

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

**Agreement between the City and County of San Francisco and
The Regents of the University of California, A Constitutional Corporation,
on behalf of its San Francisco Campus**

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AGREEMENT

Recitals

This Agreement is made this **1st day of July, 2018**, in the City and County of San Francisco, State of California, by and between: **The Regents of the University of California**, a California Constitutional corporation, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the **Department of Public Health** ("Department") wishes to **provide mental health services for San Francisco children, youth and families**; and

WHEREAS, a Request for Proposal ("RFP"), **RFP 13-2017**, was issued on **September 28, 2017**, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents that it is qualified to perform the services required by City as set forth under this Contract and shall remain so for the term of the Agreement; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number **46987-16/17 on June 19, 2017**;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions [Reserved.]

Article 2 "Term of the Agreement"

2.1 Term.

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

3.1 Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.

This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 Guaranteed Maximum Costs ("GMC")

The City's payment obligation to Contractor shall not at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

3.3.1 Payment. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Six Million Four Hundred Seventy One Thousand Eight Hundred Sixty Two Dollars (\$6,471,862). The breakdown of costs associated with this Agreement appears in **Appendix B**, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 Deficiencies; Payment Disputes. Payments to Contractor by City shall not excuse Contractor from its obligation to replace Services not performed in accordance with the terms of this Agreement, even if such deficiencies may not have been apparent or detected at the time such payment was made. The Parties shall submit all payment disputes, if any, to dispute resolution under Section 11.6 (Dispute Resolution).

3.3.3 (Reserved.)

3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in this Article 3, to Contractor at the address specified in Section 11.1 "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 LBE Payment and Utilization Tracking System. [Reserved.]

3.3.6 Getting paid for goods and/or services from the City.

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Federal or State Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement.

3.4 Contract Amendments; Budgeting Revisions.

3.4.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Guaranteed Maximum Price or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.4.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase services or scope identified in Appendix A (Statement of Work) or Appendix B (Calculation of Charges) in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the GMC or the Term by use of a written City Program Budget Revision.

3.5 Audit and Inspection of Records.

3.5.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than ten (10) years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.5.2 If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.5.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal

services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.6 Submitting False Claims.

Pursuant to San Francisco Administrative Code Section 21.35, but and subject to any applicable statutory or constitutional exemptions, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.7 Payment of Prevailing Wages [Reserved (Not a Public Work).]

Article 4 Services and Resources

4.1 Services Contractor Agrees to Perform.

Contractor agrees to perform the Services provided for in Appendix A, "Statement of Work." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for Services beyond the scope listed in Appendix A unless Appendix A is modified as provided in Sections 3.4 above (Contract Amendments; Budgeting Revisions).

4.2 Qualified Personnel.

Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. To the extent possible, Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 Subcontracting.

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor shall supervise its subcontractors throughout the course of the work required

to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractors.

4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.

4.4.1 **Independent Contractor.** Contractor shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this Section in accordance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Section, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses.

Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City.

Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section, but only in proportion and to the extent such claims, losses, costs, damages, and expenses, including attorney's fees, are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

4.5 Assignment.

The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor, except as provided in Paragraph 4.3 above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 Warranty.

Contractor represents to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

4.7 Liquidated Damages. [Reserved (Business Decision).]

4.8 Bonding Requirements. [Reserved (Business Decision).]

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 Required Coverages. Each Party shall, at such Party's own expense, obtain, maintain, and keep in full force and effect, at all times during the term hereof, insurance coverage with respect to its property, plant and equipment and its activities conducted thereon and under this Agreement consisting of:

(a) Comprehensive general liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty Million Dollars (\$20,000,000) annual aggregate;

(b) Professional liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty-Five Million Dollars (\$25,000,000) annual aggregate;

(c) Business interruption insurance covering loss of income for up to twelve (12) months;

(d) Cyber and privacy insurance or technology errors and omissions insurance covering liability and property losses, including liability for data breach, including notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, loss resulting from identity theft and the like with an occurrence or per claim limit of not less than Twenty Million Dollars (\$20,000,000) annual aggregate; and

(e) Workers compensation insurance consistent not less than statutory minimums. Each Party's Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the other Party for all work performed by that Party, its employees, agents and subcontractors.

The general liability coverage referred to in Section 5.1.1(a) above shall be endorsed to include each party as an additional insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of the indemnifying party, its officers, agents, and/or employees.

5.1.2 Self-Insurance. In lieu of maintaining commercial insurance coverage, a Party may adopt alternative risk management programs which the governing body of such Party determines to be reasonable and which shall not have a material adverse impact on reimbursement from third party payers, including, without limitation, to self-insure in whole or in part individually or in connection with other institutions, to participate in programs of captive insurance companies, to participate with other health care institutions in mutual or other cooperative insurance or other risk management programs, to participate in state or federal insurance programs, to take advantage of state or federal laws now or hereafter in existence limiting medical and malpractice liability, or to establish or participate in other alternative risk management programs.

5.1.3 Company Requirements. Other than with respect to a party's self-insurance or other alternative risk management programs described above, all of the insurance policies required hereunder shall be issued by corporate insurers licensed to do business in California and rated A- or better by A.M. Best Company.

5.1.4 Proof of Insurance. Each Party shall provide the other with proof of the insurance required by this Section 5 upon the reasonable request of the other Party.

5.2 Indemnification.

5.2.1 Contractor shall defend, indemnify, and hold City, its officers, employees and agents, harmless from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, including for infringement of intellectual property, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

5.2.2 City shall defend, indemnify, and hold Contractor, its officers, employees and agents, harmless from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, including for infringement of intellectual property, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of City, its officers, agents or employees.

Article 6 Liability of the Parties

6.1 Liability of City [Reserved (Business Decision).]

6.2 Incidental and Consequential Damages [Reserved (Waived by Contracting Officer under San Francisco Administrative Code Section 21.23).]

6.3 Liability for Use of Equipment.

Subject to Section 5.2.2, City shall not be liable for any damage to persons or property as a result of Contractor's use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City, while such equipment is in the care, custody, and control of Contractor.

6.4 Ownership of Equipment purchased under this Agreement

Any equipment purchased by Contractor with funds provided for that purpose under the terms of this Agreement shall be deemed to be the property of the City and title to such equipment shall vest in the City. Contractor shall notify the Contract Administrator of any purchase of equipment in writing and shall provide an inventory of such equipment to the Contract Administrator within thirty (30) days of the expiration or termination of this Agreement. If payment under this Agreement is based on a fee for service, equipment purchased using funds from this Agreement shall be referenced in Appendix B.

Article 7 Payment of Taxes

7.1 Reimbursement by City for Sales and Use Taxes.

Subject to any applicable statutory or constitutional exemptions, payment of California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Nothing in this paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have. Sales and use taxes may be invoiced by Contractor and shall be reimbursed by the City.

7.2 Possessory Interest Tax.

Subject to any applicable statutory or constitutional exemptions, and without waiving its rights afforded to it as a California Constitutional Corporation, Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 Either party may terminate this Agreement by giving thirty (30) calendar days advance written notice to the other party of the intention to terminate this Agreement, including the date upon which it will be effective. Upon issuance and receipt of a notice to terminate, both parties shall mitigate any outstanding financial commitments. In the event of termination of this Agreement before expiration, the Contractor agrees to file with the City all outstanding claims, cost reports and program reports within sixty (60) calendar days of such termination. Contractor shall be paid for those services performed pursuant to this Agreement to the satisfaction of City up to the date of termination and after said date for any services mutually agreed to by the parties as necessary for continuity of care, in which case the following sentence shall not apply. Costs which City shall not pay include, but are not limited to anticipated profits on this Agreement, post-termination employee salaries and/or benefits, post termination administrative expenses, or any other cost which is not reasonable and authorized under this Agreement. City's payment obligation under this Section shall survive the termination of this Agreement.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Not placing any further orders of subcontracts for materials, services, equipment or other items.
- (c) Terminating all existing orders and subcontracts.
- (d) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (e) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item.

- (a) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead not to exceed the negotiated indirect rate as set forth in Appendix B. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice
- (b) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this

Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

8.1.4 With respect to such post-termination costs, in no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable post-termination costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit related to post-termination costs, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for the same Services covered by Contractor's final invoice; (ii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Either party fails or refuses to perform or observe any other material term, covenant or condition contained in this Agreement, and such default continues for a period of ten days without cure after written notice thereof from the nonbreaching party to the breaching party. However, the parties may agree in writing to extend the cure period.

(2) Either party (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of such party or of any substantial part of such party's property or (e) takes action for the purpose of any of the foregoing.

(4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to such party or with respect to any substantial part of such party's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of such party.

8.2.2 On and after any Event of Default, the nonbreaching party shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 Rights and Duties upon Termination or Expiration.

This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.1	Payment	11.6	Dispute Resolution Procedure
3.3.2	Deficiencies; Payment Disputes	11.8	Agreement Made in California; Venue
3.3.7	Grant Funded Contracts		
3.5	Audit and Inspection of Records	11.9	Construction
3.6	Submitting False Claims	11.10	Entire Agreement
Article 5	Insurance and Indemnity	11.11	Compliance with Laws
Article 6	Liability of Parties	11.12	Severability
Article 7	Payment of Taxes	Article 12	Department Specific Terms
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
Article 9	Rights in Deliverables	13.3	Business Associate Agreement
12.6	Federal and State Financial Participation	13.4	Protected Health Information

8.3.1 Subject to the survival of the Sections identified in Section 8.4.1, above, upon termination of this Agreement prior to expiration of the term specified in Article 2, this Agreement shall terminate and be of no further force or effect. When all payments due under this Agreement to the time of termination, less those legally withheld, if any, have been paid by City to Contractor, Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired as required pursuant to this Agreement or acquired with funding provided under this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

Article 9 Rights In Deliverables

9.1 Ownership of Results.

Any interest of Contractor or its subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors specifically under the direction and control of City and identified in Appendix A, Appendix B and any attachments to Appendix A and B, to this Agreement shall become the property of City and will be transmitted to City upon request. City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when

City owns the results, and Contractor gives City a non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when Contractor owns the results. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 Works for Hire.

