



County of Santa Cruz

0225

HUMAN RESOURCES AGENCY

Cecilia Espinola, Administrator
1000 Emeline Avenue, Santa Cruz, CA 95060
(83 1) 454-4130 or 454-4045 FAX: (83 1) 4544642

November 6, 2000

AGENDA: November 21, 2000

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

FAMILY VIOLENCE RESPONSE TEAM: CONTRACT FOR FY 2000-2001

Dear Members of the Board:

As you know, the Human Resources Agency (HRA) operates a coordinated Family Violence Response Team (FVRT). In collaboration with Defensa de Mujeres, the Santa Cruz County Sheriff, the Watsonville Police Department, the Santa Cruz County District Attorney's Office, and Santa Cruz County Probation, this highly successful team provides immediate intervention to children who witness domestic violence. Immediate intervention ensures child safety, offers support services to families, and breaks the intergenerational cycle of domestic violence that often results when children are exposed to domestic violence.

At this time, we seek your approval to continue contracting with Defensa de Mujeres to provide counseling and educational services for FVRT families and children. The proposed contract is for \$45,000 for the period October 1, 2000 through June 30, 2001. A copy of the contract is on file with the Clerk of the Board. Funding for this contract is included in the HRA FY 2000-2001 budget approved by your Board.

IT IS THEREFORE RECOMMENDED that your Board:

1. Approve the contract with Defensa de Mujeres (\$45,000) for the period October 1, 2000 through June 30, 2001 and authorize the Human Resources Agency Administrator to execute this contract.

very truly yours,

CECILIA ESPINOLA
Administrator

BOARD OF SUPERVISORS

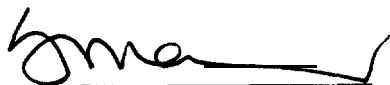
Agenda: November 11, 2000

FAMILY VIOLENCE RESPONSE TEAM: CONTRACT FOR FY 2000-2001

Attachments: None

CE\ewc

RECOMMENDED:



SUSAN A. MAURIELLO

County Administrative Officer

cc: County Administrative Office
Auditor Controller
Contractor

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0227

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Human Resources Agency (Dept.)
Frances Flores (Signature) 11/3/00 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the Santa Cruz County Human Resources Agency (Agency)
and Defensa de Mujeres Inc. 406 Main Street Suite 326 Watsonville, CA 95076 (Name & Address)
2. The agreement will provide immediate crisis intervention and ongoing services to
children who witness domestic violence.
3. The agreement is needed to continue Family Violence Response Team (FVRT) services.
4. Period of the agreement is from 10 / 1 / 2000 to 6 / 30 / 01
5. Anticipated cost is \$ 45,000 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: Contract amount appropriated in FY 00 / 01 Budget W-9 on file Contract: E. Caswell # 4884
7. Appropriations are budgeted in 392100 (Index#) 5283 (Subobject)

verify cost w/ HRA Francis NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered.
are not will be

Contract No. C002044 Date 11/8/00

GARY A. KNUTSON, Auditor - Controller

By Linda Chou Deputy.

Proposed reviewed and approved: It is recommended that the Board of Supervisors approve the agreement and authorize the Human Resources Agency Administrator to execute the same on behalf of the Human Resources Agency

(Agency).

Remarks: gh (Analyst) By gh County Administrative Officer

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - 40000
Co. Admin. Officer - Conroy
Auditor-Controller - Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

By _____ Deputy Clerk

INDEPENDENT CONTRACTOR AGREEMENT

THIS AGREEMENT is entered into this 1st day of October, 2000 by and between the COUNTY OF SANTA CRUZ HUMAN RESOURCES AGENCY, hereinafter called COUNTY, and, Defensa de Mujeres, Inc., 406 Main Street, Suite 326, Watsonville, CA 95076, hereinafter called CONTRACTOR. The parties agree as follows:

1. DUTIES. CONTRACTOR agrees to exercise special skill to accomplish the following result: to provide crisis intervention and ongoing services for families throughout the County, in particular in Watsonville and Live Oak areas, who are cross reported to Child Welfare Services (CWS) by law enforcement, particularly Watsonville Police Department and the Santa Cruz Sheriff, as a result of the Family Violence Response Team (FVRT) project. These services are focused on the impact of domestic violence on children. See Exhibit "A" "Scope of Services."
2. COMPENSATION. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:

