Alameda County Health

Master Contract No. **900126**
Procurement Contract No. **27811**
Contract History Info: **Original**

COMMUNITY-BASED ORGANIZATION (CBO) MASTER CONTRACT AMENDMENT COVERSHEET

This Master Contract Amendment, effective as of January 1, 2025, is a part of the Community Based Organization Master Contract (**No. 900126**) made and entered into by and between the County of Alameda ("County"), and **Regents of the University of California on behalf of its San Francisco Campus** hereinafter referred to as the ("Contractor").

The Master Contract is hereby amended by adding the following described exhibits, all of which are attached and incorporated into the Master Contract by this reference, and hereinafter referred to as "Procurement Contract No. (27811)" or the "Procurement Contract":

1. **Exhibit A** – Program Description and Performance Requirements;
2. **Exhibit B** – Terms of Payment;
3. **Exhibit C** – Insurance Requirements; and
4. **Exhibit D** – Debarment and Suspension Certification.

The Exhibits above replace and supersede any and all previous Exhibits for this Procurement Contract. Except as herein amended, the Master Contract is continued in full force and effect.

The Term of this Amendment shall be from January 1, 2025 through December 31, 2027. The compensation payable to Contractor hereunder shall not exceed $168,000.00 for the term of this Procurement Contract.

Dept. Contact Christina Lee **Phone** (510) 667-7407 **Email** Christina.lee@acgov.org

The signatures below signify that attached Exhibits have been received, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract. IN WITNESS WHEREOF and for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree hereto have executed this Procurement Contract, effective as of the date of execution by the County. By signing below, signatory warrants and represents that he/she executed this Procurement Contract in his/her authorized capacity and that by his/her signature on this Procurement Contract, he/she or the entity upon behalf of which he/she acted, executed this Procurement Contract.

COUNTY OF ALAMEDA

By _____ Date 12/6/2024
Signature

Name NATE MILEY

Title President of the Board of Supervisors

REGENTS OF THE UNIVERSITY OF CALIFORNIA

By Signed by: Cynthia Palacios-Escobedo 04CC1FD576EA487... Date 10/21/2024
Signature

Name Cynthia Palacios-Escobedo

Title Government Contract Officer

APPROVED AS TO FORM
DONNA R. ZIEGLER, County Counsel

By Signed by: K. Joon Oh EFDCE3E661894A0... Date 10/22/2024
Signature

Name K. Joon Oh
Title Deputy County Counsel

EXHIBIT A

PROJECT:	IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION (ImPACTS) / PEDIATRIC READINESS PREPAREDNESS, ASSESSMENT, EDUCATION, AND PARTNERSHIP PROJECT
CONTRACTOR:	REGENTS OF THE UNIVERSITY OF CALIFORNIA – SAN FRANCISCO
CONTRACTOR TERM:	January 1, 2025 – December 31, 2027
AMOUNT:	NOT TO EXCEED $168,000.00

Introduction

Improving care of children in prehospital systems and emergency departments (EDs) is a national and state priority. In support of the state Emergency Medical Services for Children (EMS-C) pediatric and emergency preparedness research and guidelines, Alameda County EMS has implemented an evidence- based process focused on strengthening hospital emergency department and prehospital pediatric capability. The Alameda County EMS project supports and integrates the 2021 "National Pediatric Readiness Project" as well as the 2024 prehospital expansion of the "National Pediatric Readiness Project" which are quality improvement initiatives to ensure that all U.S. emergency departments (ED) and prehospital providers have the essential guidelines and resources in place to provide effective emergency care to children. As a component of a nationwide initiative, "Pediatric Readiness Project - Improving Pediatric Emergency Department and Prehospital Care," Alameda County EMS Agency has facilitated a methodology to strengthen pediatric care in EDs, as well as the prehospital setting, and to share pediatric resources, procedures, protocols, and training.