If, in connection with services performed specifically under the direction and control of City and identified on Appendix A to this Agreement, Contractor and/or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of City (collectively, "Works"). City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Works for scholarly or academic purposes. Except as provided herein, Contractor may not sell, or otherwise transfer its license to any commercial third party for any reason whatsoever. In all other instances, Contractor shall retain ownership and shall give City a non-exclusive, royalty-free, worldwide license to use such items for scholarly or academic purposes.

Article 10 Additional Requirements Incorporated by Reference

10.1 Laws Incorporated by Reference.

Contractor represents and warrants that it will comply with all applicable laws and regulations in performing the Services. Subject to the foregoing, the full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

10.2 Conflict of Interest.

Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 Prohibition on Use of Public Funds for Political Activity.

In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G. The Controller will not consider Contractor use of profit as a violation of this section.

10.4 Reserved.

10.5 Nondiscrimination Requirements. [Reserved in consideration CMD Waiver; Administrative Code Section 12B.5.1 and 12C.5.1.]

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. [Reserved pursuant to Administrative Code Section 14B.2 (Exception Public Agency Contract).]

10.7 Minimum Compensation Ordinance. [Reserved pursuant to Administrative Code Section 12.P.2(e)11 (Exception Non-Coterminous Boundaries).]

Notwithstanding, but without waiving the foregoing reservation, Contractor understands and agrees that it shall pay employees funded under the Agreement no less than the minimum compensation required under federal or state law.

10.8 Health Care Accountability Ordinance. [Reserved pursuant to Administrative Code Section 12.Q.2(4)(b) (Exception Public Agency status).]

10.9 First Source Hiring Program. [Reserved pursuant to Administrative Code Section 83.4 (Exception Public Agency status).]

10.10 Drug-Free Workplace.

Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents, or assigns will be deemed a material breach of this Agreement.

10.11 Limitations on Contributions.

By executing this Agreement, Contractor acknowledges that it is familiar with Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 Slavery Era Disclosure [Reserved pursuant to San Francisco Administrative Code Section 12Y.4 (Non - Insurance, Finance, Textile Contract).]

10.13 Working with Minors.

In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors.

**10.14 Consideration of Criminal History in Hiring and Employment Decisions
[Reserved pursuant to OCA Waiver, Administrative Code Section 12T.8]**

10.15 Public Access to Nonprofit Records and Meetings.

Notwithstanding, but without waiving the reservation above, Contractor understands and agrees that it shall comply with all state and federal rules and regulations regarding public access to meetings and records.

10.16 Food Service Waste Reduction Requirements.

Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 Sugar-Sweetened Beverage Prohibition.

To the extent required by law, Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as set forth in San Francisco Administrative Code Chapter 101, as part of its performance of obligations to the City under this Agreement.

10.18 Tropical Hardwood and Virgin Redwood Ban.

Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 Preservative Treated Wood Products.

In the performance of this Agreement, should Contractor purchase preservative-treated wood products on behalf of the City, Contractor shall only purchase such products from the list of alternatives adopted by the Department of the Environment, unless otherwise granted an exemption.

Article 11 General Provisions

11.1 Notices to the Parties.

Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY: Office of Contract Management and Compliance
 Department of Public Health
 1380 Howard Street, 4th Floor

San Francisco, California 94103

and: **Mario Hernandez** email: **Mari.Hernandez@sfdph.org**
Contract Administrator
San Francisco Department of Public Health
1380 Howard Street, 5th Floor
San Francisco, CA 94102

To CONTRACTOR: The Regents of the University of California Fax: (415) 476-8158
UCSF Office of Sponsored Research
Contracts and Grants Division
3333 California Street, Suite 315
San Francisco, CA 94143-0962
(if overnight, use zip code 94118)

And: **Maria Tolou-Shams**
Principal Contact
1001 Portrero Ave, Bldg 5 SB

San Francisco, CA 94103

PAYMENTS: Payee: "The Regents of the University of California"
Mail to:
UCSF Main Depository
P.O. Box 748872
Los Angeles, CA 90074-4872

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act.

Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including, but not limited to, Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 Reserved.

11.4 Sunshine Ordinance.

In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary

financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

11.5 Modification of this Agreement.

This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed by the parties and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

11.6 Dispute Resolution Procedure.

11.6.1 Negotiation; Alternative Dispute Resolution. The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

11.6.2 Government Code Claims. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

11.7 Agreement Made in California; Venue.

The formation, interpretation, and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation, and performance of this Agreement shall be in San Francisco.

11.8 Construction.

All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 Entire Agreement.

This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 Compliance with Laws.

The parties shall comply with all applicable laws in the performance of this Agreement. Notwithstanding any other provision of this Agreement, nothing in this Agreement shall be construed as Contractor's contractual commitment to any law, regulation or ordinance to which Contractor is exempt as a California Constitutional Corporation.

11.11 Severability.

Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 Cooperative Drafting.

This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 Order of Precedence.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, and the Statement of Work attached as Appendix A. The terms of this Agreement are to be read and interpreted together with all other documents, appendices, exhibits, and addenda attached to the Agreement as a single agreement. If the Agreement was procured under a Request for Proposals, the Parties acknowledge and agree that the scope of this Agreement may not exceed the scope of the RFP.

Article 12 Department Specific Terms

12.1 Emergency Response. [Reserved.]

12.2 Third-Party Beneficiaries

No third parties are intended by the parties hereto to be third-party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.3 Certification Regarding Lobbying

Contractor certifies to the best of its knowledge and belief that:

12.3.1 No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit the appropriate Federal form, in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite

for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review

Except for production or distribution pursuant to a valid Public Records Act request, Contractor agrees that all materials, including print, audio, video, and electronic materials, developed, produced, or distributed in accordance with Appendix A and with funding under this Agreement shall be subject to a thirty (30) working day review and approval by the Contract Administrator prior to such production, development or distribution. A failure by the City to notify Contractor of objections to the materials within said thirty- (30) working day period shall be deemed approval of the materials.

12.5 California State Entity

Notwithstanding anything to the contrary in this Agreement, the provisions of Sections 3.5 (False Claims), 10.2 (Conflict of interest), 10.18 (Tropical Hardwood), 10.11 (Limitation on Contributions), 10.3 (Prohibition on Use of Public Funds for Political Activity), 13.1.1 (Private Information), and 10.16 (Food Service Waste Reduction Requirements) of this Agreement are enforceable only to the extent such provisions are applicable to a California state entity and constitutional corporation and are required by applicable law.

12.6 Federal and State Financial Participation

12.6.1 Contractor acknowledges that some or all of the items, products, or services that Contractor furnishes to City under this Agreement may be included, directly or indirectly, in whole or in part, in claims submitted by City to Federal or State health care programs. By executing this Agreement Contractor certifies that it is not excluded, suspended, ineligible or otherwise sanctioned from participation in any Federal or State assistance programs. Contractor shall notify City, as provided in Section 11.1, within thirty (30) days of any such exclusion, suspension, ineligibility, or other sanction, and City may terminate this Agreement immediately upon written notice to Contractor in the event of any such exclusion, suspension, ineligibility, or other sanction. This is a material term of this Agreement.

12.6.2 Contractor agrees to indemnify and hold harmless City and City's officers, directors, employees, agents, successors and permitted assigns from and against any and all (including but not limited to Federal, State, or third party) civil monetary penalties, assessments, repayment obligations, losses, damages, settlement agreements and expenses (including reasonable attorneys' fees) to the extent arising from the exclusion, suspension, ineligibility, or other sanction of Contractor and/or Contractor's workforce (including those who oversee Contractor's workforce, supervisors and governing body members) from participation in any Federal or State assistance program.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 Each Party understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, one party may have access to private or confidential information which may be owned or controlled by the other party ("Providing Party") and that such information may contain proprietary or confidential details, the disclosure of which to third

parties may be damaging to Providing Party. Each party agrees that all information disclosed and marked as "Confidential" by the Providing Party to the other ("Receiving Party") or that the Receiving Party should reasonably know under the circumstances is confidential with the burden on the Providing Party to prove that the Receiving Party should have so known, shall be held in confidence and used only in performance of the Agreement. Receiving Party shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data. City acknowledges that, as a public non-profit educational institution, Contractor is subject to statutes requiring disclosure of information and records which a private corporation could keep confidential. This section does not apply to patient medical records or to confidential information regarding patients or clients.

13.1.2 Contractor shall maintain the usual and customary records for clients receiving Services under this Agreement. Subject to applicable state and federal laws and regulations, Contractor agrees that all private or confidential information concerning clients receiving the Services set forth in Appendix A under this Agreement, whether disclosed by City or by the individuals themselves, shall be held in confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. The City reserves the right to terminate this Agreement for default if the Contractor violates the terms of this section.

13.1.3 Contractor agrees that it has the duty and responsibility to make available to the Contract Administrator or his/her designee, including the Controller, the contents of records pertaining to any City client which are maintained in connection with the performance of the Contractor's duties and responsibilities under this Agreement, subject to the provisions of applicable federal and state statutes and regulations. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

13.1.4 If this Agreement is terminated by either party, or expires, Contractor shall provide City with copies of the following records to the extent they were created with funding provided by this Agreement or directly related to services funded by this Agreement and to the extent Contractor is permitted by law to release or disclose same: (i) all records of persons receiving Services and (ii) records related to studies and research; (iii) all fiscal records. If this Agreement is terminated by either party, or expires, such records shall be submitted to the City upon request. Notwithstanding any provision in this Agreement to the contrary, Contractor does not waive its rights under CA Evidence Code §1157, *et seq.* or any other federal and state laws and regulations pertaining to the confidentiality or privacy of Contractor, its patients, students, faculty, employees, and agents.

