

**FIRST ADDENDUM TO CONTRACT FOR SERVICES  
BY INDEPENDENT CONTRACTOR**

THIS FIRST ADDENDUM is to that Contract for Services entered into on October 21, 2021 by and between the County of Siskiyou ("County") and Northern Valley Catholic Social Service (NVCSS), a non-profit corporation ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 4.01 of the Contract, Compensation, shall be amended to add an additional Forty-One Thousand and No/100 Dollars (\$41,000.00), to increase the compensation payable under the Contract to an amount not to exceed Seven Hundred Eighty-One Thousand and No/100 (\$781,000.00).

All other terms and conditions of the Contract shall remain in full force and effect.

**SIGNATURES ON THE FOLLOWING PAGE**

IN WITNESS WHEREOF, County and Contractor have executed this First Addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: \_\_\_\_\_

BRANDON A. CRISS, CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST:  
LAURA BYNUM  
Clerk, Board of Supervisors

By: \_\_\_\_\_  
Deputy

CONTRACTOR: Northern Valley  
Catholic Social Service a Non-profit  
Corporation

Date: 8/24/2022  
\_\_\_\_\_

DocuSigned by:  
*Cathy Wyatt, Executive Director*  
510F781A2DCC4BC...

Cathy Wyatt, Executive Director

Date: 8/23/2022  
\_\_\_\_\_

DocuSigned by:  
*Daniel Johnson, Chief Financial Officer*  
049FE06E9D4047E...

Daniel Johnson, Chief Financial Officer

License No.: C2641677  
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. On File

ACCOUNTING:			
Fund	Organization	Account	Activity Code
2129	401031	723000	163A

Encumbrance number (if applicable): E2200369

Amount not to exceed:	FY21/22	FY22/23	Total Not to Exceed
	\$370,000.00	\$411,000.00	\$781,000.00

## Certificate of Coverage

Date: 5/25/2022

**Certificate Holder**  
 Roman Catholic Bishop of Sacramento,  
 A Corporation Sole, et al  
 Pastoral Center  
 2110 Broadway  
 Sacramento, CA 95818

**This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.**

**Covered Location**  
 Northern Valley Catholic Social Service  
 2400 Washington Ave.  
 Redding, CA 96001

**Company Affording Coverage**  
 THE CATHOLIC MUTUAL RELIEF  
 SOCIETY OF AMERICA  
 10843 OLD MILL RD  
 OMAHA, NE 68154

RECEIVED

JUL 07 2022

SISKIYOU CO

## Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability	9094	7/1/2022	7/1/2023	Each Occurrence	1,000,000
	<input checked="" type="checkbox"/> Occurrence				General Aggregate	
	<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	9094	7/1/2022	7/1/2023	Each Occurrence	500,000
					Annual Aggregate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

**Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)**  
 Coverage only extends for claims arising out of Northern Valley Catholic Social Services as it relates to the contract with Siskiyou County Health & Human Services providing multi-services mental health program that foster recovery and resiliency. Professional Liability Coverage does not apply for the scope of contract services. However, Counseling E&O Coverage and/or Incidental Medical Malpractice coverage extends to the services being provided in the contract. CMRS Excess Liability \$500,000 XS \$500,000 CMIC Auto Liability. Total Auto Liability \$1,000,000.

## Holder of Certificate

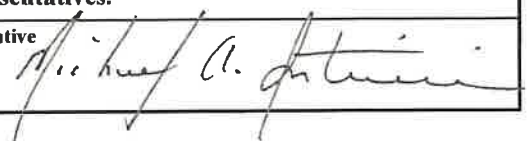
## Cancellation

Additional Protected Person(s)

Siskiyou County Health & Human Services Agency  
 Behavioral Health Division  
 2060 Campus Drive  
 Yreka, CA 96097

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0799004090

### ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 7/1/2022

Cancellation Date of Endorsement: 7/1/2023

Certificate Holder: Roman Catholic Bishop of Sacramento,  
A Corporation Sole, et al  
Pastoral Center  
2110 Broadway  
Sacramento CA 95818

Location:

Certificate No. 9094 of The Catholic Mutual Relief Society of America is amended as follows:


#### SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)  
Siskiyou County Health & Human Services Agency  
Behavioral Health Division  
2060 Campus Drive  
Yreka, CA 96097

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):  
Coverage only extends for claims arising out of Northern Valley Catholic Social Services as it relates to the contract with Siskiyou County Health & Human Services providing multi-services mental health program that foster recovery and resiliency. Professional Liability Coverage does not apply for the scope of contract services. However, Counseling E&O Coverage and/or Incidental Medical Malpractice coverage extends to the services being provided in the contract. CMRS Excess Liability \$500,000 XS \$500,000 CMIC Auto Liability. Total Auto Liability \$1,000,000.

  
Authorized Representative



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2022

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

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

<b>PRODUCER</b> 402-551-8765                    402-551-2943 C.M.G. Agency, Inc 10843 Old Mill Road  Omaha, NE 68154  <b>INSURED</b> Diocese of Sacramento 2110 Broadway  Sacramento, CA 95818	<b>CONTACT NAME:</b> C.M.G. Agency <b>PHONE (A/C, No, Ext):</b> 402-551-8765 <b>FAX (A/C, No):</b> 402-551-2943 <b>E-MAIL ADDRESS:</b> dmusil@catholicmutual.org  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B: Church Mutual Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B: Church Mutual Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
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INSURER F:															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$								
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		✓	0500158-09-407160	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														

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

Coverage is verified for Northern Valley Catholic Social Service for the term of the certificate.

**CERTIFICATE HOLDER****CANCELLATION**

Siskiyou County Health & Human Services Agency  
 Behavioral Health Division  
 2060 Campus Drive  
 Yreka, CA 96097

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

*C.M.G. Agency, Inc.*

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