COUNTY shall pay CONTRACTOR based on appropriate monthly claims submitted to the COUNTY in accordance with Exhibit "B" "Contractor Budget", incorporated herein by reference. In no event shall the maximum payment made by the COUNTY to the CONTRACTOR exceed the sum of \$45,000 for the period October 1, 2000 through June 30, 2001. The final claim must be submitted no later than July 9, 2001. Quarterly progress reports shall be submitted on the following dates: January 15, 2001, April 15, 2001, and July 15, 2001.

Submit invoice for payment to:

FK13
Human Resources Agency
County of Santa Cruz
PO Box 1320
Santa Cruz, CA 95061

3. TERM. The term of this contract shall be October 1, 2000 through June 30, 2001.
4. EARLY TERMINATION. Either party hereto may terminate this contract at any time by giving 30 days written notice to the other party.
5. INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:
 - A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTORS officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).

6. INSURANCE. CONTRACTOR, at its sole cost and expense, for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be excess of CONTRACTORS insurance coverage and shall not contribute to it.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here ____/____.

A. Types of Insurance and Minimum Limits

- 1) Worker's Compensation in the minimum statutorily required coverage amounts. This insurance coverage shall not be required if the CONTRACTOR has no employees and certifies to this fact by initialing here ____.
- 2) Automobile Liability Insurance for each of CONTRACTORS vehicles used in the performance of this Agreement, including owned, non-owned (e.g., owned by CONTRACTORS employees), leased or hired vehicles, shall each be covered with Automobile Liability Insurance in the minimum amount of \$500,000.00 combined single limit per occurrence for bodily injury and property damage. This insurance coverage shall not be required if vehicle use by CONTRACTOR is not a material part of performance of this Agreement and CONTRACTOR and COUNTY both certify to this fact by initialing here ____/____.
- 3) Comprehensive or Commercial Liability Insurance coverage in the minimum amount of \$1 ,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.
- 4) Professional Liability Insurance in the minimum amount of \$1 ,000,000 combined single limit. This insurance coverage shall not be required if both the CONTRACTOR and COUNTY acknowledge to this fact by initialing here _____

B. Other Insurance Provisions

- 1) If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three years after the expiration of the Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonably affordable in relation to

the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed to be reasonable.

- 2) All required Automobile and Comprehensive or Commercial General Liability Insurance shall be endorsed to contain the following clause:

"The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects the operations and activities of, or on behalf of, the named insured performed under Agreement with the County of Santa Cruz."

- 3) All the insurance policies shall be endorsed to contain the following clause:

"This insurance shall not be cancelled until after thirty (30) days prior written notice has been given to:

Elizabeth W. Caswell, SA12
County of Santa Cruz
Human Resources Agency
PO Box 1320
Santa Cruz, CA 95061

- 4) CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Agreement with Certificates of Insurance for all required coverage. All Certificates of Insurance shall be delivered or sent to:

Elizabeth W. Caswell, SA12
County of Santa Cruz
Human Resources Agency
PO Box 1320
Santa Cruz, CA 95061

7. EQUAL EMPLOYMENT OPPORTUNITY. During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:

- A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.
- B. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:

- 1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR's solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY general Services Purchasing Division.
 - 2) The CONTRACTOR shall furnish COUNTY Equal Employment Opportunity Office information and reports in the prescribed reporting format (PER 4012) identifying the sex, race, physical or mental disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority-Women/Disabled Business Enterprises.
 - 3) In the event of the CONTRACTOR's non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with the COUNTY.
 - 4) The CONTRACTOR shall cause the foregoing provisions of this Subparagraph 7B. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.
8. INDEPENDENT CONTRACTOR STATUS. CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (worker's compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST. The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS. (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) In the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and workplace; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the

regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business. 0232

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

9. NONASSIGNMENT. Contractor shall not assign this Agreement without the prior written consent of the COUNTY.
10. RETENTION AND AUDIT OF RECORDS. CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.
11. PRESENTATION OF CLAIMS. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
12. ACKNOWLEDGEMENT. All reports and literature produced through services funded by the Santa Cruz Board of Supervisors must include an acknowledgement that the Santa Cruz County Board of Supervisors provided funding to the CONTRACTOR.
13. ATTACHMENTS. This Agreement includes the following attachments:
 - Exhibit A: Scope of Services
 - Exhibit B: Contractor Budget
 - Exhibit C: Assurance of Compliance with the Human Resources Agency Nondiscrimination in State and Federally Assisted Programs

IN WITNESS WHEREOF, the parties hereto have set their hands the day and
year first above written.