13.1.5 The parties will set forth on each statement of work, any reports information, or other material they deem to be confidential or proprietary. Any confidential or proprietary reports, information, or materials of the City received or created by Contractor under this Agreement shall not be divulged by Contractor to any person or entity other than the City except as required by federal, state or local law, or if not required by law, without the prior written permission of the Department of Public Health Contract Administrator listed in Appendix A.

13.2 Payment Card Industry ("PCI") Requirements.

13.3 Business Associate Agreement.

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that Contractor will:

1. ☐ Do at least one or more of the following:
- A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)**
 - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☒ **NOT** do any of the activities listed above in subsection 1;
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.
This option requires review and approval from the Office of Compliance and Privacy Affairs.

13.4 Protected Health Information.

Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Contractor. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

Article 14 MacBride And Signature

14.1 MacBride Principles -Northern Ireland.

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Contract ID # 1000011077


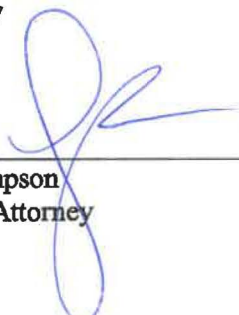

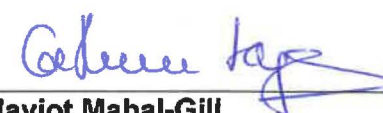
P-600 (2-17; DPH 4/18; UCSF 2/26/19)

Regents of the University of California

July 1, 2018: Original

The City urges companies doing business in Northern Ireland to move toward resolving employment inequities and encourages them to abide by the MacBride Principles as expressed in San Francisco Administrative Code Section 12F. The City urges San Francisco companies to do business with corporations that abide by the MacBride Principles. Contractor acknowledges that it has read and understands the above statement of the City.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY	CONTRACTOR
<p>Recommended by:</p> <p> <u>16-20-19</u> Date</p> <p>Greg Wagner Acting Director of Health Public Health Department</p> <p>Approved as to Form:</p> <p>Dennis J. Herrera City Attorney</p> <p>By:  <u>16/14/19</u> Date</p> <p>Louise S. Simpson Deputy City Attorney</p> <p>Approved:</p> <p> <u>7/22/19</u> Date</p> <p>Alaric Degrafinried Director of the Office of Contract Administration, and Purchaser</p>	<p>The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus</p> <p>By signing this Agreement, I certify that the University of California is exempt from the requirements of the Minimum Compensation Ordinance, referenced in Section 43, since the University is an agency of the State of California.</p> <p> <u>6/12/19</u> Date</p> <p>Navjot Mahal-Gill Contracts Specialist 3333 California Street, Suite 315 San Francisco, California 94143-0962</p> <p>Supplier ID: 0000009027</p>

Appendices

- A: Statement of Work
- B: Calculation of Charges
- C: Reserved
- D: Reserved
- E: Reserved
- F: Invoice

Received By:
JUN 28 '19 AM 10:13
Purchasing Department

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Mario Hernandez**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for correcting known site hazards, the proper use of equipment located at the site, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

G. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

H. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1 UC Child and Adolescent Services (CAS)

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1. Identifiers:

Program Name: Child and Adolescent Service

Program Address: ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 206-4444

Facsimile: (415) 206-3142

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA

94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: (415) 206-5030

Program Code(s): 38C72, NEED TO ADD NEW PROGRAM CODE HERE

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

2. Nature of Document (check one):

X Original

Renewal

Modification

3. Goal Statement:

- A. To provide assessment, treatment, advocacy, and referral services for San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community and school-based mental health services that are linguistically and culturally appropriate and evidence informed.
- B. To provide empirically-supported group therapy treatment programs including:
 - Triple P parenting program
 - DBT skills groups for adolescents
 - FUERTE school-based prevention program for newcomer Latinx immigrant youth
 - KidPower group for school-age children needing safety, social and anger management skill development
- C. To provide medication management services including psychiatric evaluations to youth in our clinic as well as our partner clinic, Instituto Familiar de la Raza
- D. To provide Education-Related Mental Health Services in the San Francisco Unified School District
- E. To provide comprehensive psychological evaluation services that completed or supervised by licensed psychologists including:
 - Preadoptive developmental evaluations for youth in foster
 - Comprehensive psychological evaluations for youth needing differential diagnosis and treatment planning for complicated psychiatric conditions
 - Diagnostic assessment screenings of all patients presenting to our clinic to inform treatment planning
- F. To provide empirically supported youth eating disorder assessment and treatment.

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- G. To collaborate with Foster Care Mental Health to employ a social worker who will use the single page eligibility CANS and other assessment tools to provide prompt assessment of needed level of care and prompt intake to mental health services for children and youth in foster care as well as those seen at the CAS clinic at ZSFG.
- H. To provide training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma.

4. Target Population:

- Children and youth referred through ZSFG Pediatrics or other Primary or Specialty Care Providers (i.e. within the Community Health Network), children/youth referred through the San Francisco Behavioral Health Services (SFBHS) central access, other child serving agencies, and the community.
- Children/youth/families with San Francisco Medi-Cal, Healthy Families and/or Healthy Kids insurance.
- Children and youth who have suffered psychological trauma due to witnessing severe domestic violence, community violence, homicide of a family member, surviving a physical assault, physical and/or emotional abuse, sexual abuse or neglect, catastrophic injury, debilitating chronic disease, traumatic loss or the illness of the child or a significant family member.
- Youth identified with eating disorders and referred by the UCSF Specialty Eating Disorders Clinic
- Children and adolescents with other socioemotional concerns meeting specialty mental health criteria.
- Children and youth referred by San Francisco Unified School District (SFUSD) staff or through the Department of Human Services (e.g. foster care).
- Infants and children who have or are at risk for having behavioral symptoms and problems due to a variety of conditions such as prenatal drug exposure and/or premature birth.
- San Francisco Department of Public Health Personnel and affiliates.

5. Modality(s)/Intervention(s):

Mental Health Services

"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and promote improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to, assessment, plan development, therapy, and collateral.

Assessment

"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing

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procedures.

Collateral

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

Therapy

"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Psychological Assessment

"Psychological Assessment" means services performed by a licensed psychologist focused on evaluation, and include the use of psychological measures, tests, and instruments. These services may include, but are not limited to, assessment, scoring of instruments, tests, and measures, and report writing.

Targeted Case Management

"Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communications, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Medication Support Services

"Medication Support Services" means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or metabolic labs or biological assessments, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education, plan development related to the delivery of their service and/or assessment of the beneficiary and ongoing medication management visits. These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

Crisis Intervention

"Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition, which requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral, and therapy.

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Outreach Services/Mental Health Promotion-Consultation Services.

“Outreach Services” are activities and projects directed toward 1) strengthening individual’s and communities’ skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies’ or organizations’ mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals’ coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of human services agency staff to handle the mental health problems of particular clients.

6. Please see Appendix B - CRDC Page.

7. Methodology:

Describe how your program conducts outreach, recruitment, promotion, and advertisement.

CAS receives referrals from several different sources:

1) **Pediatric Primary Care:** The majority of children and youth served by CAS (nearly 70%) are referred by the ZSFG Dept. of Pediatrics. C A S does comprehensive outreach to pediatricians in the Department, including placing psychology interns in pediatric continuity clinics to provide consultation and facilitate referral, participation in the Department of Pediatrics eReferral system, appearing and making presentations about CAS’ services at Pediatrics Staff meetings, inviting Pediatrics staff and faculty to the ICAP/CAS grand rounds and offering a weekly ninety minute multidisciplinary psychiatry case consultation conference in order to deepen the relationship between CAS and the Department of Pediatrics. In November 2016, ICAP will had a new Associate Director of Primary Care Behavioral Health, Pediatrics (licensed clinical psychologist) who will lead efforts toward establishing a model of integrated pediatric primary care behavioral health that will expand the scope of mental health and substance use services provide by the ICAP division as well as enhance linkage between pediatric primary care, family medicine and specialty mental health, substance use and psychiatric (med management) treatment services.

2) **Pediatric Eating Disorders:** CAS also receives referrals from pediatricians at Mt. Zion Hospital where an ICAP licensed clinician has been integrated into in the UCSF Specialty Eating Disorders Clinic team to provide services to children suffering from a variety of eating problems. Many of these children receive their primary care at ZSFG and there is significant coordination and linkage between Mt. Zion and ZSFG to accommodate San Francisco Medi-Cal children and their families.

3) **Schools:** Referrals also come from schools as a result of CAS’ long history of collaboration with the San Francisco Unified School District. Due to the success of its relationship-based outreach efforts, CAS does not advertise and generally has more referrals than it can manage; it actively assesses children’s needs at intake and refers children and youth to other providers in the city who can meet their clinical needs when CAS cannot. Once families are referred, CAS directly

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outreaches the family, calls them to explain the range of available services and offers an appointment or meeting with them during their ZSFG Pediatric Clinic appointments.

In addition, CAS will be a certified site this year to participate in Education Related Mental Health Services in the school district.

