



CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

Substance Abuse Prevention and Control
Wesley L. Ford, M.A., M.P.H.
Director
1000 South Fremont Avenue
Building A-9 East, Third Floor
Alhambra, CA 91803
TEL (626) 299-4193 • FAX (626) 458-7637

BOARD OF SUPERVISORS

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www.publichealth.lacounty.gov

August 25, 2015

TO: Prospective Applicants, Drug Medi-Cal Contracts

FROM: Wesley L. Ford, M.A., M.P.H., Director
Substance Abuse Prevention and Control

SUBJECT: **APPLICATION FOR DRUG MEDI-CAL CONTRACTS**

This is to provide you an application packet for contracting with the County of Los Angeles for Drug Medi-Cal (DMC) services. Substance Abuse Prevention and Control (SAPC) has developed a set of minimum programmatic and fiscal requirements that all applicants must meet before they will be considered for a contract.

Attachment A is a list of minimum requirements that agencies must meet in order to contract with SAPC. Attachment B is the list of required documents that must be submitted by those who meet the minimum requirements described in Attachment A.

Please submit the required documentation listed in Attachment B at the earliest possible time. Your timely response to this request for documentation will assist SAPC staff in completing the review process. Please be advised that contracts may only be effective until July 1st of fiscal year in which the application was completed.

If you have any questions or need additional information, please contact Contract Services Interim Division Chief, Daniel Deniz, at (626) 299-4532. Thank you.

WLF:dd

Attachments

- c: Cynthia A. Harding
- Andrea Ross
- Tami Omoto-Frias
- Babatunde Yates
- Daniel Deniz

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

MINIMUM REQUIREMENTS TO CONTRACT WITH THE COUNTY OF LOS ANGELES
FOR DRUG MEDI-CAL SERVICES

1. Agencies must be DMC and AOD certified by the California Department of Health Care Services (DHCS) to operate and maintain an alcohol and/or other drug abuse or treatment facilities at the time of application for a County contract.
2. Agencies must be in good standing with both DHCS and the County of Los Angeles based on a review of prior audits and performance reviews. If the agencies had prior County contracts, those contracts must have been in good standing and were in compliance with applicable laws and specific contract requirements.
 - Agencies must have a minimum of four (4) years experience in providing substance abuse prevention or treatment services and pass a financial viability test based upon its financial records. In lieu of the aforementioned, the agency may be considered for a contract award contingent on proof of financial viability, e.g., certificates of deposit, letters of credit, performance bond, or any other form of financial pledge that the County could access in the event the agency discontinues its DMC program without advance notice to the County, or if the agency becomes financially insolvent.
3. A performance security is required for the first four (4) years of the service as described in SAPC Bulletin #15-03-DMC.
4. The amount of the allocation is set at \$50,000 per modality for the first year of service. After the first year, this amount may be raised based on performance, utilization, and a commensurate increase in the performance security. The agency must also be able to continue providing services for sixty (60) calendar days without payment from the County.
5. Agencies must show proof of the availability of credentialed, licensed, and experienced staff, as required by federal, State, and County laws, guidelines, and other requirements, some of which are listed below:

- Counseling staff must have at least two (2) years of experience in providing alcohol and/or other drug abuse information to persons with substance use disorder in a classroom setting. Counselors should be licensed, certified, or registered to obtain certification in accordance with Title 9, CCR, Div. 4, Chapter 8, Counselor Certification Regulations.
 - Program director/administrator must have two (2) years experience providing alcohol and/or other drug abuse services, one (1) year supervising personnel, and one year managing accounting processes that include budgets.
 - Staff employed by agencies must have a Live Scan fingerprint check for criminal history background through the Department of Justice and Federal Bureau of Investigation prior to employment.
6. Agencies licensed and certified to provide Narcotic Treatment Program (NTP) services must agree to comply with the County's current NTP operating guidelines and practices.
7. Agencies must be able to begin providing services within thirty (30) calendar days of the contract award.
8. Agencies may be denied a contract for the following reasons:
- Board of Directors, Agency Director, Medical Director, or other key staff on active probation within the last three (3) years
 - Board of Directors, Agency Director, Medical Director, or other key staff having a fraud/embezzlement conviction or conviction involving government agency
 - Submitting false or fraudulent documentation
 - Lack of DMC/AOD Certification
 - Failure to pass SAPC's Fiscal Viability review
 - Failure to complete application within six (6) of the initial application submission
 - Failure to secure performance security
 - Placement on CARD/prior poor performance on another County contract

