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11 OFFICE OF THE CITY ATTORNEY CHARLES PARKIN, City Attorney 411 West Ocean Boulevard, 9th Floor Long Beach. CA 90802-4511 12

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THIS FIRST AMENDMENT TO FIELD PLACEMENT AFFILIATION

34542

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.

FIRST AMENDMENT TO FIELD PLACEMENT AFFILIATION AGREEMENT NO. 34542

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

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CHARLES PARKIN, City Attorney 411 West Ocean Boulevard, 9th Floor Long Beach. CA 90802-4511

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follows:

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

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

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

	DOMINGUEZ HILLS
<u>0 ctober 22</u> , 2019	By A
	"University"
Nov. 5, 2019	CITY OF LONG BEACH, a municipal corporation By Relecce J. Lann
	EXECUTEDIPURSUANT TO SECTION 301 OF "City" THE CITY CHARTER
This First Amendment to Field	Placement Affiliation Agreement No. 34542

approved as to form on October 3

CHARLES PARKIN, City Attorney

CALIFORNIA STATE UNIVERSITY,

Deputy

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

Dr. Thomas A. Parham

President

FROM:

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 Unlimit	ed
Associate Vice President, Finance Unlimit	ed
Director, PCLASS Unlimit	ed
Purchasing Manager Up to \$	1,000,000
Buyer III Up to \$	100,000
Buyer II Up to \$5	50,000
Buyer I Up to \$2	

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

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 | Director, HR Operations
 | VP Admin & Finance / CFO | AVP Finance
 | Assistant VP
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 | HRIS/SME Analyst
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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,

APPROVED NOV 1 4 2019

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 < <u>Carl.Southwell@longbeach.gov</u>>

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 < <u>JoAnn.Smith@longbeach.gov</u>>

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 < <u>JoAnn.Smith@longbeach.gov</u>> Sent: Monday, November 11, 2019 10:23 AM **To:** Lawrence Kimaara < <u>lkimaara@csudh.edu</u>> **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





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CE	RTIFICATE OF COV	FRAGE					DATI	E (MM/DD/YYYY)		
PROD		THIS CERTIFICA	TE IS ISSUED AS A MATTI	R OF EVIDENCE ONLY AND	CON	1/12/2019				
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						
1	D COVERED PARTY			ENDORSEMENT(S). IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE						
1000	l, Dominguez Hills DEast Victoria Street Son CA 90747			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).						
	on 0/(00) 41		<u>L</u>	PROGRAM AFFORDING COVERAGE						
				A: CSURMA						
			<u></u>	B:						
				C:						
2***	ERAGES									
	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 FOLOWING COVERAGE IS IN EFFECT.									
LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER		GE EFFECTIVE (MM/DD/YY)	COVERAGE EXPIRATION DATE (MM/DD/YY)	LIMI	IITS			
Α	GENERAL LIABILITY	CSURMA-LIAB-1920	7/	1/2019	7/1/2020	EACH OCCURRENCE		\$2,000,000		
	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	i				FIRE DAMAGE (Any one fire	_	\$		
	X Contractual Liab					MED EXPENSE (Any one pe	_	\$ 0.000.000		
	X SIR \$100,000					PERSONAL & ADV INJURY GENERAL AGGREGATE		\$ 2,000,000 \$ 4,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS-COMP/OP AGO	3	\$ 4,000,000		
	MEMOR- ANDUM PROJECT LOC							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT		\$		
	ANY AUTO ALL OWNED AUTOS					(Ea accident)		\$		
	SCHEDULED AUTOS									
	HIRED AUTOS									
	NON-OWNED AUTOS									
Α	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	CSURMA-WC-1920	7/	1/2019	7/1/2020	STATUTORY	HER			
	ANY PROPRIETOR/PARTNER/ EXECUTIVE/OFFICER/MEMBER					LIMITS E.L. EACH ACCIDENT		\$ 1,000,000		
	EXCLUDED?				E.L. DISEASE - EA EMPLOY	/EE	\$ 1,000,000			
	IF YES, DESCRIBED UNDER SPECIAL PROVISION BELOW					E.L. DISEASE - POLICY LIN		\$ 1,000,000		
	OTHER							ψ .;(σσς,σσσ		
***					·					
	OTHER			1						
Note:	PTION OF OPERATIONS/LOCATIONS/VEHICLE Workers' Compensation Coverage is	provided as evidence on	dy				•			
City of	Long Beach and its departments, bo	ards officials employee	e and a	gents are na <u>n</u>	ned as additional cover	ed parties as respects t	the Fi	rst		
, and	dment to Field Placement Affiliation A	greement No. 34542 for	cimicai e	experience. 1	erm of Agreement: Fet	oruary 1, 2017 - June 30), 202	20.		
								1.5		
CERTIFICATE HOLDER					CANCELLATION					
				CANCELLATION SHOULD ANY OF THE AROUS PERSONNER MEMORINARY OF THE AROUS PERSONNER PERSONNER MEMORINARY OF THE AROUS PERSONNER						
City of Long Beach Department of Health and Human Services 2525 Grand Avenue, Suite 280				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.						
Long	Beach CA 90815		AUTHORIZED REPRESENTATIVE							

