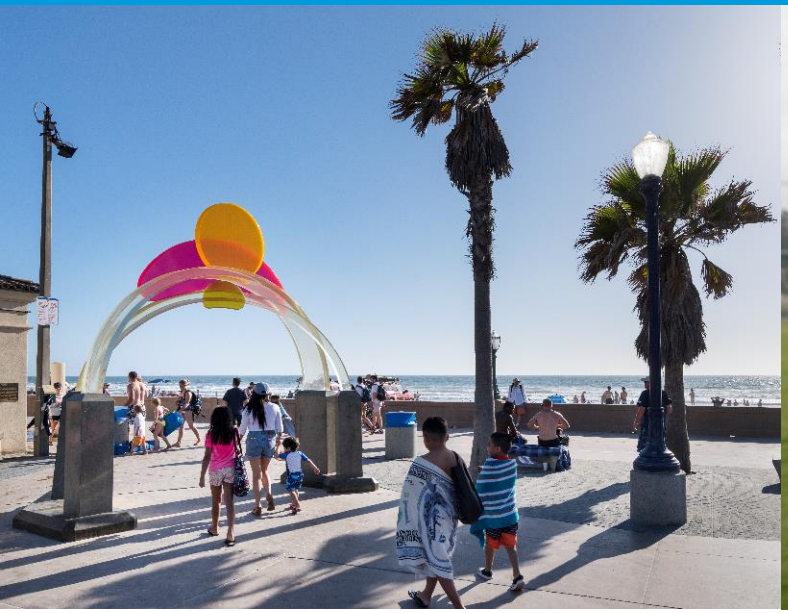
Commission for Arts and Culture Funding Program

Contracting with the City of San Diego Fiscal Year 2020



The City of SAN DIEGO

Welcome OSP and CCSD Contractors!

Who do I contact for help?

FY20 Contracts, Contract Renewals, Invoicing for Reimbursement, Mid-Year and Final Reports:

Gail Wingfield
Senior Arts and Culture Funding Manager
P: 619. 236. 6809
E: gwingfield@sandiego.gov

Karla Centeno
Arts & Culture Project Manager
P: 619.236.6849
E: KCentenoAgui@sandiego.gov