REQUIRED CONTRACT DOCUMENTATION

The following is a list of documents your agency is required to provide to the Substance Abuse Prevention and Control as part of the application process with the County of Los Angeles. Items 1 - 32 must be submitted or your application will be deemed incomplete and will not be reviewed. Agencies may receive additional technical assistance with all policy documents to ensure accuracy and compliance with Los Angeles County requirements. However, contracts will not be awarded until all required documents are submitted and approved. Please include a copy of each certificate, policy, roster, or other documentation listed below:

- 1) **Evidence of Insurance (See Sample ACORD Certificate)** – Documentation to be provided in the form of an “ACORD” insurance certificate or its equivalent showing the following:
 - (a)* **General Liability Insurance:** with limits of not less than the following:

General Aggregate:	\$2 Million
Products/Completed Operations Aggregate:	\$1 Million
Personal & Advertising Injury:	\$1 Million
Each Occurrence:	\$1 Million
 - (b)* **Automobile Liability Insurance:** with a limit of liability of not less than \$1 Million for each accident. Such insurance shall include coverage for either “all owned, hired and non-owned vehicles,” or coverage for “any auto.”
 - (c)* **Workers’ Compensation and Employers’ Liability Insurance:**
Insurance providing workers’ compensation benefits, as required by the Labor Code of the State of California, or by any other state, for which Contractor is responsible. In all cases, the above insurance also shall include Employers’ Liability coverage with limits of not less than the following:

Each Accident:	\$1 Million
Disease – Policy Limit:	\$1 Million
Disease – Each Employee:	\$1 Million
 - (d)* **Professional Liability Insurance:** Insurance covering liability arising from any error, omission, negligent or wrongful act of Contractor, its officers or employees with limits of not less than \$1 Million per occurrence and \$2 Million aggregate. The coverage also shall provide an extended two-year reporting period commencing upon expiration or earlier termination or cancellation of the Agreement. (Note: Professional Liability insurance cannot be combined with General Liability insurance and should be listed on the certificate in the box labeled, “Other”.)

- (e)* **Sexual Misconduct Liability Insurance:** Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than Two Million Dollars (\$2,000,000) per claim and Two Million Dollars (\$2,000,000) aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

Note: Insurance shall be provided by an insurance company with an A.M. Best rating of not less than AV: VII unless otherwise approved by County.

- 2) **Additional Insured Endorsement Page (See Attachment #1)** – Provide a copy of the Additional Insured Endorsement Page that indicates the County of Los Angeles is the additional insured.
- 3) **Licenses, Permits, and Certificates** – Provide copies of all appropriate licenses, permits, registrations, accreditations, and certificates required by Federal, State (including Alcohol and Other Drugs “AOD” permits and/or certification), and local laws, regulations, guidelines and directives for the operations of the facility and for the provisions of services hereunder (i.e., occupancy permit, business license), Narcotic Treatment Program License, State Department of Alcohol and Drug Programs License to provide Residential Services, and fire clearance for each location.
- 4) **Drug Medi-Cal Certification** form.
- 5) **Substance Abuse Prevention and Control (SAPC) Acknowledgement Letter of Intent to Contract for DMC services.** If applicable.
- 6) **Affidavit of Form of Business Organization** – A notarized affidavit on agency letterhead, sworn to and executed by one of the officers of the agency’s Board of Directors, indicating the Contractor’s type of business organization (i.e., sole proprietorship, partnership, or corporation), and whether the agency is substantively owned by another organization or has any financial interest in any other organization with whom it is doing business.
- 7) **Contract Signature Authorization (See Attachment #2)** – A statement on agency letterhead, signed by one of the officers of the agency’s Board of Directors, identifying one or more persons who are authorized by the agency’s Board of Directors to sign contracts for the agency.
- 8) **Articles of Incorporation** – Include the face page which depicts the Seal of the State of California.
- 9) **By-Laws of the Corporation** – Shall indicate that the agency Board of Directors is composed of, at least, five Directors.
- 10) **Roster of the Board of Directors** – Shall include full names, business addresses, titles of each board member (i.e., Chairman, Secretary, etc.), and copy of their valid California DMV issued identification/driver’s license for each member.