CAS conducts outreach for its full range of services, all of which are suitable for children who meet criteria for Medi-Cal, largely by engaging in active collaboration with other service systems. The full range of services to these children are supported by this contract, although additional support from other funding streams enables CAS to pay stipends to psychology interns and postdoctoral fellows and place them in ZSFG and community sites where they can offer accessible service to children and youth. CAS services include the following:

- 1) The CAS clinic at ZSFG provides assessment, therapy, medication management and case management to children and adolescents who meet medical necessity as a result of suffering traumatic experiences, or who have non-trauma related mental health impairments; as outlined above, most of these children are recruited through collaborations with ZSFG Pediatrics or the schools.
- 2) The Early Childhood Development Clinic provides pre-adoption evaluations of infants and children to identify behavioral symptoms/problems or risks that could require ongoing services or supports post adoption. This service is provided in collaboration with the Human Services Agency.
- 3) UCSF HEARTS Healthy Environments and Response to Trauma in Schools (HEARTS) provides trauma training and mental health consultation for educators, administrators, support staff, and other school staff, focusing particularly on the effects of complex trauma on school communities, as well as trauma-sensitive practices that can help to create more safe and supportive learning environments to promote school success for children and adolescents who have experienced trauma.
- 4) CAS staff coordinates services with several SFUSD schools, primary care and community providers as needed to facilitate the full and healthy development of each child and youth by offering assessment and therapeutic services in school and community sites that are readily accessible to children, youth, and families.
- 5) CAS staff and leadership are also participating in the San Francisco Department of Public Health Trauma Informed System (TIS) Initiative, including serving on the leadership collaborative, working group, developing curricula, attending meetings to coordinate efforts with other systems, providing training and consultation to DPH personnel and affiliates as well as other systems impacting San Francisco children, youth, and families and collaborating on the evaluation and dissemination of data related to TIS training implementation.

In all of its services, CAS is committed to providing high quality, culturally competent services for ethnically diverse and economically disadvantaged families. All services are provided in English and Spanish, with access to ZSFG interpreter services for other languages as needed.

Describe your programs admission, enrollment and/or intake criteria and process where applicable.

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After a child or youth is referred, CAS administrative staff ensures that clients are not receiving services from another provider, contacts the referral source and the parents of the referred child to complete missing demographic information, and then passes the referral to a clinician who makes the initial call to the family. Through our intake process and the process of completing the initial CANS assessment by gathering information from the child or youth, the family, and teachers and other providers who work with the child or youth, CAS determines whether the child meets medical necessity for Medi-Cal treatment. Children who do not meet medical necessity are not seen at CAS.

Starting in October 2018, we will have all youth at CAS participate in a Diagnostic Assessment Clinic that will give an opportunity for youth to receive services in a more efficient manner than currently. The DAC will function as a centralized intake process. We anticipate that the DAC will have significant impact on multiple areas of care including the referral stream from pediatrics, reduced waitlist for specialty mental health care, increasing timely access, shorten time to care, expedite linkage to appropriate services and matching client preferences to service options such as group treatment and parent support services (which is associated with improved outcomes). We will have open hours in our clinic where licensed psychologists and/or trainees supervised by licensed psychologists will complete diagnostic assessment of youth within 10 days of their referral to CAS. The diagnostic assessment will include psychological instruments and measures, and last approximately 2-3 sessions. Youth will then be referred to group therapy programs if no individual/family therapist is available. For youth not meeting specialty mental health criteria, they will be referred to a relevant provider, such as the Golden Gate Regional Center or their primary care behavioral health team. For youth who present with acute problems, we will make every effort to find an opening in our clinic to take on these youth immediately, and if not possible, we will work with CYF county officials to find an appropriate placement for outpatient therapy.

Describe your program's service delivery model and how each service is delivered, e.g, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc.

The CAS staff is committed to providing treatment that is culturally appropriate and encourages the healthy, full development of each child and youth. Social workers, psychologists, and psychiatrists are all part of the treatment team. The team works with families to provide the best approach toward healing and wellness. Each child or youth referred receives an assessment that results in an individualized treatment plan, which is tailored to meet her/his needs. The treatment plan is developed in collaboration with the parent/guardian and the treatment team. Communication with schools, physicians and others involved with the family occurs, as needed, for clients in this program with the goal of enhancing collaboration between the array of institutions and organizations involved in the clients' life. Services are primarily delivered at ZSFG offices; however CAS also serves clients in various community sites, such as schools and community based organizations. CAS clinicians also travel to SFUSD schools, preschools and homes to observe children as part of our assessment (i.e. best practices for ADHD assessment) and treatment planning. Hours of operation are Mondays and Wednesdays, 9am – 7pm, Tuesdays and Thursdays, 9am – 6:30pm, and Fridays 9am – 5pm. CAS makes every

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effort to accommodate evening appointments when clinically indicated.

During the assessment phase, information is gathered using standard San Francisco Behavioral Health Services (SFBHS), Child Youth and Family System of Care (CYF-SOC) assessment tools (CANS). CAS also includes other psychological measures as clinically indicated in order to inform our assessment based treatment plans. Individual, group or family therapy is typically provided for one 45 to 60 minute session per week and length of treatment varies depending on the child and family meeting treatment goals as per the Plan of Care. Additionally, collateral contacts and case management are typically provided several times a week and as clinically indicated.

CAS has a Program Utilization Review Quality Committee (PURQC). This committee oversees initial and on-going services utilizing the SFBHS CYF SOC "Services Intensity Guidelines" and the procedures outlined in the Delegation Agreement for clinical reviews on ongoing authorizations. Strategies for service delivery include the following:

Crisis Intervention Services to children and families in crisis as a result of abuse or witnessing violence, often after school related incidents (i.e. lockdowns at school sites due to gun violence in the school's vicinity)

Assessment based treatment that uses culturally appropriate, evidence-based psychological measures to inform treatment plan and assess progress toward treatment goals Therapy may be delivered to an individual or group of beneficiaries, and may include family therapy at which the beneficiary is present.

Trauma-focused treatment, when the assessment indicates that traumatic life experiences may be contributing factors in a child or youth's social-emotional or behavioral challenges. To maximize the effectiveness of this strategy, CAS clinicians and supervisors have been trained in an evidence-based practices designed specifically for treating traumatized children and youth and their families from diverse cultural backgrounds:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT requires individual sessions for both the child and the parents, as well as parent-child joint sessions. The treatment approach has a high scientific rating by the California Evidence-Based Clearinghouse for Child Welfare, whose mission is to advance scientifically valid practices for children and families in the child welfare system.
- In addition, all our clinicians and trainees are trained on a second intervention for trauma in children developed by partners at Stanford University, called Cue Centered Therapy (CCT). CCT developed in recognition that parents may not be available for treatment and youth who experience recurrent traumatization within a context of ongoing adversity may derive limited benefit from processing an isolated traumatic event (as is the case in TF-CBT). CCT addresses the growing need for a manualized treatment aiming to increase youth insight into the connection between an individual's complex history of exposure to trauma and current emotional experiences and maladaptive behaviors.

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Whenever possible, CAS clinicians serve the family system rather than focusing exclusively on the individual child or youth. CAS clinicians also include other essential figures in the child or youth's life (e.g., primary care providers, teachers, extended family members, and spiritual leaders and other respected elders) in treatment conceptualization and service delivery where appropriate.

Medication services, which include initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, obtaining consent, medication education, plan development related to the delivery of the service and/or assessment of the child/youth and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medication(s) in order to alleviate the symptoms of mental illness, and ongoing collaboration with the therapist.

Psychological assessment services are provided specifically for youth and we are the only provider in the county we are aware of that is able to provide these services in Spanish. All services are performed by or supervised by a licensed psychologist. Referrals specifically for psychological assessment services come from primary care, other community-based agencies, self-referrals, and, for preadoptive developmental evaluations, through the Human Services Agency.

Consultation and coordination with pediatric primary care providers at ZSFG and Mt. Zion, community based organizations, schools, day care centers, and the child protection and child foster care system (HSA). These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

Describe your program's exit criteria and process, e.g. successful completion, a step-down process to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

Clients exit our program when their treatment goals, as per the Plan of Care, are met and they no longer meet criteria for medical necessity. The CAS clinicians are experienced and well trained in use of community resources to best serve families, with culturally sensitive, empirically supported interventions, returning children to the least restrictive and most supportive environments for their on-going needs. These resources include, for example, use of Family Support Programs, Boys and Girls Clubs of San Francisco, SFUSD Wellness Centers, after school tutorial programs, Good Samaritan Parenting Classes and the Talk Line. CAS may refer youth and families to these resources either as adjuncts to ongoing treatment or for continued support at the conclusion of treatment. CAS clinicians use resource guides, including: San Francisco Behavioral Health Resource Guide and the SFUSD Community Based Organization list of School Support & Community Programs to inform their recommendations for collateral services. If direct service terminates due to a client moving to another county, every effort is made to ensure appropriate linkage to mental health services in that county.

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Describe your program's staffing:

CAS administrative staff members are charged with the initial determination of Medi-Cal eligibility, and with determining that the referred child or youth is not receiving mental health services in another agency. After determining insurance eligibility, an intake clinician (Licensed Clinical Social Worker, psychologist or Marriage and Family Therapist) completes the initial intake and screening process to determine whether the referred child or youth meets criteria for medical necessity.

Licensed clinical psychologists, a board certified child psychiatrist, licensed social workers, and licensed marriage and family therapists provide direct service to families and clinical supervision to trainees who provide direct individual, family, and group service. Trainees include predoctoral psychology interns, postdoctoral psychology fellows, 3rd year psychiatry residents and child psychiatry fellows who are all part of service development and delivery.

CAS provides direct client services. It will not purchase services from other providers.

8. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY18-19.

9. Continuous Quality Improvement:

The CAS director and ICAP Compliance Analyst review Avatar reports monthly to determine that CAS is meeting its contract productivity goals. These goals are reviewed with the staff and trainees in weekly and monthly meetings so that the program service providers are continuously aware of their progress toward meeting productivity requirements.

