

FIRST AMENDMENT TO FIELD PLACEMENT AFFILIATION AGREEMENT NO. 34542

34542

THIS FIRST AMENDMENT TO FIELD PLACEMENT AFFILIATION AGREEMENT NO. 34542 is made and entered, in duplicate, as of March 29, 2019, for reference purposes only, pursuant to a minute order adopted by the City Council of the City of Long Beach at its meeting on March 12, 2013, by and between CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS, with a place of business at 1000 E. Victoria Street, Carson, California 90747 ("University"), and the CITY OF LONG BEACH, a municipal corporation ("City"), through its DEPARTMENT OF HEALTH AND HUMAN SERVICES.

WHEREAS, City and University entered into Agreement No. 34542 whereby City agreed to permit access to its facilities and services for the education and experience of University students; and

WHEREAS, City and University desire to extend the term of Agreement No. 34542;

NOW, THEREFORE, in consideration of the mutual terms, covenants, and conditions herein contained, the parties hereto agree as follows:

1. Section 4 of Agreement No. 34542 is hereby amended to read as follows:

"4. TERM. The term of this Agreement shall commence at midnight on February 1, 2017, and shall terminate at 11:59 p.m. on June 30, 2020, unless sooner terminated as provided in this Agreement. This Agreement may be terminated by either party after giving the other party thirty (30) days advanced written notice of the intention to so terminate; provided further, however, that any such termination by the City shall not be effective against any student who at the date of mailing of said notice by the City was participating in said Program until such student has completed the Program for the then current academic year."

2. Section 18 is hereby added to Agreement No. 34542 to read as

OFFICE OF THE CITY ATTORNEY
CHARLES PARKIN, City Attorney
411 West Ocean Boulevard, 9th Floor
Long Beach, CA 90802-4511

1 follows:

2 "18. LIVESCAN. Any planned activity that involves persons under the age
3 of eighteen (18), shall be coordinated with City to determine the need to perform Livescan
4 procedures. Pursuant to City policies regarding adult interactivity with children in parks,
5 University shall ensure that all of its students are LiveScanned prior to interacting with
6 children. When available, City shall perform the Livescans and/or refer the LiveScanees
7 to alternative City Livescan sites."

8 3. Except as expressly modified herein, all of the terms and conditions
9 contained in Agreement No. 34542 are ratified and confirmed and shall remain in full force
10 and effect.

11 IN WITNESS WHEREOF, the parties have caused this document to be duly
12 executed with all formalities required by law as of the date first stated above.

OFFICE OF THE CITY ATTORNEY
CHARLES PARKIN, City Attorney
411 West Ocean Boulevard, 9th Floor
Long Beach, CA 90802-4511

CALIFORNIA STATE UNIVERSITY,
DOMINGUEZ HILLS

13
14
15 October 22, 2019

By 

"University"

CITY OF LONG BEACH, a municipal
corporation

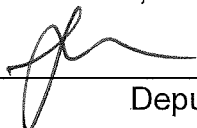
16
17
18
19 Nov. 5, 2019

By 

**EXECUTED PURSUANT
TO SECTION 301 OF
"City" THE CITY CHARTER**

20
21
22 This First Amendment to Field Placement Affiliation Agreement No. 34542 is
23 approved as to form on October 31, 2019.

24 CHARLES PARKIN, City Attorney

25 By 
26 Deputy



California State University
Dominguez Hills

OFFICE OF THE PRESIDENT
1000 East Victoria Street • Carson, CA 90747
(310) 243-3301 • Fax (310) 243-3858

MEMORANDUM

DATE: July 16, 2018

TO: Naomi Goodwin
Interim Vice President, Administration & Finance

FROM: Dr. Thomas A. Parham
President

SUBJECT: Delegation of Authority for University Contracting

Under the authority granted by Executive Order No. 775, I have delegated the Office of Procurement and Contracts purchasing authority for all contracts, agreements which expend State funds or obligate the University in any manner. The Office of Procurement and Contracts is responsible for ensuring all contractual activity is consistent with all State laws, CSU Executive Orders, policies, procedures and the Integrated California State University Administrative Manual (ICSUAM).

All contracts, agreements and/or memorandums of understanding must be reviewed and approved by the Office of Procurement and Contracts. Unauthorized purchases and/or signed agreements without written delegated authority from the Office of Procurement and Contracts may become the individual liability of the person executing the agreement and the individual may be subject to further penalties. The University will not assume responsibility for contracts or agreements entered into by unauthorized individuals.

The following do not require approval of the Office of Procurement and Contracts:

- Contracts executed by Associated Students, Inc.
- Contracts executed by the California State University Dominguez Hills Foundation (CSUDH Foundation)
- Contracts executed by Loker Student Union
- Grants or grant-related contracts
- HR employment contracts/employment related settlement Agreements
- Contracts executed by Philanthropic Foundation of CSUDH

The positions below are authorized to approve and execute all contractual documents including those referenced in EO 669 (Leases) and EO 775 (Acquisitions of Personal Property and Services) up to the level indicated below.