- 11) **Roster of Community Advisory Board** – Shall contain full names, business addresses, titles of each board member (i.e., President, Secretary, etc.), and must indicate their ties to the community (i.e., lives or works in the community, and if working in the community, in what capacity and the name and address of the company where the individual works).
- 12) **Organizational Chart (See Attachment #3)** – Should show name of organization, chain of command with incumbents' name, position, and job title, beginning with the board of directors, and should be dated to indicate that it is the most current depiction of the organizational structure of the agency.
- 13) **Staffing Plan** – Plan must include all levels of staff and expertise needed to provide treatment services. Plan must include salary ranges and may include training and development. A job description must be included for each position listed. Must also identify any additional non-labor resources such as tools, equipment, or processes needed to fulfill duties.
- 14) **Counseling Staff to be Certified or Licensed** – Counseling staff shall be State Certified or enrolled in a Counselor Certification Program to obtain Certification as an Alcohol and Drug Counselor, as specified in the California Code of Regulations, Division 4, Title 9, Chapter 8, Section 13000. Provide a list of all counseling staff that includes their job title and hire date as well as copies of all counseling staff licenses, certifications, or registrations. All licenses and certifications must be unrestricted and may not be on active probation or have been on probation within the last three years.
- 15) **Verification that at least thirty percent (30%) of counseling staff is licensed or certified** – As of April 1, 2010, at least thirty percent (30%) of staff providing counseling services in all AOD Programs Licensed and/or Certified by DHCS shall be licensed or certified pursuant to the requirements of Section 13010, Title 9, Division 4, Chapter 8, Subchapter 2, California Code of Regulations. All other counseling staff shall be registered pursuant to Section 13035 (f). Provide copies of all counseling staff licenses, certifications, and registrations.
- 16) **Criminal Record Clearance (See Sample ORI Authorization Letter and Sample Custodian of Records Confirmation)** – Staff employed by Agency and subcontractor(s), shall not be on active probation or parole within the last three (3) years, and must have a Live Scan fingerprint check for criminal history background through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) prior to employment. Must submit the following:
 1. Documentation from DOJ of a valid Originating Agency Identifier (ORI) number.
 2. Letter from DOJ identifying Custodian of Records.
 3. Agency Policy and Procedures outlining how the agency will clear staff.
 4. A statement for each employee signed by the Custodian of Records certifying each staff has been cleared.

