

**AMENDMENT NUMBER TWO  
TO PROFESSIONAL SERVICES AGREEMENT  
WITH  
MERCY HOUSE LIVING CENTERS**

This Amendment Number Two ("Amendment") is made and entered into this 30th day of June, 2017 ("Effective Date"), by and between the CITY OF COSTA MESA, a municipal corporation ("City"), and MERCY HOUSE LIVING CENTERS, a California nonprofit organization ("Consultant").

WHEREAS, City and Consultant entered into an agreement on July 1, 2015 for Consultant to provide homeless outreach services (the "Agreement"); and

WHEREAS, Section 4.1 of the Agreement provides for a term of one (1) year, with the option to extend the Agreement for three (3) additional one (1) year periods; and

WHEREAS, on July 1, 2016, City and Consultant extended the term of the Agreement through June 30, 2017; and

WHEREAS, City and Consultant now desire to extend the term for one (1) year, through June 30, 2018, and to increase Consultant's compensation accordingly.

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. The term of the Agreement shall be extended through June 30, 2018.
2. For the period commencing July 1, 2017 and ending June 30, 2018, Consultant's compensation shall not exceed Forty-Three Thousand Seven Hundred Sixty-Eight Dollars (\$43,768.00). Consultant shall be paid according to the fee schedule set forth in Exhibit "A," attached hereto and incorporated herein by this reference.
3. All terms not defined herein shall have the same meaning and use as set forth in the Agreement.
4. All other terms, conditions, and provisions of the Agreement not in conflict with this Amendment shall remain in full force and effect.

[Signatures appear on following page.]

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by and through their respective authorized officers, as of the date first written above.

CITY OF COSTA MESA

Thomas R. Hatch  
City Manager

Date: 8/1/17

CONSULTANT

[Signature]  
Signature

Date: 7/19/17

Patricia Long  
Name and Title Operating Director

ATTEST:

Brenda Green  
City Clerk



APPROVED AS TO FORM:

[Signature]  
City Attorney

Date: 07/29/17

APPROVED AS TO INSURANCE:

[Signature]  
Risk Management

Date: 7/21/17

APPROVED AS TO CONTENT:

Ashley Garcia  
Project Manager

Date: 7/20/17

DEPARTMENTAL APPROVAL

James S. Robinson Date: 7/28/17  
Assistant City Manager

APPROVED AS TO PURCHASING:

Stephen Dumont Date: 7.27.17  
M Interim Finance Director

**EXHIBIT A**  
**FEE SCHEDULE**

**EXHIBIT B**

**FEE SCHEDULE FY 2017-2018**

**HOMELESS OUTREACH WORKER**

For all services performed under this Agreement, the Outreach Worker shall be compensated at the rate of \$28.00 per hour for approximately 28 hours per week. The maximum amount of this Agreement shall not exceed \$43,768 (forty-three thousand, seven-hundred sixty-eight dollars).

<b>Costa Mesa Mental Health Outreach Worker</b>	<b>Hours and Costs</b>		
	<b>Hourly</b>	<b>Total Hours</b>	<b>Total Cost</b>
<b>Admin Salaries/Professional Services</b>			
Case Manager	\$28.00	28 hours/week	\$40,768
<b>Client Services &amp; Supplies</b>			
Emergency Medical, rehab, incidental supplies, identification cards, motel vouchers, bus passes, move in items	N/A	N/A	\$3,000
<b>TOTAL:</b>			\$43,768

EXHIBIT B  
CERTIFICATES OF INSURANCE



# CERTIFICATE OF LIABILITY INSURANCE

MERCY-2 OP ID: SD

DATE (MM/DD/YYYY)

06/13/2017

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

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PRODUCER Dufour Insurance Services, LLC 5611 Littler Drive Huntington Beach, CA 92649 Stephanie Dufour	CONTACT NAME: <b>Stephanie Dufour</b>
	PHONE (A/C, No, Ext): <b>714-369-2998</b> FAX (A/C, No): <b>714-840-6357</b>
	E-MAIL ADDRESS: <b>Stephanie@dufourinsurance.com</b>
INSURER(S) AFFORDING COVERAGE	
INSURER A: <b>Great American Insurance Compa</b>	NAIC #
INSURER B: <b>Great American Insurance Compa</b>	
INSURER C: <b>NOVA Casualty Company</b>	
INSURER D: <b>Great American Insurance Group</b>	
INSURER E:	
INSURER F:	

