevelt Park Area
Southern Division:	
Andrew Hill High School 3200 Senter Road San Jose, CA 95111	Hot Spot Area: Seven Trees
Oak Grove High School 285 Blossom Hill Road San Jose, CA 95123	Hot Spot Area: Round Table/Great Oaks
Sylvandale Middle School 653 Sylvandale Avenue San Jose, CA 95111	Hot Spot Area: Seven Trees
Citywide:	
Girl Scouts Office 1310 S. Bascom Avenue San Jose, CA 95128	Hot Spot Area: Citywide
Broadway Continuation High School 4825 Speak Lane San Jose, CA 95118	Hot Spot Area: Citywide
William F. James Ranch 19050 Malaguerra Avenue Morgan Hill, CA 95037	Hot Spot Area: Citywide
Santa Clara County Juvenile Hall 840 Guadalupe Parkway San Jose, CA 95110	Hot Spot Area: Citywide

(Hereinafter referred to as "Service Locations")

D. Description of Services

If GRANTEE receives other City of San José operational funds, the following services shall enhance, rather than supplant existing services.

GRANTEE, to the extent possible, will acknowledge the CITY by using CITY-provided logos online or on any printed materials where sponsor logos are displayed.

GRANTEE will provide direct services through the following Eligible Services.

GRANTEE will conduct services to include, but may not be limited to, the following activities as described under each of the Eligible Services ("ES"):

ES1: Personal Transformation Through Cognitive Behavior Change and Life Skills Education

Activity Tables

Activity 1	Intake						
Service Location: (One of the addresses listed above)	All Service Locations						
Start Date:	September 1, 2020						
End Date:	August 31, 2021						
Day of Operation:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours of Operation: (If no programming on day write: N/A)	N/A	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM	N/A
Description of Activity	GRANTEE will register Target Population into Got Choices Program. *Sessions will be conducted virtually and/or in person while following social distancing guidelines.						

Activity 2	Assessment						
Service Location: (One of the addresses listed above)	All Service Locations						
Start Date:	September 1, 2020						
End Date:	August 31, 2021						
Day of Operation:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours of Operation: (If no programming on day write: N/A)	N/A	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM	N/A

Description of Activity	<p>GRANTEE will collect demographic information, risk-level indicators, and other pertinent information as part of the assessment.</p> <p>*Sessions will be conducted virtually and/or in person while following social distancing guidelines.</p>
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Activity 3	Got Choices Small Group Sessions						
Service Location: (One of the addresses listed above)	All Service Locations						
Start Date:	September 1, 2020						
End Date:	August 31, 2021						
Day of Operation:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours of Operation: (If no programming on day write: N/A)	N/A	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM	N/A
Description of Activity	<p>GRANTEE will provide structure group discussions and activities incorporating a range of topics from four main areas:</p> <ul style="list-style-type: none"> • Health and Wellness • Healthy Relationships and Connection • Leadership • Outdoor Activities and Connection to Nature <p>*Sessions will be conducted virtually and/or in person while following social distancing guidelines.</p>						

Activity 4	Lead the Way Leadership Conference						
Service Location: (One of the addresses listed above)	All Service Locations						
Start Date:	February 2021						
End Date:	February 2021						
Day of Operation:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours of Operation: (If no programming on day write: N/A)	9-5PM	N/A	N/A	N/A	N/A	N/A	9-5PM
Description of Activity	<p>GRANTEE will provide the Target Population with opportunities to strengthen personal identity, develop leadership qualities, envision better futures, and shape goal-setting behaviors.</p> <p>*Sessions will be conducted virtually and/or in person while following social distancing guidelines.</p>						