0233

CONTRACTOR

COUNTY OF SANTA CRUZ

By: Defensa de Mujeres. Inc

By: _____

Name: Celia B. Organista

Date: _____

Title: Executive DirectorSignature: Celia B. OrganistaDate: 10-31-06Address: 406 Main St., Suite 326Watsonville, CA 95076Telephone: (831) 722-4532Tax ID: 77-0272680

APPROVED AS TO INSURANCE: _____

B y : Leticia G. Bautista 11/01/00
Risk Management

APPROVED AS TO FORM:

By: Jane M. Scott
County Counsel

DISTRIBUTION: County Administrative Office
Auditor-Controller
County Counsel
Risk Management
Contractor

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EXHIBIT A SCOPE OF SERVICES

0234

Contractor shall work toward achieving the following goals and objectives by performing the specified activities. Results will be evaluated using the listed methods to focus on process and/or outcome.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION
GOAL: Provide bilingual crisis intervention services for battered women and their children participating in the Family Violence Response Team project.		
a. Provide in-person, bilingual crisis intervention services to 120-200 battered women.	Crisis Intervention Specialists (CIS) will meet one-on-one with women referred through CWS as part of FVRT. Individual crisis intervention sessions will include safety planning and needs assessment. CIS will provide ongoing crisis intervention depending on clients' needs.	Intake Forms, Case Notes
b. Provide information and referral services to 60-100 battered women.	Crisis Intervention Specialists will use the Agency's resource handbook and other resource directories to identify appropriate services for battered women that are culturally and linguistically accessible.	Intake Forms, Case Notes
c. Provide social service advocacy services for 30-50 battered women.	Crisis Intervention Specialists will identify clients' needs and advocate with other agencies on their behalf as needed.	Intake Forms, Case Notes
d. Conduct two, one-hour support groups per week for 10-15 battered women.	Counselor and Crisis Intervention Specialist will lead weekly drop-in support groups. FVRT clients will be encouraged to attend voluntarily or may be required to attend by CWS.	Sign-In Sheets, Case Notes
e. Provide 60-100 individual play sessions for children of battered women.	Children and Youth staff will meet one-on-one with children over three years old. Sessions will include safety planning and will encourage expression of feelings through play and art.	Intake Forms, Case Notes

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	METHOD(S) OF EVALUATION
f. Provide advocacy services for 20-50 children and youth to receive necessary supportive services, such as medical care, counseling, child care, and education.	Children and Youth staff will identify needs of children and youth and advocate on behalf of their clients as needed.	Case Notes
g. Conduct two one hour support groups per week for 10-25 children and youth of battered women.	Children and Youth staff will lead therapeutic group activities for children over three years old. Group activities will focus on safety planning and expression of feelings.	Group Sign-In Sheet, Case Notes

EXHIBIT B CONTRACTOR BUDGET

EXPENSES	TOTAL FVRT BUDGET FY 00-01
SALARIES/BENEFITS	
7000 Salaries Total	32,633
7100 Employee Health/Retirement	2,416
7200 Payroll Taxes	3,128
TOTAL SALARIES/BENEFITS:	38,177
SERVICES/SUPPLIES	
8000 Professional Fees: Audit	
8010 Indep. Prof. Consultants	
8100 Supplies	85
8200 Telephone	1,096
8300 Postage & Shipping	
8400 Occupancy Total	5,642
8500 Rent/Maintenance of Equip.	
8600 Printing & Publications	
8700 Travel & Transportation	
8800 Conferences/Meetings	
8900 Assistance to Individ.	
9000 Membership Dues	
9100 Awards and Grants	
9200 Interest Expense	
9300 Insurance/Bond	
9400 Miscellaneous	
9600 Dist. of Program Costs	
9691 Payment/Affiliated Orgs.	
TOTAL SERVICES/SUPPLIES:	6,823
GRAND TOTAL EXPENSES:	45,000