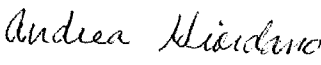
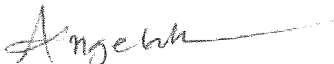
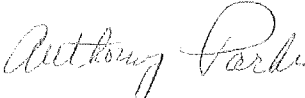
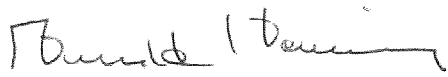





Vice President, Administration and Finance/ CFO	Unlimited
Associate Vice President, Finance	Unlimited
Director, PCLASS	Unlimited
Purchasing Manager	Up to \$1,000,000
Buyer III	Up to \$100,000
Buyer II	Up to \$50,000
Buyer I	Up to \$25,000

Additionally, the VP of Administration and Finance/CFO has the authority to establish and approve university facilities use rental rates.

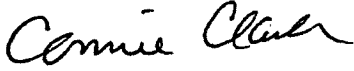






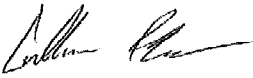
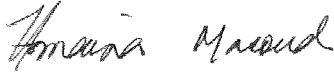

No further delegation of this authority can be given without the approval of the University President.

cc: President's Cabinet
Rasheedah Shakoor, Executive Director, Associate Students, Inc.
Sally Yassine, Director, Purchasing and Contracts
Cecilia Ortiz, Director, Loker Student Union









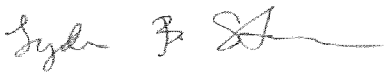


Authorized Signers

Name	Signature
Adria Edwards	
Amparo Sahagun	
Andrea Alvarez	
Andrea Giordano	
Angela Phan	
Anthony Parker	
Arnold Henning	
Bennie Williams	
Carlos Velez	
Cecilia Patz	
Cheryl Anderson	
Christina Muller	



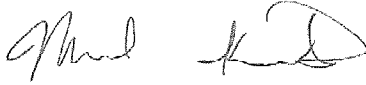









Authorized Signers

Name	Signature
Connie Clark	
David Hall	
Deborah Roberson-Simms	
Dolores Hendricks	
Dovie Harness	
Efrain Carlin	
Elizabeth Schrock	
Guillermo Blanco	
Homaira Masoud	
Janet Vanniroth	


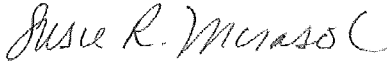





Authorized Signers

Name	Signature
Jean McTaggart	
Jessica Garcia	
Jonathan Scheffler	
Jose Robledo	
Kenneth Seeton	
Linda San	
Linh Dinh	
Lorena Raymundo-Yusuf	
Lyda Stukes	
Marci Payne	
Maria Hernandez	

Authorized Signers

Name	Signature
Mark Cartwright	
Mary Grainger	
Michael Kinoshita	
Michael Li	
Monica Ponce	
Naomi Goodwin	
Patricia Courtois	
Patrishia King	
Richard Tetrick	
Roshni Thomas	
Sally Yassine	
Stephen Chamberlain	

Authorized Signers

Name	Signature
Stephen Mastro	
Susie Mirasol	
Vanessa Banks	
Vernesta Johnston	
Wayne Nishioka	
Yasuhiro Osako	
Zia Qureshi	

JoAnn Smith

From: Carl Southwell
Sent: Thursday, November 14, 2019 8:20 AM
To: JoAnn Smith
Cc: Chantrea Corral; carl.longbeach2@gmail.com
Subject: RE: Request for CSUDH Certificate of Insurance

JoAnn,

Thanks!

Chantrea,

Please add this email to the scan as evidence of auto insurance.

Carl

From: JoAnn Smith
Sent: Thursday, November 14, 2019 8:18 AM
To: Carl Southwell <Carl.Southwell@longbeach.gov>
Subject: RE: Request for CSUDH Certificate of Insurance

Dear Carl,

The interns provide proof of auto insurance as part of the paperwork they fill out for the Health Department.

Sincerely,

JoAnn Smith
Program Analyst
Pronouns: She, Her, Hers

Health & Human Services Department
Community Health Bureau
2525 Grand Avenue - Room 250 | Long Beach CA, 90815
Office: 562-570-4098 | Fax: 562-570-4099



From: Carl Southwell
Sent: Thursday, November 14, 2019 8:08 AM
To: JoAnn Smith <JoAnn.Smith@longbeach.gov>
Cc: Chantrea Corral <Chantrea.Corral@longbeach.gov>; carl.longbeach2@gmail.com
Subject: FW: Request for CSUDH Certificate of Insurance

JoAnn,

The attached insurance meets the requirement except for auto liability. Does the CSU not use vehicles as part of the Agreement? If so, the lack of this insurance is fine. If not, we need it, too.