AUTHORIZED REPRESENTATIVE

Rhat For



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

tl	nis certificate does not confer rights	to the	cer	tificate holder in lieu of s	uch en	dorsement(s	olicies may).	require an endorsemen	t. A st	atement on	
PRODUCER Alliant Insurance Services, Inc.				CONTACT NAME: Van Rin							
10	0 Pine Street, 11th floor				PHONE (A/C, No, Ext): 415-403-1400 FAX (A/C, No): 415-874-4810						
	n Francisco ĆA 94111				E-MAIL ADDRESS: vrin@alliant.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: Lloyds of London						
	RED e California State University (CSU)				INSURE	RB:					
40	1 Golden Shore, 5th Floor				INSURE	RC:					
	ng Beach, CA 90802 U Dominguez Hills				INSURER D:						
CC	Dominguez Hills				INSURER E :						
	WED A CEO				INSURE	RF:				L	
	VERAGES CERTIFY THAT THE POLICIES			E NUMBER: 809540460	VE BEE	N ICCLIED TO		REVISION NUMBER:	UE DOL	IOV DEDICE	
- IN	IDICATED. NOTWITHSTANDING ANY RE	EQUII	REME	NT. TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESDE	CT TO I	MULT HOILW	
С	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN.	THE INSURANCE AFFORD	FD BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SUBJECT TO	O ALL T	THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	ł .							
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER B1100039005190000		(MM/DD/YYYY) 7/1/2019	POLICY EXP (MM/DD/YYYY) 7/1/2020	LIMIT			
	X CLAIMS-MADE OCCUR			B1100033003130000		11112019	77172020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000		
	CLAIIVIS-IVIADE OCCUR								\$ 25,00		
								MED EXP (Any one person)	\$ 25,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000		
	X POLICY PRO-							GENERAL AGGREGATE	\$ 4,000		
	OTHER:							PRODUCTS - COMP/OP AGG	\$ 4,000 \$,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO				ĺ			(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AG100 GHZ1							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$			
Α	Student Professional Llability Insurance Program (SPLIP)			B1100039005190000		7/1/2019	7/1/2020	\$2,000,000 \$4,000,000	Each (Policy	Claim Aggregate	
				L							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.											
Re:	Re: First Amendment to Field Placement Affiliation Agreement No. 34542 for clinical experience. Term of Agreement: February 1, 2017 - June 30, 2020.										
CERTIFICATE HOLDER						CANCELLATION					
City of Long Beach Department of Health and Human Services					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2525 Grand Avenue, Suite 280 Long Beach CA 90815				AUTHORIZED REPRESENTATIVE							
25/19 5545/1 5/1 555/15					Rhat Jean						



Endorsement No.:

Per Blanket Additional Covered Party attached to Memorandum of

Coverage of Coverage listed below

Effective:

07/01/2019

Forms a part of MOC No.:

CSURMA-LIAB-1920

Issued to:

Per Attached Certificate of Coverage

Issued by:

California State University Risk Management Authority (CSURMA)

Issued on behalf of Member:

CSURMA Member On File With Company

This Endorsement Changes The Memorandum of Coverage. Please Read It Carefully.

ADDITIONAL COVERED PARTY

Section VI. DEFINITIONS - The definition of **Additional Covered Party** is amended to include as a covered party the person or organization shown as the entity "Issued To" above, but only with respect to bodily injury and property damage liability arising out of the "Described Lease or Activity" above for that covered party by or for you.

The coverage provided does not apply to any occurrence taking place:

- 1. Prior to the commencement of the Members' operations or occupation of the premises; or
- 2. After the **Members'** operations have been completed or occupation of the premises has ceased.

The limits of coverage will be limited to the limits required within the terms of the written contract or the limits of liability of this Memorandum, whichever is less, and will apply in excess of the **Members' retained limit** shown in the Declarations. CSURMA will not be obligated for limits of coverage shown in the written contract that are greater than the limits of liability of this Memorandum.

Any other coverage carried by a certificate holder which may be applicable shall be deemed excess and the **Member's** coverage primary notwithstanding any conflicting provisions in the **Member's** memorandum of coverage.

All other terms and conditions in the memorandum of coverage remain unchanged. CSURMA0001 (07/10)

Koley Jeg

Signed:

Date: 7/1/2019