In previous years, Contractor, through physician and nursing staff from both the Contractor Mission Bay campus and Children's Hospital & Research Center at Oakland (herein after, "Benioff CHO"), has provided consultative, assessment, and education processes that have contributed to major positive changes and improvements in ED pediatric care. In 2025, Alameda County EMS is seeking to continue the hospital ED pediatric assessment, evaluation, and education project while also integrating prehospital providers. In addition, Contractor and Alameda County EMS will continue their agreement to include a simulation-based program for both the hospitals and prehospital providers designed to improve the quality of pediatric acute care (ImPACTS). Beginning January 2025, in conjunction with Contractor pediatric experts from both the Contractor Mission Bay campus and Benioff CHO, Alameda County EMS Agency will engage in a thirty-six-month Pediatric Readiness Assessment and Training Project integrating prehospital providers into the existing framework.

The 2025 proposal provides:

1) a focused hospital and prehospital pediatric review, feedback, and on-site training (consisting of the provision of educational documents, discussion of pediatric surge, and simulations with co-occurring hands-on training) on the gaps identified from previous facility evaluations as well as the National Pediatric Readiness Project assessment tool for both hospitals and prehospital providers,
2) a simulation-based assessment and education program that encompasses both in hospital and prehospital providers,
3) a collaborative process for hospital and prehospital specific pediatric readiness education strategies, including communication strategies and turnover of care guidance, to improve continuity of ED and EMS pediatric care.
4) a review of Alameda County EMS prehospital destination policies and protocols to ensure high quality pediatric care in the prehospital setting

5) creation of training video(s), in collaboration with Alameda County EMS, on topics identified through this process that can be disseminated to prehospital and ED partners to utilize on their training platforms to broaden the reach of this project to more clinicians

An assessment team will convene to continue the evaluation of up to 12 of the Alameda County EDs, with coordinated prehospital integration, using the 2021 National Readiness Project online self-assessment tool for hospitals and the 2024 National Readiness Project online self-assessment tool for prehospital providers, on-site reviews of individual Alameda County ED pediatric capabilities, on-site reviews of prehospital providers in coordination with Alameda County EMS staff, and on-site hospital and prehospital integrated pediatric simulated scenarios (complex cases and code scenarios). Scenarios shall occur onsite at hospitals as well as at no more than three other Alameda County EMS designated non-hospital locations within the County. The assessment team shall be comprised of:

- Alameda County EMS staff,
- 1 Physician and 2-3 nurses from UCSF campus and Benioff CHO.
- Other Contractor staff as needed

Benioff CHO staff and their designated roles for this project shall include but is not limited to the following personnel. Contractor shall notify Alameda County EMS regarding any addition, removal, or substitution of personnel.

- *Shruti Kant, MBBS:* Benioff CHO *ED Attending Physician (Role: Medical Expertise and Simulation Director)*
- *TBD:* Benioff CHO *ED Nursing Director (Role: Review completed assessment with feedback, pediatric surge component)*
- *Inder Narula, RN:* Benioff CHO *ED Nurse (PEM Nurse Outreach Educator & Simulation facilitator)*
- *Kathryn Jackson, RN:* Benioff CHO *ED Nurse (Simulation facilitator)*
- *Tyler Hightower, RN:* Benioff CHO *ED Nurse (Simulation facilitator)*
- *TBD, Hospital Emergency Management staff*
- *Backup Personnel*
    - *Sonny Tat, MD:* Benioff CHO *ED Attending (Medical expertise & Simulation facilitator)*
    - *Nicolaus Glomb, MD:* Benioff CHO *ED Attending (EMS expertise and Simulation facilitator)*

Note: Contractor will ensure their members of the assessment team are qualified and will determine appropriate replacements if needed (ex. coverage for a leave of absence or staff turnover)

Scope and Methodology

As the foundation for the Alameda County project, the national and state guidelines and assessment tools, CDPH/EMSA Pediatric Surge Workgroup recommendations and California EMS for Children Regulations are utilized for this project:

- 2021 Online National Pediatric Readiness Assessment Tool (NPRP) for EDs
- 2024 Online NPRP for Prehospital Providers