- 17) Medical Director's Agreement** – The Agency's Drug Medi-Cal (DMC) Medical Director shall work on site eight (8) hours, per month at each agency's certified location(s). If the agency has satellites, the agency's Medical Director shall work an additional eight (8) hours in accordance with Title 22. This agreement must also contain the Medical Director's responsibilities, which include but are not limited to: a) establishing, reviewing and maintaining medical policies and standards, b) assuring the quality of medical services given to all patients, c) assuring that at least one physician practicing at the clinic shall have admitting privileges to a general acute care hospital or a plan, as approved by SAPC, for ensuring needed hospital services. For narcotic treatment programs, this requirement is the responsibility of the program sponsor and shall be met by the program sponsor entering into an agreement with a hospital official to provide general medical care in accordance with Title 9, CCR, Section 10340, d) assuring that a physician has assumed medical responsibility for all patients treated by the clinic (Title 9, CCR, Section 10110).
- 18) Medical Director's License** – Copy of the Medical Director's current medical license and copy of California issued identification (i.e., driver's license). License must be unrestricted and cannot be on any type of probation within the last three (3) years.
- 19) Property Tax Compliance Acknowledgement Form (See Attachment #5)** – Completed and signed by authorized representative. If the agency owns real property, the following documentation is also required:
- (A) The location by street address and city of any real property
 - (B) The fair market value of any such real property
- 20) Facility lease(s)** – If renting or leasing the facility where services are to be provided. Lease must be current and include the name of the property owner and not just property Management Company. If property is owned by any person associated with Agency, a fair market value assessment or how the rent was determined must be included.
- 21) Business Disclosure** – Contractor shall prepare and submit a detailed statement, executed by Contractor's duly constituted officers, indicating whether Contractor, any Directors or Staff, totally or partially owns any other business organization that will be providing services, supplies, materials, or equipment to Contractor or in any manner does business with Contractor under this Contract.
- 22) Employment Eligibility (I-9 Form)** – Contractor warrants that it fully complies with all Federal statutes and regulations regarding employment of aliens and others, and that all its employees performing services hereunder meet the citizenship or alien status requirements contained in Federal statutes and regulations. Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal statutes and regulations, as they currently exist and as they may be hereafter amended. Contractor shall retain such documentation for all covered employees for the period prescribed by law. Provide a copy of each employee's completed I-9 Form.

- 23) Child Abuse Reporting Policy and Acknowledgement Form** – Contractor understands that certain of its staff are “mandated reporters” as defined in the Child Abuse and Neglect Reporting Act, California Penal Code Section 11165.7. Section 11166 of the Penal Code requires a mandated reporter who, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect to report the known or suspected abuse immediately or as soon as practically possible and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.
- 24) Elder Abuse Reporting Policy and Acknowledgement Form** – Contractor understands that certain of its staff are “mandated reporters” as defined in Welfare and Institutions Code Section 15630(a). In such case, Contractor further understands that in suspected instances of elder or dependent adult abuse, such staffs have certain immediate and follow-up reporting responsibilities as described in Welfare and Institutions Code Section 15630. Contractor staff’s failure to report as required is considered a breach of contract subject to immediate termination and is also a misdemeanor, punishable by up to one (1) year in jail, a fine of up to \$5,000, or both.
- 25) HIV/AIDS Policy and Procedures and Acknowledgement Form** – Ensure that agency’s Board of Directors reviews and adopts an HIV/AIDS Policy (either the SAPC policy or an agency policy which incorporates all elements of the SAPC policy). This policy shall include the provision of education and information to all staff and clients, the insurance of non-discrimination in employee hiring and client enrollment, confidentiality, and access to HIV/AIDS testing.
- 26) Confidentiality Policy and Acknowledgement Form** – Contractor agrees to maintain the confidentiality of its records and information including, but not limited to, billings, County records, and participant records, in accordance with all applicable Federal, State, and local laws, ordinances, rules, regulations, and directives relating to confidentiality. Contractor shall inform all its officers, employees, agents, subcontractors, and others providing services hereunder of said confidentiality provision of this Agreement. Policy should contain provision that will ensure client files are labeled with unique identifiers that do not contain client names or any other identifying information.
- 27) Sexual Harassment and Contact Policy and Acknowledgement Form** – Ensure that agency’s Board of Directors reviews and adopts a “Zero Tolerance” Sexual Harassment policy (either the County of Los Angeles’ policy or an agency policy which incorporates all elements of the County of Los Angeles’ policy). This policy shall be applicable to all board members, employees, contractors with which the agency does business, and clients. In addition, sexual harassment and sexual contact shall be prohibited between participants, and service employee staff and administrative staff, including members of the Board of Directors. Such prohibition policy shall remain in effect for no less than six (6) months after a participant exits recovery service program.