Activity 5	Leadership and Team Building Experience						
Service Location: (One of the addresses listed above)	All Service Locations						
Start Date:	September 1, 2020						
End Date:	August 31, 2021						
Day of Operation:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours of Operation: (If no programming on day write: N/A)	N/A	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM	N/A
Description of Activity	<p>GRANTEE will provide a total of seven (7) field trips that average ten (10) participants each, each session lasting an average of one to two (1-2) hours.</p> <p>Daytrips:</p> <ol style="list-style-type: none"> 1. Meet the Mayor: 11/19/2020 2. Escape Room: 11/30/2020 3. Game Night: 03/18/2021 4. Escape Room: 04/22/2021 5. Michelle Obama: 05/06/2021 6. Pursuing Paths: 05/20/2021 7. Trivia Night: 06/03/2021 <p>*Sessions will be conducted virtually and/or in person while following social distancing guidelines.</p>						

Activity 6	Summer Camp						
Service Location: (One of the addresses listed above)	All Service Locations						
Start Date:	September 1, 2020						
End Date:	August 31, 2021						
Day of Operation:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours of Operation: (If no programming on day write: N/A)	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM	8-5PM
Description of Activity	<p>GRANTEE will provide in-person camp sessions from 06/13/2021 to July 2, 2021 and 07/11/2021 to 07/23/2021 at Girl Scout camp sites with various leadership and outdoor activities.</p> <p>*Sessions will be conducted virtually and/or in person while following social distancing guidelines.</p>						

Participants Per Activity

SPECIFIC ACTIVITY (Any activity having duplicated participants will be denoted with an asterisk*).	NUMBER OF PARTICIPANTS PER YEAR
Intake	80
Assessment	80*
Got Choices Small Group Sessions	
Abraham Lincoln High School	16*
Andrew Hill High School	16*
Bill Wilson Center	50*
Bridge Academy	5*
Broadway Continuation High School	8*
James Lick High School	14*
Oak Grove High School	8*
Ocala Middle School	7*
San Jose High School	1*
Santa Clara County Juvenile Hall	25*
William F. James Ranch	3*
Willow Glen High School	7*
Lead the Way Leadership Conference	10*
Leadership and Team Building Experience	20*
Summer Camp	2*
TOTAL DIRECT UNDUPLICATED PARTICIPANTS PER YEAR	80

Note: Participants identified in this table are to be the total of both BEST funding as well as matching funds.

The activities and the number of participants per activity per year, listed above (both duplicated and unduplicated) should be included in the UOS Workbook Contracted Goals sheet developed jointly by GRANTEE and CITY.

REVISED EXHIBIT B

BUDGET SUMMARY

Agency Name:		Girl Scouts of Northern California			
A. Personnel Costs	FTE (1.0)	BEST Funding	Other CSJ Funds	All Other Funding	Total Program
Position Title					
Director Community Partners	0.20	\$0	\$0	\$17,000	\$17,000
Manager, Community Based Programs	0.50	\$3,600	\$0	\$28,530	\$32,130
Program Coordinator	0.75	\$1,000	\$0	\$27,910	\$28,910
Program Specialist	0.30	\$1,688	\$0	\$10,634	\$12,322
Program Instructors	0.50	\$3,500	\$0	\$42,740	\$46,240
Total Salaries		\$9,788	\$0	\$126,814	\$136,602
Fringe Benefits		\$2,586	\$0	\$34,127	\$36,713
TOTAL PERSONNEL COSTS		\$12,374	\$0	\$160,941	\$173,315
B. Operating Costs		BEST Funding	Other CSJ Funding	All Other Funding	Total Program
Operating Cost Item					
Contracted Services/Guest Speaker/Vendors		\$200	\$0	\$5,050	\$5,250
Food and Beverages for Youth		\$0	\$0	\$2,750	\$2,750
Program Supplies		\$2,000	\$0	\$6,588	\$8,588
Printing and Postage		\$809	\$0	\$4,691	\$5,500
Travel and Transportation		\$500	\$0	\$11,750	\$12,250
Required Registration/Accident		\$1,000	\$0	\$5,750	\$6,750
Leadership Exp.		\$0	\$0	\$6,000	\$6,000
Evaluation		\$0	\$0	\$2,500	\$2,500
Insurance- Events		\$0	\$0	\$125	\$125
Staff Travel		\$0	\$0	\$150	\$150
COVID-19 Education Stipend		\$2,000	\$0	\$0	\$2,000
TOTAL OPERATING COSTS:		\$6,509	\$0	\$45,354	\$51,863
TOTAL PERSONNEL COSTS:		\$12,374	\$0	\$160,941	\$173,315
TOTAL PROGRAM COSTS:		\$18,883	\$0	\$206,295	\$225,178