- Emergency Medical Services for Children - National Resource Center Checklist: Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies 2014 and 2022 update - https://emscimprovement.center/domains/preparedness/disaster-plan-prepare/
- California EMS for Children Regulations 2019
- CDPH/EMSA Pediatric Surge Annex recommendations 2021 - https://emsa.ca.gov/wp-content/uploads/sites/71/2022/02/CA-Pediatric-Surge-Annex-9.30.21-FINAL.pdf
- Resources on the Pediatric Readiness Website
- Pediatric Readiness Resource Checklist 2021
- WRAP-EM Fact Sheet and Pediatric Pandemic Network Resources
- https://wrap-em.org/
- https://emscimprovement.center/partners/ppn/
- Alameda County EMS Pediatric Hospital and Prehospital Protocols and plans
- Alameda County EMS for Children Plan
- The California 2018 & 2021 EMS Authority "Pediatric Preparedness for Emergency Departments (ED) Guidelines," utilized to conduct the customized ED site visits, address diagnostic, treatment, quality/ safety issues, disaster, and recommendations for care of children in the ED.

Goals

As part of the collaborative team, comprised of members from Contractor staff and Benioff CHO as well as Alameda County EMS, ED and prehospital pediatric capability site-visit assessments and trainings will be conducted, including pediatric simulated scenarios (complex cases and code scenarios), and the provision of written recommendations to improve pediatric care in EDs and prehospital setting throughout Alameda County. The purpose of these assessments and trainings are:

- Assessment and evaluation of ED and prehospital pediatric capabilities ("Day-to-Day" and Emergency/ Surge Events) using previous project year information, the pediatric readiness surveys (for both EDs and prehospital providers), and on-site pediatric simulated scenarios (complex cases and code scenarios),
- To review the improvement recommendations as determined by the site-visit, self-assessment tool from the California Pediatric Readiness Project and the pediatric -simulated scenarios (complex cases and code scenarios),
- To provide a post site visit hospital and prehospital specific customized report which includes recommendations on strategies for improvement.
- To facilitate on-going collaboration, resource information exchange, "real time" pediatric subject matter experts, and future training with Contractor pediatric staff and resource packets.

Objectives

Contractor will work with Alameda County EMS Agency designated professional staff to implement the site visit process at each hospital and the prehospital providers as follows:

1) review the 2021 hospital ED and 2024 prehospital Pediatric Readiness project self-assessment tool with scores and compare with previous reports.

2) collaboratively prepare site-assessment team members.

3) conduct the on-site pediatric simulated scenarios training with immediate debrief; and

4) prepare the follow-up report with recommendations for improvement for hospital and prehospital providers.

Work Plan

1. The collaborative Site-Visit Team will visit Alameda County EDs and prehospital providers starting after January 1, 2025, and ending by December 31, 2027. Contractor will assist in selecting from available dates identified by the collaborative Site Visit Team and the Alameda County EMS Agency EMS for Children's Coordinator.
2. The collaborative Site-Visit Team will conduct short 2 hours visits to each prehospital provider to review survey results, discuss pediatric training programs, and assess pediatric equipment. Recognizing that the establishment of prehospital pediatric readiness standards is a new venture, the Contractor will work with Alameda County EMS staff and EMS fellows to develop foundational standards and approaches through this process.
3. During collaborative Site Team visits to the hospitals, the team will provide expert consultation, training and information on the issues and gaps identified at each of the hospitals integrating prehospital providers into the simulations and scenarios. The Site-Visit Team will utilize the customized Readiness project reports and data to reinforce the recommendations for each hospital and prehospital providers.
4. The collaborative Site-Visit Team will provide comprehensive written summaries and resource packets for each Alameda County Hospital ED as well as the prehospital providers about areas of deficiency and strategies for improvement within 45 days of the scheduled site visits.
5. A representative/s from the collaborative Site-Visit Team will continue to provide support in completing identified quality improvement (QI) initiatives, through regular check-ins over the next 12 months, at 4th and 8th month intervals as described below, with each hospital and prehospital provider.
6. A representative/s from the collaborative Site-Visit Team will serve as members of the EMS-C, Pediatric QI, Surge and Readiness Advisory Committee and will present program updates at the quarterly receiving hospital meetings.
7. A representative/s from the collaborative Site Visit Team will provide "Real Time" Clinical Pediatric SME guidance if needed.
8. A representative/s from the collaborative Site Visit Team will provide ongoing communications with identified Pediatric Emergency Care Coordinator (PECCs). The Alameda County EMS-C Coordinator must be copied on communications with Alameda County hospitals and prehospital providers