POSITION TITLES:	TOTAL AMOUNT PER YEAR
1. Lead CI Specialist	\$ 4,778
2. CI Specialist	\$ 9,076
3. Counselor	\$ 1,625
4. Child/Youth Advocate	\$ 9,928
5. Accounting Clerk	\$ 4,050
6. Asst. Executive Director	\$ 1,114
7. Executive Director	\$ 2,062
TOTAL SALARIES	\$ 32,633

"NOV. 1.2008" 4:41PM STATE FUND BROKER

NO.041 P. 1/1

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

0238

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

November 2, 2000

POLICY NUMBER: 1255319
CERTIFICATE EXPIRES: 07-01-01C/O Elizabeth Weiser Caswell SA 12
P O box 1320
Santa Cruz, CA 95061

This is to certify that we have issued a **valid** Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period **indicated**.

This policy is not subject to cancellation by the Fund except upon ten days' advance written **notice** to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its **normal** expiration.

This certificate of insurance is not an Insurance **policy** and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any **requirement**, term, or **condition** of any contract or other document with respect to which this **certificate** of 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**.


AUTHORIZED REPRESENTATIVE
PRESIDENT

EMPLOYER

Defensa De Mujeres
406 Main St 6326
Watsonville, CA 95076

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EXHIBIT C

0239

**ASSURANCE OF COMPLIANCE
WITH THE HUMAN RESOURCES AGENCY****NONDISCRIMINATION IN STATE
AND FEDERALLY ASSISTED PROGRAMS**

NAME OF VENDOR/RECIPIENT

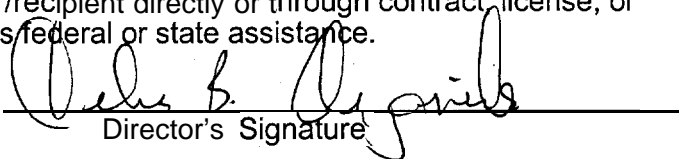
HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Acts of 1964 as amended; Section 504 of the Rehabilitation Acts of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977 as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code, Section 51 et seq., as amended; California Government Code Section 11135-I 1139.5, as amended; California Government Code Section 12940(c), (h) (l), (i), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations 98000 - 98413, and other applicable federal and state laws, as well as their implementing regulations (including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-I 1139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

Date: 6-31-60


Director's Signature

Address of Vendor/Recipient: 406 Main St #326 Watsonville, CA 95076

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C-1

Initial 
Contractor/County

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/21/2000

PRODUCER (831)724-1085 FAX (831)724-1089

KBK Insurance Agency
1006 Freedom Boulevard
P. O. Box 310
Watsonville, CA 95077

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE 0240

INSURED Defensa De Mujeres
406 Main St 326
Watsonville, CA 95076

INSURER A: Nonprofits' Ins. Alliance
INSURER B: UNITED STATES LIABILITY INSURANCE GROUP
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	2000-01100-NPO	07/24/2000	07/24/2001	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> LIQUOR LIABILITY				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> INCLUDED				GENERAL AGGREGATE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	2000-01100-NPO	07/24/2000	07/24/2001	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
					OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
B	OTHER DIRECTORS & OFFICERS PROFESSIONAL LIABILITY	ND01011320	10/01/1999	10/01/2000	\$1,000,000 AGGREGATE
					\$1,000,000 EACH CLAIM
					\$250,000 ANTI-TRUST SUB-LIMIT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER NAMED ADDITIONAL NAMED INSURED

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

F.V.R.T.
ELIZABETH WEISER CASWELL MPP-SAIZ
P. O. BOX 1320
SAN CRUZ, CA 95061

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER 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

POLICY NUMBER: 2000-01100-NPO

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: F.V.R.T.
ELIZABETH WEISER CASWELL MPP-SAIZ
P. O. BOX 1320
SANTA CRUZ, CA. 95061

(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.