Thanks,

Carl

From: JoAnn Smith

Sent: Wednesday, November 13, 2019 7:32 AM

To: Carl Southwell <Carl.Southwell@longbeach.gov>

Cc: Loida Garcia <Loida.Garcia@longbeach.gov>; Taylor Anderson <Taylor.Anderson@longbeach.gov>

Subject: FW: Request for CSUDH Certificate of Insurance

Dear Carl,

Please review the attached certificates of insurance for California State University Dominguez Hills. The certificates provide evidence that the university maintains appropriate insurance at the level required by Affiliation Agreement 34542.

Sincerely,

JoAnn Smith

Program Analyst

Pronouns: She, Her, Hers

Health & Human Services Department

Community Health Bureau

2525 Grand Avenue - Room 250 | Long Beach CA, 90815

Office: 562-570-4098 | Fax: 562-570-4099



From: Lawrence Kimaara [<mailto:lkimaara@csudh.edu>]

Sent: Tuesday, November 12, 2019 11:08 AM

To: JoAnn Smith <JoAnn.Smith@longbeach.gov>

Subject: RE: Request for CSUDH Certificate of Insurance

Hi JoAnn,

Please see attached, let me know if you have any questions.

Thanks,

Larry

From: JoAnn Smith <JoAnn.Smith@longbeach.gov>

Sent: Monday, November 11, 2019 10:23 AM

To: Lawrence Kimaara <lkimaara@csudh.edu>
Subject: Request for CSUDH Certificate of Insurance

The City of Long Beach is requesting a Certificate of Insurance (COI) with an Additional Insured Endorsement (AIE) that provides evidence that the university maintains appropriate insurance at the level required by Affiliation Agreement 34542 and extends insurance coverage to the City.

Please put California State University Dominguez Hills as the named covered party.

Add City of Long Beach and its departments, boards, officials, employees, and agents as additional insureds.

The Certificate Holder must be the "City of Long Beach," and the Certificate Holder's address must be "City of Long Beach Department of Health and Human Services, 2525 Grand Avenue, Suite 280, Long Beach, CA 90815.

Attached is the affiliation agreement and amendment.

Sincerely,

JoAnn Smith
Program Analyst
Pronouns: She, Her, Hers

Health & Human Services Department
Community Health Bureau
2525 Grand Avenue - Room 250 | Long Beach CA, 90815
Office: 562-570-4098 | Fax: 562-570-4099



This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. **If you have received this information in error, please notify the sender immediately** and arrange for the return or destruction of these documents.

CERTIFICATE OF COVERAGE

DATE (MM/DD/YYYY)
11/12/2019

PRODUCER

Alliant Insurance Services Inc.
100 Pine Street, 11th Floor
San Francisco CA 94111

THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE ONLY AND CONFERES NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE MEMORANDUM(S) OF COVERAGE BELOW.

THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL COVERED PARTY, THE MEMORANDUM OF COVERAGE MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REQUIRED. A STATEMENT ON THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

NAMED COVERED PARTY

CSU, Dominguez Hills
1000 East Victoria Street
Carson CA 90747

PROGRAM AFFORDING COVERAGE

A: CSURMA

B:

C:

COVERAGES

THIS IS TO CERTIFY THAT THE COVERAGE IS AFFORDED TO THE ABOVE NAMED MEMBER, AS PROVIDED BY THE MEMORANDUM(S) OF COVERAGE, FOR THE PERIOD SHOWN BELOW, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE PROGRAM DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUM(S) OF COVERAGE. THE FOLLOWING COVERAGE IS IN EFFECT.

JPA LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YY)	COVERAGE EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CSURMA-LIAB-1920	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXPENSE (Any one person)	\$
	<input checked="" type="checkbox"/> Contractual Liab				PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> SIR \$100,000				GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG	\$ 4,000,000
	<input type="checkbox"/> MEMOR-ANDUM <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<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					
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	CSURMA-WC-1920	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE/OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
	IF YES, DESCRIBED UNDER SPECIAL PROVISION BELOW				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER					
	OTHER					

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

Note: Workers' Compensation Coverage is provided as evidence only.
City of Long Beach and its departments, boards, officials, employees, and agents are named as additional covered parties as respects the First Amendment to Field Placement Affiliation Agreement No. 34542 for clinical experience. Term of Agreement: February 1, 2017 - June 30, 2020.

CERTIFICATE HOLDER

City of Long Beach
Department of Health and Human Services
2525 Grand Avenue, Suite 280
Long Beach CA 90815

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUM(S) OF COVERAGE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUM(S) OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE

P. West Young