Methodology

1. In collaboration, Contractor and Benioff CHO staff will serve as project lead providing medical expertise, including pediatric assessment, surge evaluation and education. The EMS agency project lead and EMS Medical Director or Deputy Medical Director will review the reports.
2. A representative/s from the collaborative Site Visit Team will meet quarterly with the EMS agency EMS for Children's Coordinator and update the Alameda County Receiving Hospital Committee as well as the Alameda County EMS for Children and Pediatric QI Clinical Meeting on the project. The EMS for Children's Coordinator will meet with the Disaster Planning Healthcare Coalition to share the project progress, provide updates, and evaluate the effectiveness of the project.
3. The EMS for Children's Coordinator will schedule site reviews for the EDs and prehospital providers to include:

Alameda County EDs		Alameda County Prehospital Providers	
Alameda Health System	Alameda Hospital	Fire First Response and Transport	Alameda Fire Department
	Highland Hospital		Albany Fire Department
	San Leandro Hospital		Berkeley Fire Department
Sutter Health	Alta Bates – Berkeley Campus		Piedmont Fire Department
	Alta Bates – Summit Campus	Fire First Response	Oakland Fire Department
	Eden Medical Center		Alameda County Fire Department
Kaiser Permanente	Kaiser – Oakland		Hayward Fire Department
	Kaiser – San Leandro		Livermore-Pleasanton Fire Department
	Kaiser – Fremont		Fremont Fire Department
	Stanford Health Care – Tri-Valley	Transport	Falck Alameda County
	Washington Hospital		
	St. Rose Hospital		

4. The collaborative Site Visit Team and the EMS for Children's Coordinator will conduct site visits and simulations, providing specific feedback to the hospital ED directors and the Alameda County EMS Agency. The summary report findings will be subject to review and approval by the Alameda EMS Agency Director and /or the Medical Director prior to sending to the hospitals to ensure alignment with EMS medical direction, policy, and protocol.
5. The **National EMSC Data Analysis Resource Center (NEDARC)** is expected to provide feedback and scoring system for the on-line survey. Any 2021 or 2024 NPRP customized assessment feedback from NEDARC will be reviewed by the site visit team and included in the site visit assessment and follow-up reports.

Utilizing staff from both Contractor Mission Bay campus and Benioff CHO, Contractor will:

1. Plan for pediatric readiness site visit with EMS for Children Coordinator to ensure consistency with proposed California EMS for Children regulations.
2. In partnership with Alameda County EMS, conduct site visits (duration of 2 hours) with prehospital providers to review survey results, discuss pediatric training programs, and assess pediatric equipment. Recognizing that the establishment of prehospital pediatric readiness standards is a new venture, the Contractor will work with Alameda County EMS staff and EMS fellows to develop foundational standards and approaches through this process.
3. In partnership with the ED Physician and Nurse Manager or designated alternates, conduct hospital site visits (duration 6-8 hours, including readiness survey and simulation component with prehospital provider integration) of Alameda County hospital health systems/Emergency Departments (EDs) with a goal to complete the following during the site visit:
    a. Review results of the online ED pediatric readiness survey with participating hospitals at the start of the project.
4. Pediatric readiness improvement report-out/planning meeting (duration 1 hour):
    a. The data gathered from the online pediatric readiness survey and pediatric simulated scenarios (complex cases and code scenarios) will be used to develop a pediatric readiness summary report with suggestions for QI action items. This report will be generated by the ImPACTS central hub. Please see appendix 1 for a sample report.
    b. The collaborative project team and designated pediatric champion will schedule a meeting to review the report-out **within 45 days of pediatric readiness assessment day**.

c. After reviewing the data, hospitals and prehospital providers will determine TWO high priority action items for improvement and develop strategies to complete these action items. The collaborative project team will support the identification of the action items.

5. Pediatric improvement action plans:
   a. The collaborative team will provide participating hospital EDs and prehospital providers with FREE access to relevant educational, policy and procedural resources to complete this action plan.
   b. After completion of each action item, the ED and prehospital providers may select an additional item to work on.
   c. At four (4) and eight (8) month intervals, the collaborative team will conduct a brief "touch base" either via email or a call (duration 30 minutes) with the designated pediatric champions to provide additional support as needed.
6. One (1) year after the initial assessment, pediatric readiness will be remeasured through repeat survey and on-site simulations. The site visit team will use the data collected from the repeat simulations to generate and provide a new pediatric readiness summary report which will include comparison to the initial summary report and new suggestions for QI action items.