B-1

1st Amendment to BEST 2020-2021- Girl Scouts of Northern California

DB#646942
Revised 05/04/2021

BUDGET NARRATIVE

Personnel Costs

<i>Position Title</i>	<i>Brief Description of position responsibilities</i>
Director Community Partners	Evaluation, hiring and training, and curriculum development. Oversight of Community Based programs, including Got Choices Program, council wide. Supervises Community Based Program Manager. Strategic planning, department budgeting, leadership & special event support.
Manager, Community Based Programs	Directs all aspects of community-based programs in the South Bay region. Grant budgets, budget tracking, and reporting. Hiring, training, and supervision of program instructors, specialist and coordinator. Oversees day-to-day operations and logistics of Got Choices in Santa Clara County including program evaluation; site coordination, establishing as well as maintaining school, funder and site partnerships.
Program Coordinator	Planning/securing guest speakers, service project and fieldtrips. Scheduling, ordering supplies and participation in trainings. Direct program delivery when needed in absence of instructor.
Program Instructors	Direct delivery of program and services to girls; lesson prep; administer evaluations and collect data for reporting; participation in trainings to better serve targeted population; other duties as assigned.
Program Specialist	Administer evaluations and collect reporting data. Data entry and analysis. Food bank ordering and reporting. Participate in trainings to better serve targeted population. Direct program delivery when needed in absence of instructor.

Operating Costs

<i>Item</i>	<i>Brief Description of the item</i>
Contracted Services/Guest Speakers/Vendors	Honoraria or professional fees for guest speaker presentations to enrich and support Got Choices curriculum.
Food and Beverages for Youth	Snacks and food/beverage for girls at Got Choices weekly program meetings, field trips, and special events. (Not included in BEST grant budgets).
Program Supplies	Specialized and general supplies to develop, implement, deliver, and evaluate Got Choices.
Printing and Postage	Outside printing and postage for program related mail, mainly supply delivery to participants.
Travel and Transportation	Mileage reimbursement, tolls, and gas for travel to and from Got Choices program and event sites, meetings, and trainings. Rented/chartered vehicles to transport youth to, from, and during events, field trips, conferences, and other Got Choices activities.

Required Registration/Accident Insurance	Mandatory program registration and accident insurance for all Got Choices participants.
Leadership Exp.	Program/registration fees and supply expenses (if any) for participants to attend Lead the Way conference, Ropes Challenge Course, and other pertinent community events, when available.
Evaluation	Program quality and outcome evaluation, data analysis and reporting. (Not included in BEST grant budget).
Insurance- Events	Mandatory insurance for in-person events. (Not included in BEST grant budget).
Staff Travel	Per diem and accommodation for staff travel, when necessary. (Not included in BEST grant budget).
COVID-19 Education Stipend	Stipend for the COVID-19 Education meetings/awareness.

SOURCE OF FUNDS STATEMENT

PROJECT SOURCE OF FUNDS			
List ALL funding sources for project			
Funding Source: Program/Agency	Code Number**	Use of Funds	Amount (\$)
<i>City of San José Funding</i>			
San José BEST	1	Girl Scouts Got Choices	\$18,883
<i>Total</i>			
<i>All Other Grant Funds (Minimum 20%)</i>			
Private Donors	1	Girl Scouts Got Choices	\$206,295
<i>Total</i>			
Combined Total			\$225,178
**Key Codes: 1. Firm Commitment: Grant funding was received. 2. Anticipated Renewal of Existing Grant: Continuation of a grant that was received in the current year and is expected to be continued. 3. Anticipated Revenue: A realistic projection of fees or donations including in-kind donation for space and equipment based on current level. 4. Application Pending: Applications submitted and expected to be received. Include application date. 5. In-kind: Do not assign a monetary value.			