- 28) Safely Surrendered Baby Law Awareness Policy and Acknowledgement Form** – Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. For more information and promotional material, please visit the following link: <https://www.211la.org/programs-services/safe-surrender-baby-1/>.
- 29) Servicing or Referring the Disabled and Hearing Impaired Policy and Acknowledgement Form** – Contractor shall designate at least one employee as “Disability Access Coordinator” to ensure program access for disabled individuals, and to receive and resolve complaints regarding access for disabled persons at Contractor’s facility(ies).
- 30) Non-Discrimination in Employment Policy and Acknowledgement Form** – Contractor shall not discriminate against any employee or applicant for employment because of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status and/or political affiliation, or status as disabled. Contractor shall take affirmative action to ensure that qualified applicants are employed in accordance with requirements of all applicable Federal and State laws and regulations.
- 31) Non-Discrimination in Services Policy and Acknowledgement Form** – Contractor shall not discriminate in the provision of services to participants (including but not limited to, services provided to Medi-Cal eligible [or other similarly eligible] beneficiaries), hereunder because of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status and/or political affiliation, in accordance with requirements of Federal and State laws and regulations.
- 32) Quality Assurance Plan** – A copy of the Contractor’s quality assurance plan. Plan must describe strategies, practices, and polices that will be implemented to ensure the program is compliant to Federal, State and County regulations and requirements. Plan must also address how contractor controls and reviews what will be implemented to ensure the quality and effectiveness of the program.

Do not hesitate to contact us for assistance in completing any of the required documents.

Revised 8/2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code	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	NAIC #
INSURED Contractor Name Contractor Street Address or P.O. Box Contractor City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company	Enter NAIC#
	INSURER C: Name of Insurance Company	Enter NAIC#
	INSURER D: Name of Insurance Company	Enter NAIC#
	INSURER E: Name of Insurance Company	Enter NAIC#

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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy #	Effective Date	Expiration Date	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
B	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____ _____	Policy #	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy #	Effective Date	Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	<input checked="" type="checkbox"/>	OTHER Professional Liability Sexual Misconduct Liability	Policy # Policy #	Effective Date Effective Date	Expiration Date Expiration Date	\$1,000,000 per occur \$2,000,000 per Claim	\$3,000,000 aggragate \$2,000,000 aggragate

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

Los Angeles County named as additional insured, Contract Number, DMC Provider Number, Modality (i.e. ODF)
 Addresses of all service location where services are provided.

CERTIFICATE HOLDER

County of Los Angeles
 Substance Abuse Prevention and Control
 1000 S. Fremont Ave., Bldg. A-9 East, Third Floor
 Alhambra, CA 91803

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

*** County of Los Angeles, its Special Districts, and its officials, officers and employees.*

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

*** This additional insurance shall be primary over any and all other insurance, including self-insured retentions, available to County.*

Copyright, Insurance Services Office, Inc., 1984

*** This language should be added.*

SAMPLE

AGENCY LETTERHEAD

CONTRACT SIGNATURE AUTHORIZATION

TO WHOM IT MAY CONCERN:

THIS IS TO AUTHORIZE LINDA GRAY, EXECUTIVE DIRECTOR OF ANOTHER ALCOHOL & DRUG RECOVERY PROGRAM, TO SIGN FOR AND ON BEHALF OF ANOTHER ALCOHOL & DRUG RECOVERY PROGRAM, ANY CONTRACT OR SUB-CONTRACT AS PER BOARD OF DIRECTORS MEETING ON FEBRUARY 24, 1994.

THIS ALSO AUTHORIZES NED READ, PROGRAM DIRECTOR FOR ANOTHER ALCOHOL & DRUG RECOVERY PROGRAM, TO SPEAK ON BEHALF OF THIS CORPORATION IN THE ABSENCE OF LINDA GRAY, EXECUTIVE DIRECTOR.

THIS AUTHORIZATION SHALL TAKE EFFECT IMMEDIATELY, AND SHALL REMAIN IN EFFECT UNTIL RESCINDED AT A FORMAL MEETING OF THE BOARD OF DIRECTORS OF THIS CORPORATION.