7. The collaborative team will provide simulation equipment and content experts to facilitate the simulations and debriefings. Participating hospitals and prehospital providers should plan to use their medical equipment in the care of the simulated patient as this is part of the pediatric readiness assessment.

8. Benioff CHO is an approved by the County as a subcontractor for this Procurement Contract.

Service	Cost/Ea.	Maximum Quantity	Maximum Cost
Upfront Planning Cost	$5,000	One-Time Cost	$5,000
Hospital Site Visit (Initial)*	$3,500	12	$42,000
Hospital Site Visit (follow up review)*	$3,500	12	$42,000
Prehospital Provider Site Visit (Initial)*	$2,500	10	$25,000
Prehospital Provider Site Visit (follow up review)*	$2,500	10	$25,000
EMS Designated Simulation (Round 1)*	$3,000	3	$9,000
EMS Designated Simulation (Round 2)*	$3,000	3	$9,000
EMS Policy and Protocol Review**	$1,000	N/A	$1,000
Training Video***	$2,500	4	$10,000
		Amount Not to Exceed	**$168,000**

* Includes preparation for visit, the visit as described for visit type, report generation, and all follow up as noted within this agreement.

** EMS Policy and Protocol Review to occur based on protocols going into effect on January 1, 2025.

*** Training videos subjects to be determined collaboratively with Alameda County EMS based on previous project findings and identified opportunities for education determined during the initial round of site-visits under this agreement.

Deliverables

1. Contractor will work collaboratively with Alameda County EMS staff to conduct two 6-8 hour site visits that will be (1) year apart for Alameda County hospitals and two 2 hour site visits with prehospital providers that will be one (1) year apart to evaluate pediatric ED preparedness, and conduct pediatric simulated scenarios (complex cases and code scenarios) intended to supplement data from the survey to give the facility a more complete sense of their pediatric readiness. Recognizing that the establishment of prehospital pediatric readiness standards is a new venture, the Contractor will work with Alameda County EMS staff and EMS fellows to develop foundational standards and approaches through this process.
2. The simulated scenarios shall take place during the hospital site visits with integrated prehospital provider participation as well as during EMS specific SIM training. Simulation training shall not exceed 4 hours per day, not to include setup and clean up, and shall involve approximately 4 different scenarios per training. During hospital-based simulations, the simulation shall begin with prehospital providers providing treatment and turning care over to hospital staff with hospital continuing care and treatment. During EMS specific SIM training, the training shall be specifically designed, in conjunction with Alameda County EMS staff and EMS fellows, for the prehospital setting to include proper pediatric assessment and how to meaningfully present findings to hospital staff. Knowledge gaps or best practices identified during the SIM trainings may be utilized to inform education developed for distribution.
3. The collaborative Site-Visit Team will produce a written summary report within 45 days after each site visit.
4. The collaborative Site-Visit Team will provide continuing support in achieving the QI initiatives identified from the pediatric readiness summary report.
5. A follow-up site visit will be scheduled **1 year after the hospital or prehospital provider receives the initial post site visit written report recommendations for improvement**. After the second follow-up visit, a written report with recommendations for improvement is provided again in addition to the initial site visit report. The pediatric recommendations and improvement changes should be documented in the second report based on the recommendations from the first report.

Time Frame

- The Hospital and Prehospital Provider Site Visit project will be conducted after January 1, 2025, to December 31, 2027.

EMS Support Requirements

- The EMS designated staff will provide administrative support to the project, including assistance scheduling site visits and identifying pediatric champions at each site.

EXHIBIT B
PAYMENT TERMS

PROJECT:	IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION (ImPACTS) / PEDIATRIC READINESS PREPAREDNESS, ASSESSMENT, EDUCATION, AND PARTNERSHIP PROJECT
CONTRACTOR:	REGENTS OF UNIVERSITY OF CALIFORNIA – SAN FRANCISCO
CONTRACTOR TERM:	JANUARY 1, 2025 – DECEMBER 31, 2027
AMOUNT:	NOT TO EXCEED **$168,000**

Cost

- Contractor will receive an amount not to exceed *$168,000* to conduct Pediatric Readiness Assessments at Alameda County hospitals and prehospital providers. Contractor will receive a one-time lump sum of $5,000 on execution of the contract.