REVISED EXHIBIT C
PAYMENTS TO GRANTEE AND REPORTING SCHEDULE

Payment shall be processed as set forth by the following schedule, subject to GRANTEE's satisfactory performance of this AGREEMENT. If the total amount shown on GRANTEE's invoice is less than the maximum installment amount set forth below, CITY shall pay GRANTEE the amount shown on the invoice.

Install- ment	Period Begin	Period End	Report Due	Payment
1	N/A	N/A	N/A	First installment of \$4,721 will be processed within 20 days of full execution of this AGREEMENT. However, no payment will occur prior to September 1, 2020.
2	9/1/20	11/30/20	12/15/20	Second installment of up to \$4,721 will be processed upon CITY'S acceptance and approval of GRANTEE'S Units of Service (UOS) Workbook Report and invoice for the period 9/1/20 through 11/30/20.
3	12/1/20	2/28/21	3/15/21	Third installment of up to \$4,721 will be processed upon CITY'S acceptance and approval of GRANTEE'S UOS Workbook Report and invoice for the period 12/1/20 through 2/28/21.
4	3/1/21	5/31/21	6/15/21	Fourth installment of up to \$4,720 , less retainer of \$944 , for a payment of up to \$3,776 , will be processed upon CITY'S acceptance and approval of GRANTEE'S UOS Workbook Report and invoice for the period 3/1/21 through 5/31/21.
5	6/1/21	8/31/21	9/15/21	The retainer is equal to 20% of the fourth installment. CITY will release the retainer of \$944 to GRANTEE upon completion of the following: (1) Acceptance and approval of the final UOS Workbook Report which shall contain standard quarterly information for the period 6/1/21 through 8/31/21 and shall additionally contain cumulative statistics for the entire term of this AGREEMENT; (2) GRANTEE'S successful completion of GRANTEE'S Scope of Services, including without limitation, GRANTEE'S obligation to provide a 20% cash match to the Grant Award; and (3) Acceptance and approval of GRANTEE's final invoice which shall contain quarterly expenditures for the period 6/1/21 through 8/31/21, and shall additionally contain the cumulative total amount of expenditures for the entire term of this AGREEMENT. Any unspent or disallowed costs will be deducted from the retainer. If the unspent funds exceed the retainer amount, then GRANTEE must return funds to CITY.

INSTRUCTIONS FOR INSURANCE APPROVAL:

Forward the following to: RISK & INSURANCE

200 E. Santa Clara Street 14th Floor

San Jose, CA 95113-1905

Riskmgmt@sanjoseca.gov

- 1. This form (149-7) completed;**
- 2. Copy of face page of Contract;**
- 3. Copy of insurance requirements included in contract.**
- 4. Copy of Service Provider's certificate of insurance.**

NOTIFICATION OF CONTRACT BEING PROCESSED

DATE: 11/17/2020

Service Provider: Girl Scouts of Northern California Phone No. 510-562-8470	
1310 S. Bascom Ave, San Jose CA 95128	
Project: BEST 2020-2021	
Project Amount: \$45,077	
Estimated Start Date 09/01/2020	Estimated Completion Date 09/30/2021
Scope of Work: Grantee will provide programming to youth ages 11-18 exhibiting behaviors and/or involved in At-Risk, High-Risk, Gang-Impacted and/or Gang-Intentional lifestyles.	
Department PRNS	Division ASD
Department Martin Cruz	Ph./Ext: 408-535-5636
Contact	Fax:

COMPLIANCE WITH INSURANCE REQUIREMENTS

Comments:	
Signature: <u>Martin Cruz</u> <small>Martin Cruz (Oct 12, 2021 14:08 PDT)</small>	Date: Oct 12, 2021
Risk & Insurance	
FOR RISK & INSURANCE USE ONLY Date Forwarded to City Clerk:	