Quality of service is monitored by reviewing progress in treatment as measured by the CANS and other instruments that are completed periodically, including the Behavior Assessment System for Children, the UCLA PTSD Index for Children, and the Trauma Symptom Checklist for Children. Every CAS-supervisor reviews these measures periodically with each supervisee so that child clinical progress is being continuously reviewed in supervision. In addition, 30 minutes of our weekly CAS Staff/Admin meeting is reserved for quality management issues related to documentation, as well as to review treatment planning objectives for youth who have been in our clinic for one year or longer. Client satisfaction is surveyed at least annually, and the CAS Director reports the result of the CBHS data analysis of client satisfaction to the staff, identifying and highlighting areas where improvement is needed. Cultural competence among the staff and trainees is monitored in a weekly case conference in which cultural issues related to treatment are the focus of the discussion, and this year the staff is participating in a monthly meeting devoted solely to multicultural issues. Trainees participate in a weekly one hour multicultural seminar, and the monthly Grand Rounds are devoted to the multicultural focus of our clinical work.

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**10. Required Language (if
applicable): NA**

**Appendix B
Calculation of Charges**

1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 UC Child and Adolescent Services (CAS)

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$693,414** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

July 1, 2018 through June 30, 2019	\$ 1,444,612
July 1, 2019 through June 30, 2020	\$ 1,444,612
July 1, 2020 through June 30, 2021	\$ 1,441,612
July 1, 2021 through June 30, 2022	\$ 1,441,612
Subtotal:	\$ 5,778,448
Contingency:	\$ 693,414
Total—July 1, 2018 through June 30, 2022:	\$6,471,862

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than sixty (60) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

To ensure continuity of services, under San Francisco Administrative Code Section 21.42, the Department of Public Health has established an interim contract agreement with Regents of the University of California (CAS) for a contract term which partially overlaps the term of this contract agreement; and

That interim contract shall terminate and be replaced by this agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this agreement; and

That interim contract shall be extended only to allow for reconciliation and payment for services provided during the period not replaced by this contract agreement.

F. State or Federal Medi-Cal Revenues

1. CONTRACTOR understands and agrees that should the CITY'S payment to CONTRACTOR under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

2. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH) 00117						Page # Appen B, Pg 1	
DHCS Legal Entity Name (MH)/Contractor Name (SA) UCSF						Fiscal Year 2018-19	
Contract CMS # 1000011077				Document Date 7/1/2018		Funding Notification Date 02/20/18	
Contract Appendix Number	B-# 1	B-# 2	B-#	B-#	B-#	B-#	
Provider Number	38C7	38C7					
Program Name(s)	UC-CAS	New RU					
Program Code(s)	38C72	38C72					
Funding Term (mm/dd/yy - mm/dd/yy)	07/1/2018-6/30/2019	07/1/2018-6/30/2019					TOTAL
FUNDING USES							
Salaries	\$ 733,584	\$ 162,651					\$ 896,235
Employee Benefits	\$ 287,300	\$ 63,897					\$ 351,196
Subtotal Salaries & Employee Benefits	\$ 1,020,884	\$ 226,548					\$ 1,247,431
Operating Expenses	\$ 31,895	\$ 10,506					\$ 42,401
Capital Expenses	\$ -						\$ -
Subtotal Direct Expenses	\$ 1,052,779	\$ 237,054					\$ 1,289,832
Indirect Expenses	\$ 126,333	\$ 28,446					\$ 154,780
Indirect %	12.0%	12.0%					12.0%
TOTAL FUNDING USES	\$ 1,179,112	\$ 265,500					\$ 1,444,612
						Employee Fringe Benefits %	39.19%
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED SDMC FFP (50%) CYF	\$ 591,878						\$ 591,878
MH WO DCYF Prop J Collaborative	\$ 16,975						\$ 16,975
MH STATE CYF 2011 PSR-EPST	\$ 409,779	\$ 67,839					\$ 477,618
MH MSA (WET)	\$ 30,000						\$ 30,000
MH WO HSA CH SPMP Foster Care	\$ 16,907						\$ 16,907
MH CYF COUNTY General Fund (match)	\$ 87,747	\$ 26,513					\$ 114,260
MH WELLNESS Center General Fund	\$ 25,000						\$ 25,000
MH CYF COUNTY General Fund		\$ 171,148					\$ 171,148
MH CYF COUNTY WO CODB	\$ 826						\$ 826
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,179,112	\$ 265,500					\$ 1,444,612
BHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES	\$ 1,179,112	\$ 265,500					\$ 1,444,612
NON-DPH FUNDING SOURCES							
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -					\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,179,112	\$ 265,500					\$ 1,444,612
Prepared By Shanice S. Jackson				Phone Number 415-206-5030			

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00117		Appendix #								B-# 1
Provider Name CAS		Page #								Page 1
Provider Number 38C7		Document Date 7/1/2018								2018-19
		Funding Notification Date								10/31/18
Program Name	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS
Program Code	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-56	15/60-69	15/70-79	45/10-19	45/20-29	45/10-19	45/10-19	45/10-19	45/10-19
Service Description	OP-Case Mgt Brokerage	MH Srvs	OP-Medication Support	Crisis Intervention-OP	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion
Funding Term (07/1/2018-6/30/2019)	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	TOTAL
FUNDING USES										
Salaries & Employee Benefits	8,079	663,860	204,021	14,421	17,678	53,319	14,904	25,934	21,292	1,023,506
Operating Expenses	168	20,567	4,231	675	367	1,106	278	852	1,030	29,272
Capital Expenses	-	-	-	-	-	-	-	-	-	-
Subtotal Direct Expenses	8,246	684,427	208,252	15,096	18,044	54,424	15,182	26,786	22,322	1,052,778
Indirect Expenses	989.53	82,131.21	24,990.18	1,811.46	2,165.31	6,530.94	1,821.84	3,214.32	2,678.58	126,333
TOTAL FUNDING USES	9,236	766,558	233,242	16,907	20,210	60,955	17,004	30,000	25,000	1,179,112
BHS MENTAL HEALTH FUNDING SOURCES										
Accounting Code (Index Code or Detail)										
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-001	591,878								591,878
MH WO DCYF Prop J Collaborative	251962-1002-10011799-0004						16,975			16,975
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	9,236	167,301	233,242						409,779
MH MHSA (WET)	251964-17156-10031199-0022	-						30,000		30,000
MH WO HSA CH SPMP Foster Care	251962-10002-10001803-0011	-			16,907					16,907
MH CYF COUNTY General Fund (match)	251962-10000-10001670-0001	-	6,582			20,210	60,955			87,747
MH WELLNESS Center General Fund	251962-10000-10001795-0001								25,000	25,000
MH CYF COUNTY General Fund	251962-10000-10001670-0001									-
MH CYF COUNTY WO CODB	251962-10000-10001670-0001		797				29			826
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	9,236	766,558	233,242	16,907	20,210	60,955	17,004	30,000	25,000	1,179,112
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)										
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program										
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service	4,419	267,093	47,215	4,248	124	374	131	95	131	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.09	\$ 2.87	\$ 4.94	\$ 3.98	\$ 162.98	\$ 162.98	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.09	\$ 2.87	\$ 4.94	\$ 3.98	\$ 162.98	\$ 162.98	\$ 129.80	\$ 157.00	\$ 190.84	
Published Rate (Medi-Cal Providers Only)	\$ 3.00	\$ 3.80	\$ 5.80	\$ 4.75						Total UDC
Unduplicated Clients (UDC)	50	105	30	20						105

Appendix B - DPH 3: Salaries & Benefits Detail

Document
Date 7/1/2018Program Name: UC-CAS
Program Code: 38C72B-# 1
Page 2
2018-19

		TOTAL		MH FED SDMC FFP (50%) CYF (10000-10001670-001)		MH WO DCYF PROJ J COLLAB (10002-10001799-0004)		MH STATE CYF 2011 PSR-EPSDT (10000-10001670-0001)		MH MSHA (WET) (251984-17156-10031199-0022)		MH WO HSA CH CPMP FOSTER CARE (251962-10002-10001803-0011)		MH CYF COUNTY GEN FUND (Match) (251961-10000-10001670-0001)		MH WELLNESS CENTER GENERAL FUND (251962-10000-10001795-0001)	
Term (07/01/18-6/30/2019):				07/01/2018-06/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019		07/01/2018-6/30/2019	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Division Director	0.01	\$ 1,977.28									0.01	\$ 1,977					
Division Deputy Director	0.29	\$ 41,816.56	0.29	\$ 41,817													
Clinic Director	0.49	\$ 58,420.27	0.49	\$ 58,420													
Medical Director	0.21	\$ 43,983.67	0.21	\$ 43,983.67													
Interim Medical Director	0.42	\$ 94,500.00	0.20	\$ 45,000.00					0.22	\$ 49,500.00							
Psychologist 2	0.17	\$ 26,981.60			0.07	\$ 11,110									0.10	\$ 15,871.60	
Clinical Social Worker 2	1.00	\$ 75,566.39	0.50	\$ 37,783.20					0.50	\$ 37,783.20							
Clinical Social Worker 2	0.85	\$ 78,281.46	0.23	\$ 21,182.04					0.51	\$ 46,968.88			0.11	\$ 10,130.54			
Clinical Social Worker 2	0.20	\$ 16,632.00	0.20	\$ 16,632.00													
Clinical Social Worker 2	0.80	\$ 57,094.27		\$ -					0.25	\$ 17,841.96					0.55	\$ 39,252.31	
Clinical Social Worker 2	1.00	\$ 41,631.24							1.00	\$ 41,631.24							
Psychologist 2	0.59	\$ 58,171.26	0.40	\$ 39,438.14					0.19	\$ 18,733.12							
Psychologist 2	0.20	\$ 25,461.60	0.20	\$ 25,461.60													
Asst Research Professor	0.20	\$ 17,354.66		\$ -							0.20	\$ 17,355					
Division Administrator	0.15	\$ 18,475.20							0.15	\$ 18,475.20							
Administrative Supervisor	0.30	\$ 23,429.34							0.19	\$ 14,838.58					0.11	\$ 8,590.76	
Compliance Analyst	0.08	\$ 5,525.68													0.08	\$ 5,525.68	
Data Analyst	0.51	\$ 30,711.14	0.44	\$ 26,495.88					0.07	\$ 4,215.25							
Program Assistant	0.30	\$ 17,570.52	0.30	\$ 17,570.52													
Totals:	7.77	\$ 733,584.05	3.46	\$ 373,783.79	0.070	\$ 11,110.00	3.08	\$ 249,987.43	0.21	\$ 19,331.94	0.11	\$ 10,130.54	0.74	\$ 53,368.75	0.10	\$ 15,871.60	
Employee Fringe Benefits:	39.16%	\$ 287,300.06	38.20%	\$ 142,781.36	34.15%	\$ 3,794.07	40.73%	\$ 101,810.67	34.15%	\$ 6,601.86	42.35%	\$ 4,290.28	42.35%	\$ 22,601.67	34.15%	\$ 5,420.15	
TOTAL SALARIES & BENEFITS		\$ 1,020,884		\$ 516,565.00		\$ 14,904.00		\$ 351,798.00		\$ 25,934.00		\$ 14,421.00		\$ 75,970.00		\$ 21,292.00	