JANE DOE, PRESIDENT

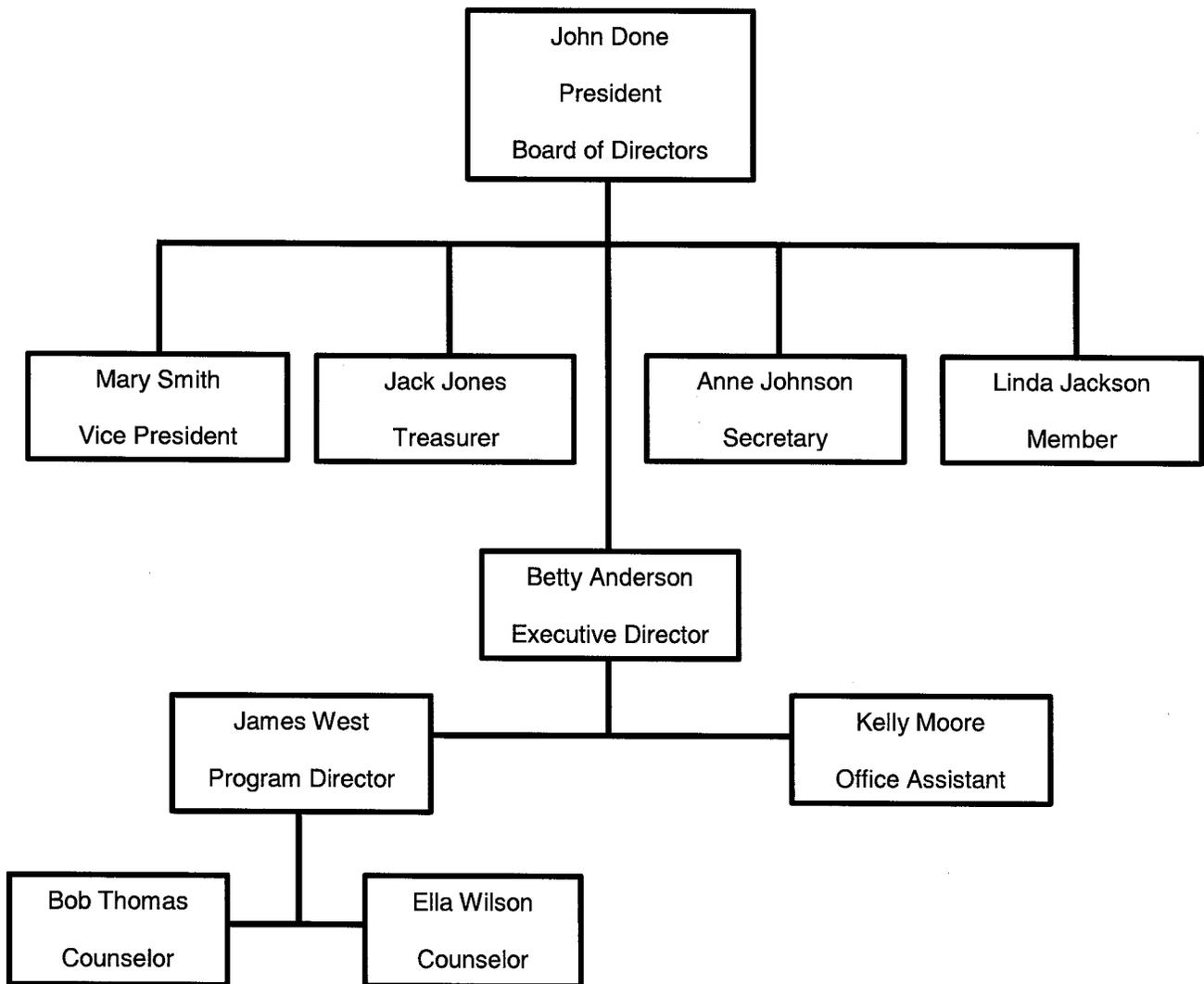
BOARD OF DIRECTORS

ANOTHER ALCOHOL & DRUG RECOVERY PROGRAM

DATE: _____

SAMPLE

**Another Alcohol and Drug Recovery Program
Organizational Chart**



CAMILLA D. HARRIS
Attorney General

State of California
DEPARTMENT OF JUSTICE



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS
P.O. Box 963387
SACRAMENTO, CA 95833-3870
Fax: (916) 227-4815
E-mail Address: ORIquestions@doj.ca.gov