1. Service	Cost/Ea.	Maximum Quantity	Maximum Cost
Upfront Planning Cost	$5,000	One-Time Cost	$5,000
Hospital Site Visit (Initial)*	$3,500	12	$42,000
Hospital Site Visit (follow up review)*	$3,500	12	$42,000
Prehospital Provider Site Visit (Initial)*	$2,500	10	$25,000
Prehospital Provider Site Visit (follow up review)*	$2,500	10	$25,000
EMS Designated Simulation (Round 1)*	$3,000	3	$9,000
EMS Designated Simulation (Round 2)*	$3,000	3	$9,000
EMS Policy and Protocol Review**	$1,000	N/A	$1,000
Training Video***	$2,500	4	$10,000
		Amount Not to Exceed	**$168,000**

* Includes preparation for visit, the visit as described for visit type, report generation, and all follow up as noted within this agreement.

** EMS Policy and Protocol Review to occur based on protocols going into effect on January 1, 2025.

*** Training videos subjects to be determined collaboratively with Alameda County EMS based on previous project findings and identified opportunities for education determined during the initial round of site-visits under this agreement.

Invoicing

- Contractor will receive a lump-time sum of $5,000 upon execution of the contract.
- Invoices will be generated on a quarterly basis per the table below.

Invoice	Date of Service From	Date of Service To	Reports and Invoices Due	Amount
1	1/1/2025	N/A	Project Planning	$5,000.00
2	1/1/2025	3/31/2025	4/30/2025	*Payments will be based on site visits, assessments, and simulations completed.
3	4/1/2025	6/30/2025	7/31/2025	
4	7/1/2025	9/30/2025	10/31/2025	
5	10/1/2025	12/31/2025	1/31/2026	
6	1/1/2026	3/31/2026	4/30/2026	
7	4/1/2026	6/30/2026	7/31/2026	
8	7/1/2026	9/30/2026	10/31/2026	
9	10/1/2026	12/31/2026	1/31/2027	
10	1/1/2027	3/31/2027	4/30/2027	
11	4/1/2027	6/30/2027	7/31/2027	
12	7/1/2027	9/30/2027	10/31/2027	
13	10/1/2027	12/31/2027	1/31/2028	
				Not to exceed a maximum of $168,000.00

Payment Terms

1. County will use its best efforts to make payment to Contractor upon successful completion and acceptance of the following services listed with thirty (30) days upon receipt and approval of invoice.
2. Invoices will be reviewed for approval by the County. Mail invoices to:

   Cynthia Frankel, EMS Coordinator
   1000 San Leandro Blvd., Ste. 200
   San Leandro, CA 94577
3. Total Payment under the terms of this agreement will not exceed the total amount of $168,000. This cost includes taxes and all other charges.
4. Upon award of this Agreement by County, County and Contractor shall forthwith jointly create a schedule governing the timely performance of Contractor's services hereunder. The agreed upon schedule shall be incorporated into this Agreement upon its adoption by the parties and thereafter Contractor shall perform all services under this Agreement in conformance with the schedule.
5. Upon notice to proceed from County, Contractor shall perform in accordance with the following schedule: hospitals and prehospital providers will be scheduled with the collaboration of the EMS for Children Coordinator and will take place between January 1, 2025, to December 31, 2027.

   The County has and reserves the right to suspend, terminate or abandon the execution of any work by the Contractor without cause at any time upon giving to the Contractor two weeks of prior written notice. In the event that the County should abandon, terminate, or suspend the Contractor's work, the Contractor shall be entitled to payment for services provided hereunder prior to the effective date of said suspension, termination, or abandonment. Payment shall be computed in accordance with Exhibit B, provided that the maximum amount payable to Contractor for its services shall not exceed $168,000 payment for services provided hereunder prior to the effective date of said suspension, termination, or abandonment. This procurement contract may, prior to the expiration date, be terminated by the parties hereto by mutual agreement in writing notwithstanding anything contained herein