Appendix B - DPH 4: Operating Expenses Detail

Program Name: UC-CAS

Program Code: 38C72

Document Date 7/1/2018

Appendix #: B-# 1

Page #: Page 3

Fiscal Year: 2018-2019

Funding Notification Date: 10/31/18

Expense Categories & Line Items	TOTAL	MH FED SDMC FFP (50%) CYF (10000- 10001670-001)	MH WO DCYF PROJ J COLLAB (10002-10001799- 0004))	MH STATE CYF 2011 PSR-EPSDT (10000-10001670- 0001)	MH MHSA (WET) (251984-17156- 10031199-0022)	MH WO HSA CH CPMP FOSTER CARE (251962- 10002-10001803-0011)	MH CYF COUNTY GEN FUND (Match) (251961-10000- 10001670-0001)
Term (07/01/18-06/30/19):							
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,684.70	226.56	-	4,500.00	\$ 119.72	328.19	878.06
Photocopying	\$ -		\$ -				
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 6,685.00	\$ 227.00	\$ -	\$ 4,500.00	\$ 120.00	\$ 328.00	\$ 878.00
Local Travel	\$ 96.00			96.22			
Out-of-Town Travel	\$ -						\$ -
Field Expenses	\$ -						
Staff Travel Total:	\$ 96.00	\$ -	\$ -	\$ 96.00	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
UCSF Faculty and Staff Recharge	\$ 9,298.53	\$ 4,249.79	\$ 99.07	\$ 3,548.78	\$ 297.20	\$ 124.52	\$ 837.66
GAEL: General Automobile and Employee Liab	\$ 6,027.00	\$ 3,065.00	\$ 91.00	\$ 2,050.00	\$ 170.00	\$ 83.00	\$ 438.00
Data Network Recharge	\$ 4,101.00	\$ 1,825.00	\$ 37.00	\$ 1,626.00	\$ 111.00	\$ 58.00	\$ 391.00
CCDSS: Computing and Communication Devic	\$ 5,687.00	\$ 2,531.00	\$ 51.00	\$ 2,255.00	\$ 154.00	\$ 81.00	\$ 542.00
Other UC Direct Costs Total:	\$ 25,114.00	\$ 11,671.00	\$ 278.00	\$ 9,480.00	\$ 732.00	\$ 347.00	\$ 2,209.00
TOTAL OPERATING EXPENSE	\$ 31,895.00	\$ 11,898.00	\$ 278.00	\$ 14,076.00	\$ 852.00	\$ 675.00	\$ 3,087.00

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00117		Appendix #	B-# 2
Provider Name CAS		Page #	Page 1
Provider Number 38C7		Fiscal Year	2018-19
Document Date		7/1/2018	02/20/18
Program Name		UC-CAS	
Program Code		38C72	
Mode/SFC (MH) or Modality (SA)		45/20-29	
Service Description		OS-MH Promotion	
Funding Term (07/1/2018-6/30/2019)		07/01/2018-06/30/2019	TOTAL
FUNDING USES			
Salaries & Employee Benefits	226,548		226,548
Operating Expenses	10,506		10,506
Capital Expenses	-		-
Subtotal Direct Expenses	237,054		237,054
Indirect Expenses	28,446.42		28,446
TOTAL FUNDING USES	265,500		265,500
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)		
MH FED SDMC FFP (50%) CYF			-
MH WO DCYF Prop J Collaborative	HMHMCHPRPJWO		-
MH STATE CYF 2011 PSR-EPST	HMHMCP751594	67,839	67,839
MH MHSA (WET)	enter Project Code		-
MH WO HSA CH SPMP Foster Care	HMHMCHSPMPWO	-	-
MH CYF COUNTY General Fund (match)	HMHMCHPRPJWO	26,513	26,513
MH WELLNESS Center General Fund	#N/A		-
MH CYF COUNTY General Fund	HMHMPROP63-1708	171,148	171,148
MH CYF COUNTY WO CODB			-
This row left blank for funding sources not in drop-down list			-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		265,500	265,500
Number of Beds Purchased (if applicable)		265,500	
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	66,375		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.00		
Published Rate (Medi-Cal Providers Only)	\$ 4.00		Total UDC
Unduplicated Clients (UDC)	50		105

Appendix B - DPH 3: Salaries & Benefits Detail

Document Date 7/1/2018

Program Name: UC-CAS

Program Code: 38C72

B-# 2

Page 2

2018-19

02/20/18

TOTAL**MH CYF COUNTY GEN FUND
(251962-10000-10001670-0001)****Term (07/01/18-6/30/2019):****07/01/2018-6/30/2019**

Position Title	FTE	Salaries	FTE	Salaries
Clinic Director	0.51	\$ 60,804.77	0.51	\$ 60,804.77
Psychometrist	1.00	\$ 58,464.00	1.00	\$ 58,464.00
Psychologist 2	0.44	\$ 43,381.96	0.44	\$ 43,381.96
Totals:	1.95	\$ 162,650.73	1.95	\$ 162,650.73

Employee Fringe Benefits:	39.28%	\$ 63,896.59	39.28%	\$ 63,896.59
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TOTAL SALARIES & BENEFITS	\$ 226,547	\$ 226,547.00
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Appendix B - DPH 4: Operating Expenses Detail

Document Date

7/1/2018

Program Name: UC-CAS

Appendix #:

B-# 2

Program Code: 38C72

Page #

Page 3

Fiscal Year:

1

Funding Notification Date:

10/31/18

Expense Categories & Line Items	TOTAL	MH CYF COUNTY GEN FUND (HMHMCP751594)
Term (07/01/16-06/30/17):		
Rent	\$ -	
Utilities(telephone, electricity, water, gas)	\$ -	
Building Repair/Maintenance	\$ -	
Occupancy Total:	\$ -	\$ -
Office Supplies	\$ 4,266.45	4,266.45
Photocopying	\$ -	
Program Supplies	\$ -	
Computer Hardware/Software	\$ -	
Materials & Supplies Total:	\$ 4,266.00	\$ 4,266.00
Local Travel	\$ -	
Out-of-Town Travel	\$ -	\$ -
Field Expenses	\$ -	
Staff Travel Total:	\$ -	\$ -
Other (provide detail):	\$ -	
UCSF Faculty and Staff Recharge	\$ 2,351.80	\$ 2,351.80
GAEL: General Automobile and Employee Liab	\$ 1,431.00	\$ 1,431.00
Data Network Recharge	\$ 1,030.00	\$ 1,030.00
CCDSS: Computing and Communication Devic	\$ 1,427.00	\$ 1,427.00
Other UC Direct Costs Total:	\$ 6,240.00	\$ 6,240.00
	\$ -	
TOTAL OPERATING EXPENSE	\$ 10,506.00	\$ 10,506.00

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: UCSF

Page # Page 4

Contract CMS #:: 1000011077

Fiscal Year: 2018-19

Funding Notification Date: 2/20/18

Document Date 7/1/2018

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Division Director	0.01	1,977
Division Deputy Director	0.29	41,817
Clinic Director	1.00	119,225
Medical Director	0.21	43,984
Interim Medical Director	0.42	94,500
Psychologist 2	0.17	26,982
Clinical Social Worker 2	1.00	75,566
Clinical Social Worker 2	0.85	78,281
Clinical Social Worker 2	0.20	16,632
Clinical Social Worker 2	0.80	57,094
Clinical Social Worker 2	1.00	41,631
Psychometrist	1.00	58,464
Psychologist 2	1.03	101,553
Psychologist 2	0.20	25,462
Asst Research Professor	0.20	17,355
Division Administrator	0.15	18,475
Administrative Supervisor	0.30	23,429
Compliance Analyst	0.08	5,526
Data Analyst	0.51	30,711
Program Assistant	0.30	17,571

Subtotal:	9.72	896,235
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Employee Fringe Benefits:	39.19%	351,197
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Total Salaries and Benefits:	1,247,432
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2. OPERATING COSTS

[illegible]

Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$	1,289,832
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Appendix C

Reserved

Appendix D
Reserved

Appendix E
Reserved

Appendix F
Invoice

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contractor: UCSF-Dept of Psychiatry - CMS#6900
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Control Number

BHS

INVOICE NUMBER: M05 JL 18

Cl. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Fed SDMC FFP, State, CYF County

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only:

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 UC-Child and Adolescent Services (CAS) PC# - 38C72 - (HMMHCP751594) 251952-10000-10001670-001												
15/ 01 - 09 OP - Case Mgt Brokerage	4,419				\$ 2.09	\$ -	0.000		0.00%		4,419.000	
15/ 10 - 56 MH Svcs	267,093				\$ 2.87	\$ -	0.000		0.00%		267,093.000	
15/ 60 - 69 OP - Medication Support	47,215				\$ 4.94	\$ -	0.000		0.00%		47,215.000	
45/ 10 - 19 OS - MH Promotion	124				\$ 162.98	\$ -	0.000		0.00%		124.000	
45/ 20 - 29 OS - MH Promotion	374				\$ 162.98	\$ -	0.000		0.00%		374.000	
TOTAL	319,225		0.000				0.000		0.00%		319,225.000	
Budget Amount					\$ 1,090,201.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 1,090,201.00	