COMPLIANCE WITH BOND REQUIREMENTS

Signature: _____	Date: _____
City Clerk	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2021

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 have ADDITIONAL INSURED provisions or 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 Commercial Lines – (800) 227-0185 USI Insurance Services LLC 180 Park Avenue, Suite 102 Florham Park, NJ 07932	CONTACT NAME: Christine Cristadoro PHONE (A/C, No, Ext): 973.315.0417 FAX (A/C, No): 610-537-2414 E-MAIL ADDRESS: christine.cristadoro@usi.com																					
INSURED Girl Scouts of Northern California 1650 Harbor Bay Parkway Suite 100 Alameda, CA 94502	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Great American Insurance Company</td><td>16691</td></tr><tr><td>INSURER B:</td><td>Great American Assurance Company</td><td>26344</td></tr><tr><td>INSURER C:</td><td>Great American Alliance Insurance Company</td><td>26832</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great American Insurance Company	16691	INSURER B:	Great American Assurance Company	26344	INSURER C:	Great American Alliance Insurance Company	26832	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 15406786

REVISION NUMBER: See below

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Professional <input checked="" type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC409327608	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Professional Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP 409327708	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB409327808	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Abuse & Molestation			PAC409327608	7/1/2021	7/1/2022	\$1,000,000 limit \$3,000,000 Aggregate

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

CG2026,CG8970 The City of San Jose, its officers, employees, agents and contractors are named Additional Insured on the general liability and auto liability policies with respect to the use of its premises for Girl Scout activities of the insured Girl Scout Council. Insurance is primary and non-contributory per the policies wording, terms, conditions and exclusions.

CERTIFICATE HOLDER

City of San Jose
Risk Management
Finance, Tower 14
200 E. Santa Clara Street
San Jose CA 95113-1903

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2021

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 have ADDITIONAL INSURED provisions or 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 Palmer & Cay LLC 22 Barnard Street, Suite 200 Savannah GA 31410	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: gssolutions@palmerandcay.com
INSURED Girl Scouts of Northern California 1650 Harbor Bay Parkway, Suite 100 Alameda, CA 94502	INSURER(S) AFFORDING COVERAGE INSURER A : National Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 11991

COVERAGES**CERTIFICATE NUMBER:** 1091100738**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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A	Y		WCC331398A	10/1/2021	10/1/2022	X <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

For information only.

Waiver of Subrogation applies in favor of the City of San Jose , Its Officers, Employees, Agents and Contractors when required by written contract.

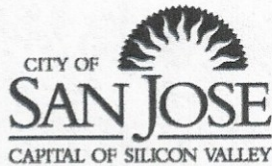
CERTIFICATE HOLDER**CANCELLATION**

City of San Jose
Finance-Risk Management
200 East Santa Clara Street
14th Floor Tower
San Jose CA 95113

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

AUTHORIZED REPRESENTATIVE

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- ☒ FOR YOUR ELECTRONIC SIGNATURE
☒ FULLY EXECUTED COPY TO FOLLOW

CITY STAFF: Martin Cruz
EMAIL: Martin.Cruz@sanjoseca.gov

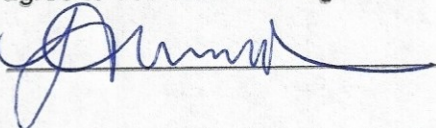
SCANNED SIGNATURE AUTHORIZATION

DATE: 9/30/2021 TOTAL PAGES: _____
(INCLUDING THIS PAGE) _____

TO: L. Kate Cowan TO: _____
EMAIL: kcowan@gsnocal.org EMAIL: _____
PHONE: 510-562-8470 x1504 PHONE: _____

☒ I agree to use electronic signatures

☐ I agree to use electronic signatures

BY: 

BY: _____

DIRECTIONS:

REVIEW THE ENCLOSED DOCUMENT, IF IT IS ACCEPTABLE:

1. SIGN THE DOCUMENT **IN BLUE INK**
2. CHECK THE BOX BELOW YOUR NAME AND SIGN AGREEING TO THE USE OF ELECTRONIC SIGNATURES
3. SCAN YOUR EXECUTED DOCUMENT TOGETHER WITH THIS COVER PAGE **IN COLOR**
4. EMAIL THE ENTIRE DOCUMENT TO

To BE COMPLETED BY CITY STAFF:

ALTERNATIVE METHODS OF VERIFICATION:

- ☐ USE OF A PASSWORD PROTECTED WEBSITE
☐ CONFIRMED BY A KNOWN TELEPHONE NUMBER
☐ PERSONALLY KNOWN TO CITY STAFF


149-7- Girl Scouts


Final Audit Report


2021-10-12


Created:	2021-10-12
By:	Esmeralda Ochoa (esmeralda.ochoa@sanjoseca.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5q0hfrQawsPwyGKs9wlvG6ZGQalJOULI


"149-7- Girl Scouts" History

 Document created by Esmeralda Ochoa (esmeralda.ochoa@sanjoseca.gov)
2021-10-12 - 9:02:55 PM GMT- IP address: 165.225.242.84

 Document emailed to Martin Cruz (martin.cruz@sanjoseca.gov) for signature
2021-10-12 - 9:03:33 PM GMT

 Email viewed by Martin Cruz (martin.cruz@sanjoseca.gov)
2021-10-12 - 9:08:32 PM GMT- IP address: 104.47.65.254

 Document e-signed by Martin Cruz (martin.cruz@sanjoseca.gov)
Signature Date: 2021-10-12 - 9:08:56 PM GMT - Time Source: server- IP address: 156.39.0.199

 Agreement completed.
2021-10-12 - 9:08:56 PM GMT

City of San José Contract/Agreement Transmittal Form

Route Order

Attached / Completed

Electronically Signed

TO: ☐ City Attorney
☐ City Manager
☐ City Clerk **OR** Return to
Dept. (circle one)

☒ Insurance Certificates / Waivers ☒ Electronically Signed: Yes
☒ Business Tax Certificate ☐ Audit Trail Attached (if applicable)
☐ Contacted Clerk re: Form 700 ☒ Scanned Signature Authorization
☐ Supplemental Memorandums (if applicable): Select One

Type of Document: Amendment

■ Type of Contract: Grant Applications/Agreements

REQUIRED INFORMATION FOR ALL CONTRACTS:

Existing GILES # 666464-001

Contractor: Girl Scouts of Northern California

Address: 1310 S. Bascom Ave, San Jose CA 95128

Phone: 510-562-8470

Email: Kcowan@gsnorcal.org

Contract Description: Grantee will provide programming to youth ages 11-18 exhibiting behaviors and/or involved in At-Risk, High-Risk, Gang-Impacted and/or Gang-Intentional lifestyles.

Term Start Date: 09/01/2020

Term End Date: 09/30/2021

Extension: No

Method of Procurement: RFQ

RFB, RFP or RFQ No.: _____

Date Conducted: 02/21/2019

Agenda Date (if applicable): 06/23/2020

Agenda Item No.: 2.25

Resolution No.: 79599

Ordinance No.: _____

Original Contract Amount: \$45,077

Amount of Increase/Decrease: \$26,194

Option #: _____ of _____

Option Amount: _____

NTE/Updated Contract Amount: \$18,883

Fund/Appropriation: 001/0642

Form 700 Required (Selection mandatory for processing): No

Revenue Agreement: No

Business Tax Certificate No.: 9088190210

Expiration Date: 10/15/2021

Department: PRNS (64)

Department Contact Name/Phone: Martin Cruz 408-535-5636

Notes: Database #646942

Department Director Signature:  On behalf of Jon Cicirelli

10/13/2021

Date

Office of the City Manager Signature: _____

Date