INSURED **Mercy House Living Centers**  
P.O. Box 1905  
Santa Ana, CA 92702

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	PAC426-08-82	05/02/2017	05/02/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Prof. Liability			PAC426-08-82	05/02/2017	05/02/2018	PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> Sex Abuse/Miscond			PAC426-08-82	05/02/2017	05/02/2018	GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						Ded. - \$0 \$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	X	X	CAP 1880454 01	05/02/2017	05/02/2018	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$ 130,000
	Comp/Coll Ded. \$ 500						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB			UMB 4260883	05/02/2017	05/02/2018	AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	CF1-WK-10000043-00	02/08/2017	02/08/2018	E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber Liability	X	X	NLP3642944	01/29/2017	01/29/2018	Per Occ 1,000,000
		X	X				Aggregate 1,000,000

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

The City of Costa Mesa, its elected and appointed boards, officers, officials, agents, employees and volunteers are additional insureds with respect to liability arising out of activities performed by or on behalf of Named Insred pursuant to its contact with the City, products and completed operations of Named Insred. 30 days notice of cancellation, this insurance

## CERTIFICATE HOLDER

## CANCELLATION

City of Costa Mesa  
77 Fair Drive, PO Box 1200  
Costa Mesa, CA 92628

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

*Stephanie Dufour*

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NOTEPAD:

HOLDER CODE  
INSURED'S NAME Mercy House Living Centers

MERCY-2  
OP ID: SD

PAGE 2  
Date 06/13/2017

This insurance is primary, any other insurance maintained by the City of Costa Mesa shall be in excess of, and non-contributing to, the insurance provided by this policy. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the City of Costa Mesa, its officers, officials, agents, employees and volunteers. Insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability. Work Comp- Evidence only.



POLICY NUMBER: PAC426-08-82

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

**Name of Person or Organization:**

The City of Costa Mesa and Costa Mesa Housing Authority  
And its elected and appointed boards, officers, agents and employees  
77 Fair Drive  
Costa Mesa, CA 92628

**RE: Professional Service Agreement for Mental Health Outreach Worker**

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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# CERTIFICATE OF LIABILITY INSURANCE

MERCY-2

OP ID: SD

DATE (MM/DD/YYYY)

06/16/2017

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	INSURER A: <b>Great American Insurance Compa</b>
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	INSURER C: <b>NOVA Casualty Company</b>
	INSURER D: <b>Great American Insurance Group</b>
	INSURER E:
	INSURER F:

INSURED **Mercy House Living Centers**  
P.O. Box 1905  
Santa Ana, CA 92702

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	PAC426-08-82	05/02/2017	05/02/2018	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b>
A	<input checked="" type="checkbox"/> Prof. Liability			PAC426-08-82	05/02/2017	05/02/2018	PERSONAL & ADV INJURY \$ <b>1,000,000</b>
A	<input checked="" type="checkbox"/> Sex Abuse/Miscond			PAC426-08-82	05/02/2017	05/02/2018	GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> Ded. - \$0
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	CAP 1880454 01	05/02/2017	05/02/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ <b>130,000</b> Comp/Coil Ded. \$ <b>500</b>
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>	X	X	UMB 4260883	05/02/2017	05/02/2018	EACH OCCURRENCE \$ <b>4,000,000</b> AGGREGATE \$ <b>4,000,000</b>
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			CF1-WK-1000043-00	02/08/2017	02/08/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	Cyber Liability	X	X	NLP3642944	01/29/2017	01/29/2018	Per Occ <b>1,000,000</b> Aggregate <b>1,000,000</b>

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**CERTIFICATE HOLDER****CANCELLATION**

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AUTHORIZED REPRESENTATIVE

*Stephanie Dufour*

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**NOTEPAD:**HOLDER CODE  
INSURED'S NAME Mercy House Living CentersMERCY-2  
OP ID: SDPAGE 2  
Date 06/16/2017

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INSURER E:	
INSURER F:	

INSURED  
Mercy House Living Centers  
P.O. Box 1905  
Santa Ana, CA 92702

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	<input checked="" type="checkbox"/> Sex Abuse/Miscond			PAC426-08-82	05/02/2017	05/02/2018	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Ded. - \$0 \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	CAP 1880454 01	05/02/2017	05/02/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ 130,000 Comp/Coil Ded. \$ 500
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CERTIFICATE HOLDER City of Costa Mesa 77 Fair Drive, PO Box 1200 Costa Mesa, CA 92628	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 <i>Stephanie Dufour</i>
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NOTEPAD:

HOLDER CODE  
INSURED'S NAME Mercy House Living Centers

MERCY-2  
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