\$ 9,235.71
766,556.91
233,242.10
20,209.52

\$ 1,029,244.24

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: UCSF-Dept of Psychiatry - CMS#6900
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M06 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH MHSA (WET)

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 UC-CAS PC# - 38C72 ¹ - (HMHMPROP63-PMHS63-1808) 251984-17156-10031199-0022												
45/ 10 - 19 OS - MH Promotion	95				-		0%		95		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 19,332.00	\$ -	\$ -	0.00%	\$ 19,332.00
Fringe Benefits	\$ 6,602.00	\$ -	\$ -	0.00%	\$ 6,602.00
Total Personnel Expenses	\$ 25,934.00	\$ -	\$ -	0.00%	\$ 25,934.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 120.00	\$ -	\$ -	0.00%	\$ 120.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 297.00	\$ -	\$ -	0.00%	\$ 297.00
Gael	\$ 170.00	\$ -	\$ -	0.00%	\$ 170.00
Data Network Recharge	\$ 111.00	\$ -	\$ -	0.00%	\$ 111.00
CCDSS	\$ 154.00	\$ -	\$ -	0.00%	\$ 154.00
Total Operating Expenses	\$ 852.00	\$ -	\$ -	0.00%	\$ 852.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 26,786.00	\$ -	\$ -	0.00%	\$ 26,786.00
Indirect Expenses	\$ 3,214.00	\$ -	\$ -	0.00%	\$ 3,214.00
TOTAL EXPENSES	\$ 30,000.00	\$ -	\$ -	0.00%	\$ 30,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT	\$ -				

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M06	JL	18
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User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: UCSF-Dept of Psychiatry - CMS#6900
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M07 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH WO DCYF Prop J Collaborative

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 UC-CAS PC# - 38C72 - (HMHMCHPRPJWO) 251962-10002-10001799-0004												
45/ 10 - 19 OS - MH Promotion	131				-		0%		131		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 11,110.00	\$ -	\$ -	0.00%	\$ 11,110.00
Fringe Benefits	\$ 3,794.00	\$ -	\$ -	0.00%	\$ 3,794.00
Total Personnel Expenses	\$ 14,904.00	\$ -	\$ -	0.00%	\$ 14,904.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 99.00	\$ -	\$ -	0.00%	\$ 99.00
GAEL	\$ 91.00	\$ -	\$ -	0.00%	\$ 91.00
Data Network Recharge	\$ 37.00	\$ -	\$ -	0.00%	\$ 37.00
CCDSS	\$ 51.00	\$ -	\$ -	0.00%	\$ 51.00
Total Operating Expenses	\$ 278.00	\$ -	\$ -	0.00%	\$ 278.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 15,182.00	\$ -	\$ -	0.00%	\$ 15,182.00
Indirect Expenses	\$ 1,822.00	\$ -	\$ -	0.00%	\$ 1,822.00
TOTAL EXPENSES	\$ 17,004.00	\$ -	\$ -	0.00%	\$ 17,004.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT	\$ -				

NOTES:

MH WO DCYF - 251962-10002-10011799-0004 - \$16,975.00
MH CYF WO CODB - 251962-10000-10001670-0001 - \$29.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B**Invoice Number**

M07	JL	18
-----	----	----

User Cd

CT PO No.

Tel. No.:

[illegible]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Appendix F
PAGE A

Contractor: UCSF-Dept of Psychiatry - CMS#6900
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:

Ct. Blanket No.: BPHM

Ct. PO No.: POHM

Fund Source:

Invoice Period :

Final Invoice:

ACE Control Number:

M08 JL 18

TBD

User Cd

TBD

MH WO HSA CH SPMP Foster Care

July 2018

(Check if Yes)

1000

BHS

*Unduplicated Counts for AIDS Use Only.

16.907.04

NOTES:

Signature: _____ Date: _____

Title: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: UCSF-Dept of Psychiatry - CMS#6900
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M09 JL 18

Ct. Blanket No.: BPH TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH Wellness Center General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 UC-CAS PC# - 38C72 251962-10000-10001795-0001												
45/ 10 - 19 OS - MH.Promotion	131				-		0%		131		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 15,872.00	\$ -	\$ -	0.00%	\$ 15,872.00
Fringe Benefits	\$ 5,420.00	\$ -	\$ -	0.00%	\$ 5,420.00
Total Personnel Expenses	\$ 21,292.00	\$ -	\$ -	0.00%	\$ 21,292.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 632.00	\$ -	\$ -	0.00%	\$ 632.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 142.00	\$ -	\$ -	0.00%	\$ 142.00
Gael	\$ 130.00	\$ -	\$ -	0.00%	\$ 130.00
Data Network Recharge	\$ 53.00	\$ -	\$ -	0.00%	\$ 53.00
CCDSS	\$ 73.00	\$ -	\$ -	0.00%	\$ 73.00
Total Operating Expenses	\$ 1,030.00	\$ -	\$ -	0.00%	\$ 1,030.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 22,322.00	\$ -	\$ -	0.00%	\$ 22,322.00
Indirect Expenses	\$ 2,678.00	\$ -	\$ -	0.00%	\$ 2,678.00
TOTAL EXPENSES	\$ 25,000.00	\$ -	\$ -	0.00%	\$ 25,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

User Cd

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

[illegible]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Appendix F
PAGE A

11/11/2011

INVOICE NUMBER:	M11	JL	18
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Ct. Blanket No.: BPHM	TBD
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User Cd

Ct. PO No.: POHM	TBD
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Fund Source: MH State/ CYF County (Match) - GF

Invoice Period : July 2018

Final Invoice:	(Check if Yes)
----------------	----------------

ACE Control Number: 

BHS

^aUnduplicated Counts for AIDS Use Only

\$ 265,500.00

NOTES:

Signature: _____ Date: _____

Title: _____

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date _____

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: May 23, 2019

PRODUCER/INSURED

The Regents of the University of California
Office of the President
Office of Risk Services
1111 Franklin St., 10th Floor
Oakland, CA 94607-5200
510-987-9832

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ENTITIES AFFORDING COVERAGE

COMPANY LETTER A The Regents of the University of California	PARTICIPATION 100 %
--	------------------------

COVERAGES

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	Self-Insured	July 1, 2019	June 30, 2020	GENERAL AGGREGATE	\$ Not applicable
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 5,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADV INJURY	\$ 5,000,000
					CONTRACTUAL LIABILITY	\$ 5,000,000
					EACH OCCURRENCE	\$ 5,000,000
A	AUTOMOBILE LIABILITY	Self-Insured	July 1, 2019	June 30, 2020	COMBINED SINGLE LIMIT	\$ Not applicable
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$ 2,500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$ 2,500,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$ 2,500,000
	<input checked="" type="checkbox"/> HIRED AUTOS					
A	PROPERTY	Self-Insured	July 1, 2019	June 30, 2020	EACH OCCURRENCE	\$ 7,500,000
	<input checked="" type="checkbox"/> FIRE & EXTENDED PERILS				AGGREGATE	\$ Not applicable
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2019	June 30, 2020	STATUTORY LIMITS	
					EACH ACCIDENT	\$ As required by California Law
					DISEASE - POLICY LIMIT	\$ As required by California Law
					DISEASE - EACH EMPLOYEE	\$ As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL COVERED PARTY- AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY

LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE

CERTIFICATE HOLDER

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

CANCELLATION

SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:

Cheryl A. Lloyd

CHERYL A. LLOYD, AVP & CHIEF RISK OFFICER

UNIVERSITY OF CALIFORNIA

PROOF OF SELF-INSURANCE COVERAGE

The Regents of the University of California are often requested by outside parties to provide evidence of the University's self-insurance coverage in conjunction with agreements and contracts negotiated by its employees on UC campuses and medical centers. Examples of situations where the University may be required to provide evidence of insurance include:

- Using an off-campus location to host an event, ceremony, athletic event, theatre production, practice space, job fair, educational outreach event, etc.
- Leasing or renting equipment, motor vehicle(s), or real estate
- Research grant sub-awards
- Affiliation (non-healthcare/medical related) and Professional Services Agreements

The University of California self-funds its liability exposures, so does not issue individual certificates of insurance. The UC Office of Risk Services has developed a Certificate of Self-Insurance Coverage document (COC) to illustrate the self-funded retention levels maintained for each liability program. The COC is available on-line for use by entities conducting business with the university as evidence of the self-funded retention levels, coverage terms, and limits routinely requested. The self-insurance limits accepted in each specific written agreement or contract shall be the limits that apply should a loss arise, regardless of the limits provided in the on-line Certificate of Self-Insurance Coverage document.

The UC COC Site is solely for the use and benefit of the vendors and organizations which contract with the University of California and not for resale or other transfer to or use by or for the benefit of any other person or entity. You may print copies for use within your organization, provided that you do not modify the COC in any way, nor distribute any copies outside your organization. You may not use any of the University of California's names or marks in any manner that creates the impression such names or marks belong to or are associated with you or imply any endorsement by the University of California, and you acknowledge that you have no ownership rights in and to any of these names or marks. You will not use the Site, the information contained therein or any of the University's names or marks in unsolicited mailings or spam material. You may not link directly to the COC ("deep link") or bring up or present the COC or other content of this site within another web site ("frame").