EXHIBIT C

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements. The County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances. If the contractor maintains broader coverage and/or higher limits than the minimums shown below, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

	TYPE OF INSURANCE COVERAGES	MINIMUM LIMITS
A	**Commercial General Liability** Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	**Commercial or Business Automobile Liability** All owned vehicles hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability when extended to cover your business is acceptable for individual contractors with no transportation or hauling related activities	$1,000,000 per occurrence (CSL) Any Auto or Hired and Non-Owned Autos Bodily Injury and Property Damage
C	**Workers' Compensation (WC) and Employers Liability (EL)** As required by State of California	WC: Statutory Limits EL: No less than $1,000,000 per accident for bodily injury or disease

D **Endorsements and Conditions**:

1. ADDITIONAL INSURED: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used). Auto policy shall contain or be endorsed to contain additional insured coverage for the County.
2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained and evidence of insurance must be provided during the entire term of the Agreement and for at least five (5) years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of five (5) years after completion of work.
3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall be primary and non-contributory coverage at least as broad as ISO CG 20 10 04 13 as respects the County, its officers, officials, employees, or volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the Contractor' insurance and shall not contribute with it. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties.
4. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with an A.M. Best Rating of no less than A: VII or equivalent, shall be admitted to the State of California unless otherwise acceptable by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Self-insured retentions must be declared and approved. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The policy language shall provide or be endorsed to provide, that the self –insured retention may be satisfied by either the named insured or County.
5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit.
6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:
   - Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above.
   - Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".
7. **CANCELLATION OF INSURANCE:** Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of cancellation provided to the County in accordance with policy terms and conditions.
8. **CERTIFICATE OF INSURANCE**: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements as set forth in the provisions of this Agreement and this Exhibit C, in forms satisfactory to County, evidencing that all required insurance coverage is in effect. However, failure to obtain the required documents prior to the work beginning shall not waive the Contactor's obligation to provide them. The County reserves the right to require the Contractor to provide complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

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., 6th 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

CERTIFICATE OF SELF-INSURANCE COVERAGE

Date: June 15, 2024

PRODUCER/INSURED
The Regents of the University of California
Office of the President
Office of Risk Services
1111 Franklin St., 6th Floor
Oakland, CA 94607-5200
510-987-9832

This Certificate is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Certificate. The Certificate does not amend, extend or alter the coverage described below. This Certificate may only be copied, printed and distributed by an authorized viewer for its internal use. Any other use, duplication or distribution of the Certificate without the written consent of the Regents of the University of California is prohibited.

ENTITIES AFFORDING COVERAGE

		PARTICIPATION
COMPANY LETTER A	The Regents of the University of California	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 [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCURRENCE	Self-Insured	July 1, 2024	July 1, 2025	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY CONTRACTUAL LIABILITY EACH OCCURRENCE	$ Not applicable $ 5,000,000 $ 5,000,000 $ 5,000,000 $ 5,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [X] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ] GARAGE LIABILITY	Self-Insured	July 1, 2024	July 1, 2025	COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	$ Not applicable $ 2,500,000 $ 2,500,000 $ 2,500,000
A	PROPERTY [X] FIRE & EXTENDED PERILS	Self-Insured	July 1, 2024	July 1, 2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ Not applicable
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	Self-Insured	July 1, 2024	July 1, 2025	STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	$ As required by California Law $ As required by California Law $ 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: Kevin Confetti

KEVIN CONFETTI, AVP & CHIEF RISK OFFICER

EXHIBIT D
COUNTY OF ALAMEDA
DEBARMENT AND SUSPENSION CERTIFICATION

(Applicable to all agreements funded in part or whole with federal funds and contracts over $25,000).

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named and unnamed subcontractor:

- **Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;**
- **Has not been suspended, debarred, voluntarily excluded, or determined ineligible by any federal agency within the past three years;**
- **Does not have a proposed debarment pending; and**
- **Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.**

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award but will be considered in determining contractor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: The Regents of the University of California on behalf of its San Francisco Campus

PRINCIPAL: Cynthia Palacios-Escobedo TITLE: Government Contract Officer

SIGNATURE: Signed by: Cynthia Palacios-Escobedo 04CC1FD576EA487... DATE: 10/21/2024