April 8, 2015

[REDACTED]
Att: P [REDACTED]
[REDACTED]
[REDACTED]

Re: Approval of Application for Agency Authorization

Dear Mr. [REDACTED]:

Your agency's request to receive criminal offender record information (CORI), pursuant to Penal Code (PC) § 11105.3 has been approved. Please use your agency's Originating Agency Identifier (ORI) number and mail code when submitting fingerprints.

- ORI Number: [REDACTED]
- Mail Code: [REDACTED]
- Billing Code: [REDACTED]

Please familiarize yourself with the CORI confidentiality and dissemination laws that are covered in the original application packet, you are responsible for the care and security of this information.

Your agency is mandated to receive California state level CORI for the following applicant types:

- Employee [REDACTED]
- Volunteer/VCA

The Office of the Attorney General, may conduct onsite inspections to audit agencies that maintain or receive CORI, pursuant to PC § 11079 and California Code of Regulations 702. The misuse of CORI, may result in your agency losing the ability to request and receive CORI from the Department of Justice.

If you have any questions concerning this letter, you may send an E-mail to the DOJ, Applicant Program Authorization Unit at ORIquestions@doj.ca.gov.

AUTH: [REDACTED]

Revised: 03/2013

KAMALA D. HARRIS
Attorney General

State of California
DEPARTMENT OF JUSTICE



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS
APPLICANT INFORMATION AND CERTIFICATION PROGRAM

P.O. Box 903417

SACRAMENTO, CA 94203-4170

February 12, 2015

[REDACTED]

RE: Custodian of Records Application CONFIRMED - [REDACTED]

Dear Applicant Agency:

An application was submitted to the California Department of Justice (DOJ) for purposes of confirming a Custodian of Records for the above agency pursuant to Penal Code section 11102.2.

The applicant listed above has successfully met all necessary requirements and has been CONFIRMED by the DOJ to serve in the capacity as the Custodian of Records for the specific agency to which this letter is addressed.

If there are any questions pertaining to this confirmation, please contact the Custodian of Records Unit via electronic mail at COR@doj.ca.gov.

Sincerely,

Cindy Santos

CINDY SANTOS, Supervisor
Applicant Information and Certification Program

For KAMALA D. HARRIS
Attorney General

PROPERTY TAX COMPLIANCE ACKNOWLEDGMENT

Agency Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Authorized Representative: _____

(Please print or type name)

Phone: _____ E-Mail: _____

As the authorized representative for the above name agency, I the undersigned, acknowledge that in accordance with the Additional Provisions of this agency's Substance Abuse Prevention and Control Services Agreement, Paragraph 50.A, entitled, CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM, which states, "County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers. Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that, to the best of its knowledge, it is now in compliance, and during the term of this Agreement will maintain compliance with Los Angeles County Code Chapter 2.206."

I understand that in accordance with the Additional Provisions of this agency's Substance Abuse Prevention and Control Services Agreement, Paragraph 50.B, entitled, TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM, which states, "Failure of Contractor to maintain compliance with the requirements set forth in the "CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM" paragraph immediately above, shall constitute default under this Agreement. Without limiting the rights and remedies available to the County under any other provision of this contract, failure to cure such default within ten (10) calendar days of notice shall be grounds upon which the County may terminate this Agreement and/or pursue this agency's debarment, pursuant to County Code Chapter 2.206."

- I certify, under penalty of perjury, that this agency **does not** own any real property, and therefore, Paragraph 50.A, of the Additional Provisions of its Substance Abuse Prevention and Control Services Agreement is not applicable to this agency at this time.

- I certify, under penalty of perjury, that this agency **does** own real property and is currently in compliance with Paragraph 50.A, of the Additional Provisions of its Substance Abuse Prevention and Control Services Agreement.

Signature: _____ Date: _____

Title: _____

(Please print or type title)