Official Correspondence must be sent via postal mail to:

Chief Risk Officer
Office of Risk Services
Office of the President
University of California
1111 Franklin St., 10th Floor
Oakland, CA 94607-5200
510-987-9832
RiskServices@ucop.edu

Please contact the local Risk Manager at the specific University of California location where you are contracting if you have insurance coverage questions:

- [Campus Risk Managers Directory](#)
- [Hospital Risk Managers Directory](#)

UNIVERSITY OF CALIFORNIA

PROOF OF SELF-INSURANCE COVERAGE

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- Using an off-campus location to host an event, ceremony, athletic event, theatre production, practice space, job fair, educational outreach event, etc.
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The UC COC Site is solely for the use and benefit of the vendors and organizations which contract with the University of California and not for resale or other transfer to or use by or for the benefit of any other person or entity. You may print copies for use within your organization, provided that you do not modify the COC in any way, nor distribute any copies outside your organization. You may not use any of the University of California's names or marks in any manner that creates the impression such names or marks belong to or are associated with you or imply any endorsement by the University of California, and you acknowledge that you have no ownership rights in and to any of these names or marks. You will not use the Site, the information contained therein or any of the University's names or marks in unsolicited mailings or spam material. You may not link directly to the COC ("deep link") or bring up or present the COC or other content of this site within another web site ("frame").

Official Correspondence must be sent via postal mail to:

Chief Risk Officer

Office of Risk Services

Office of the President

University of California

1111 Franklin St., 10th Floor

Oakland, CA 94607-5200

510-987-9832

riskmgt@ucop.edu

Please contact the local Risk Manager at the specific University of California location where you are contracting if you have insurance coverage questions:

- Campus Risk Managers Directory
- Hospital Risk Managers Directory

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 5, 2018

PRODUCER/INSURED

The Regents of the University of California
Office of the President
Office of Risk Services
1111 Franklin St., 10th Floor
Oakland, CA 94607-5200
510-987-9832

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ENTITIES AFFORDING COVERAGE

COMPANY LETTER A The Regents of the University of California	PARTICIPATION 100 %
--	-------------------------------

COVERAGES

THIS IS TO CERTIFY THAT THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS A GOVERNMENTAL ENTITY THAT HAS A SELF-FUNDED RETENTION FOR LIABILITIES DESCRIBED BELOW, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY WRITTEN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY PERTAIN. THIS SELF-FUNDED PROGRAM IS SUBJECT TO ALL PROVISIONS OF THE BYLAWS AND STANDING ORDERS OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, WHICH DOES NOT PERMIT ANY ASSUMPTION OF LIABILITY WHICH DOES NOT RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF ITS OFFICERS, AGENTS OR EMPLOYEES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	Self-Insured	July 1, 2018	June 30, 2019	GENERAL AGGREGATE \$ Not applicable PRODUCTS-COMP/OP AGG \$ 5,000,000 PERSONAL & ADV INJURY \$ 5,000,000 CONTRACTUAL LIABILITY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	Self-Insured	July 1, 2018	June 30, 2019	COMBINED SINGLE LIMIT \$ Not applicable BODILY INJURY (PER PERSON) \$ 5,000,000 BODILY INJURY (PER ACCIDENT) \$ 5,000,000 PROPERTY DAMAGE \$ 5,000,000
A	PROPERTY <input checked="" type="checkbox"/> FIRE & EXTENDED PERILS	Self-Insured	July 1, 2018	June 30, 2019	EACH OCCURRENCE \$ 7,500,000 AGGREGATE \$ Not applicable
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2018	June 30, 2019	STATUTORY LIMITS EACH ACCIDENT \$ As required by California Law DISEASE - POLICY LIMIT \$ As required by California Law DISEASE - EACH EMPLOYEE \$ As required by California Law

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL COVERED PARTY - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO GENERAL LIABILITY AND AUTOMOBILE LIABILITY

LOSS PAYEE - AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH RESPECT TO PROPERTY COVERAGE

CERTIFICATE HOLDER

APPLICABLE PARTY AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

CANCELLATION

SHOULD THE REGENTS ELECT TO DISCONTINUE SELF-INSURING ITS LIABILITIES, THE REGENTS WILL UPDATE PROOF OF SELF-INSURANCE ON ITS WEBSITE. THE REGENTS SHALL NOT BE OBLIGATED TO PROVIDE INDIVIDUAL NOTICE TO VENDORS OR OTHERS.

By:

Cheryl A. Lloyd

CHERYL A. LLOYD, CHIEF RISK OFFICER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2019

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 MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 101837-XS-UC-18-19	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Fiat Lux Risk and Ins. Co. A DC Insurance Co. INSURER B : Safety National Casualty Corp. INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 15105
--	---

COVERAGES **CERTIFICATE NUMBER:** SEA-003610862-03 **REVISION NUMBER:** 3

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> X EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED X RETENTION \$ 5,000,000		HPLRICPR20180001	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		SP4055366	07/01/2018	07/01/2019	X PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	MEDICAL PROFESSIONAL LIABILITY EXCESS LIABILITY		HPLRICEX2018001 CLAIMS MADE	07/01/2018	07/01/2019	EA OCC \$ 10,000,000 AGGREGATE \$ 25,000,000

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

The City and County of San Francisco is named as an additional insured as respects commercial general liability but this provision shall only apply in proportion to and to the extent of The negligent acts or omissions of the indemnifying party, its officers, agents or employees.

CERTIFICATE HOLDER

City and County of San Francisco
City Administrator, Risk Management Division
25 Van Ness Avenue, Suite 750
San Francisco, CA 94102

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
of Marsh Risk & Insurance Services

Linda M. Walker

Linda M. Walker

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AGENCY CUSTOMER ID: 101837

LOC #: San Francisco

**ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF RISK MANAGEMENT ATTN: CHERYL LLOYD 1111 FRANKLIN STREET, 10TH FLOOR OAKLAND, CA 94607-5200
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

XS

INSURANCE COMPANY: FIAT LUX RISK AND INSURANCE COMPANY

POLICY NUMBER: B0509FINPH1700088

POLICY TERM: 7/1/2017 - 7/1/2018

LIMITS: 10M/10M EXCESS OF UNDERLYING SIR FOR GL, AUTO & EL

\$5M per claim / \$5M Aggregate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2019

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
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

101837-Strnd-Cyber-18-19

INSURED
REGENTS OF THE UNIVERSITY OF CALIFORNIA
OFFICE OF RISK MANAGEMENT
ATTN: CHERYL LLOYD
1111 FRANKLIN STREET, 10TH FLOOR
OAKLAND, CA 94607-5200

CONTACT

NAME:

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Lloyds Of London, Et Al

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER:

SEA-003610982-01

REVISION NUMBER: 1

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 SUBR INSD 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					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Cyber		B0509FINPY1800198	07/01/2018	07/01/2019	Limit 15,000,00 SIR 5,000,00

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

CERTIFICATE HOLDER

City and County of San Francisco
City Administrator, Risk Management Division
25 Van Ness Avenue, Suite 750
San Francisco, CA 94102

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
of Marsh Risk & Insurance Services

Paul Burschinger

Paul Burschinger

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/17/2019

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS San Francisco-Alliant Insurance Services, Inc. 100 Pine Street 11th Floor San Francisco, CA 94111		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Zurich American Insurance Company	NAIC NO: 16535
FAX (A/C, No): 415-874-4812	E-MAIL ADDRESS: mschley@alliant.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #:			LOAN NUMBER	POLICY NUMBER TOP552485505
NAMED INSURED AND ADDRESS University of California Office of Risk Services 1111 Franklin St 10th Fl Oakland, CA 94607-5200		EFFECTIVE DATE 07/01/2017		EXPIRATION DATE 07/01/2020
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED		
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
UCSF - Evidence of Business Interruption Coverage Loss of Income for up to twelve (12) months."


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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$2,000,000,000					DED: \$7,500,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES NO N/A			
		X			If YES, LIMIT: 100,000,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 400,000,000 DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: DED:
- Demolition Costs		X			If YES, LIMIT: DED:
- Incr. Cost of Construction		X			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)			X		If YES, LIMIT: DED:
FLOOD (If Applicable)		X			If YES, LIMIT: 20,000,000 DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

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.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS City & County of San Francisco City Administrator, Risk Management Division 25 Van Ness Avenue, Suite 750 San Francisco, CA 94102 United States			AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2019

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PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

CONTACT

NAME:

PHONE

(A/C, No, Ext):

E-MAIL

ADDRESS:

FAX
(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Fiat Lux Risk and Ins. Co. A DC Insurance Co.

INSURER B : N/A

N/A

INSURER C :

INSURER D :

INSURER E :

INSURER F :

101837-XS-UC-18-19

INSURED
REGENTS OF THE UNIVERSITY OF CALIFORNIA
OFFICE OF RISK MANAGEMENT
ATTN: CHERYL LLOYD
1111 FRANKLIN STREET, 10TH FLOOR
OAKLAND, CA 94607-5200

COVERAGES

CERTIFICATE NUMBER:

SEA-003610981-01

REVISION NUMBER: 5

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
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						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	MEDICAL PROFESSIONAL LIABILITY		HPLRICEX2018001	07/01/2018	07/01/2019	EA OCC 10,000,000
	EXCESS LIABILITY		'CLAIMS MADE'			AGGREGATE 25,000,000

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

CERTIFICATE HOLDER

City and County of San Francisco
City Administrator, Risk Management Division
25 Van Ness Avenue, Suite 750
San Francisco, CA 94102

CANCELLATION

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AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services

Linda M. Walker

Linda M. Walker

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AGENCY CUSTOMER ID: 101837

LOC #: San Francisco

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF RISK MANAGEMENT ATTN: CHERYL LLOYD 1111 FRANKLIN STREET, 10TH FLOOR OAKLAND, CA 94607-5200	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

XS

INSURANCE COMPANY: FIAT LUX RISK AND INSURANCE COMPANY

POLICY NUMBER: B0509FINPH1700088

POLICY TERM: 7/1/2017 - 7/1/2018

LIMITS: 10M/10M EXCESS OF UNDERLYING SIR FOR GL, AUTO & EL

\$5M per claim / \$5M Aggregate