FY 2020 Fast Facts

Organizational Support Program

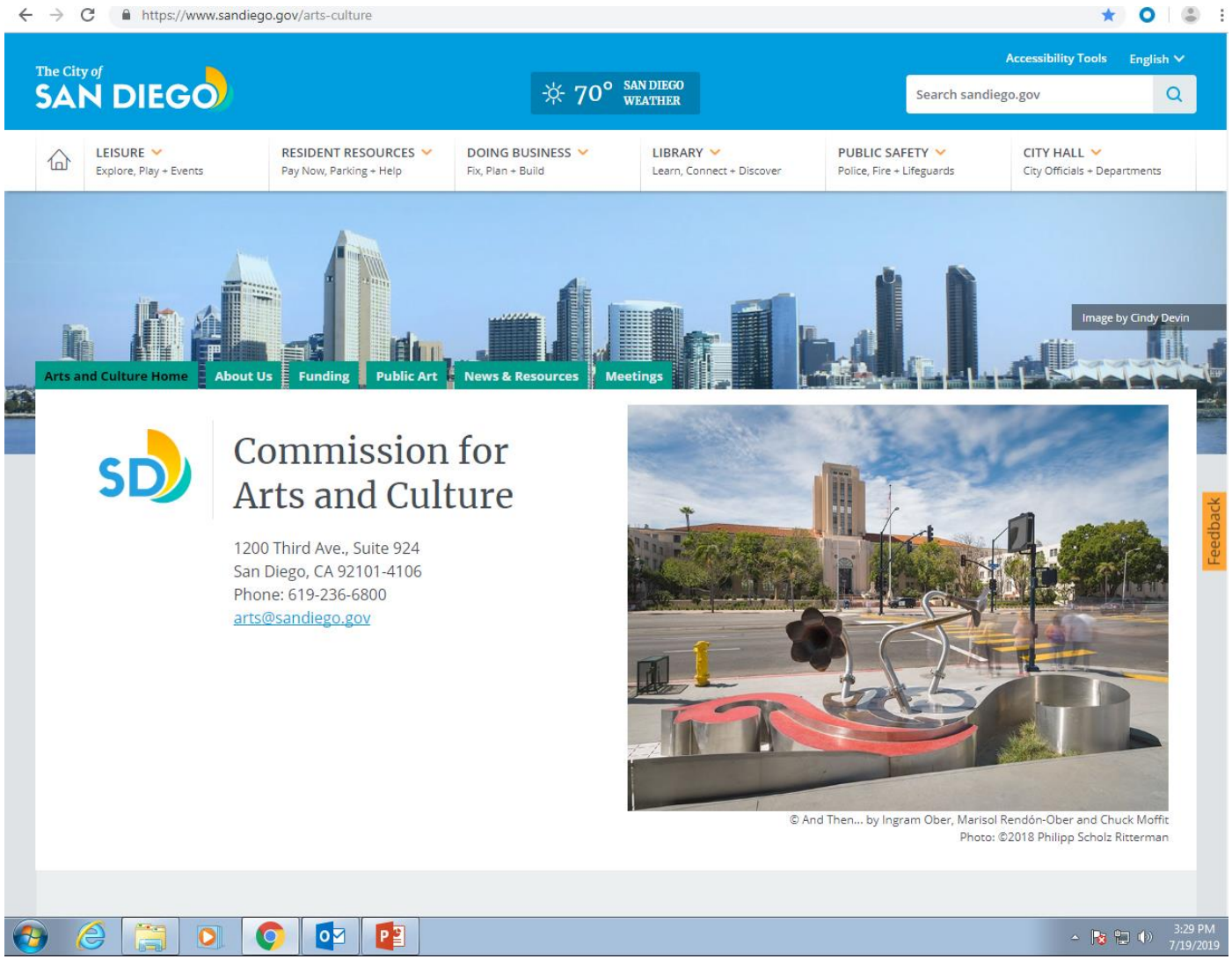
- 105 Funded
- Allocated: $10,065,625

Creative Communities San Diego

- 54 Funded
- Allocated: $1,388,935

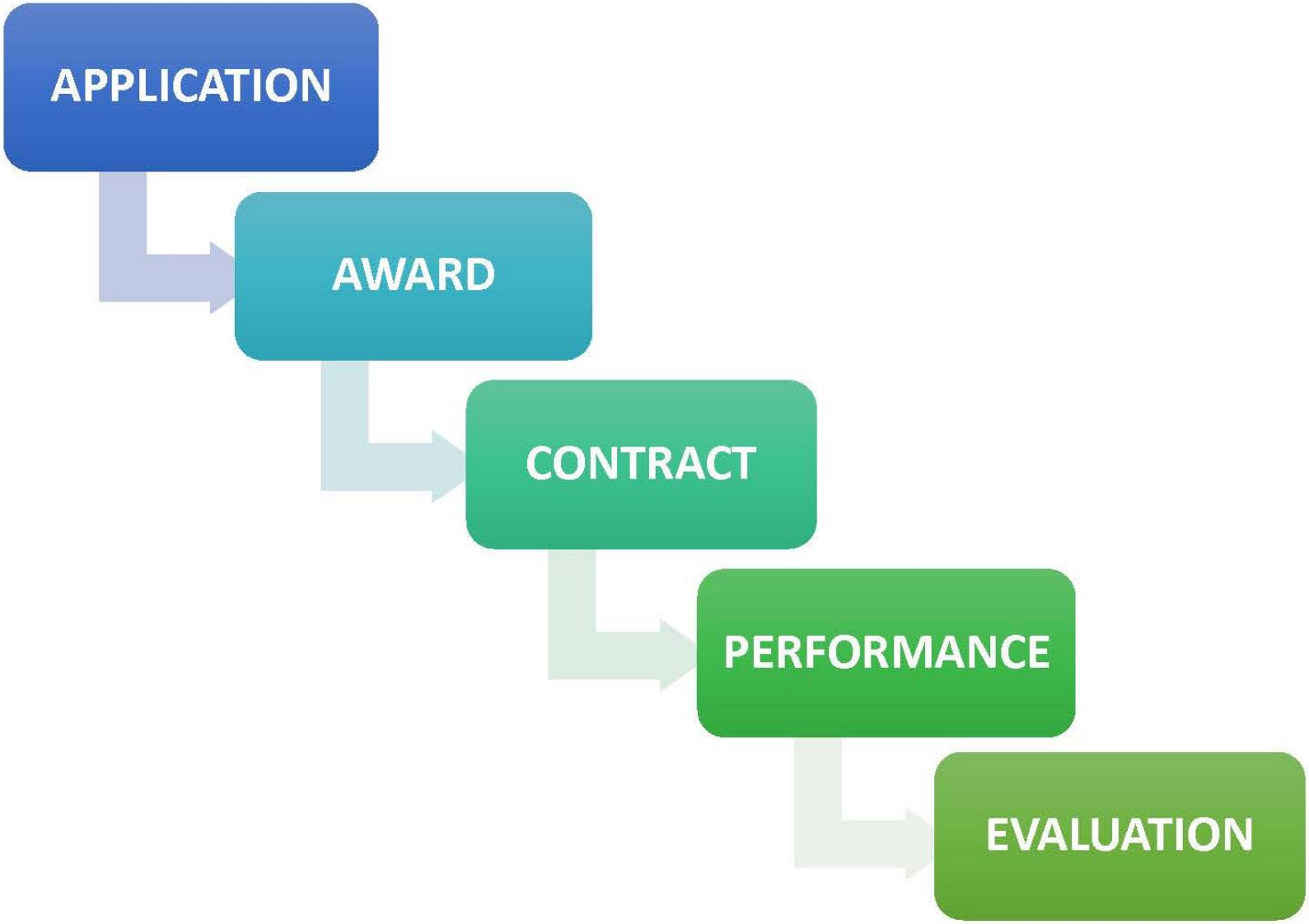
Contract Period is from July 1, 2019 – June 30, 2020.

Where can I find all this info?



www.sandiego.gov/arts-culture/funding

What is the funding process?



What is included in the contract kit?

- One handbook for completing a contract or contract renewal kit
- One contract or contract renewal kit completion checklist
- For new contractors: Two complete contracts, unsigned
  - One Exhibit A: Scope of Services
- For renewing contractors: Two copies of the contract renewal letter, unsigned
- One “Declaration in Lieu” of Required Auto Insurance
- One “Declaration in Lieu” of Required Workers’ Compensation Insurance

I received my contract kit, now what?

1. Read the instructions, the contract and Exhibit A, or renewal letter,

   Sign both contracts or letters and Declaration in Lieu *(if applicable*)

2. Return the following to the Commission for Arts and Culture:
   - One complete contract or contract renewal letter, signed
   - One duplicate contract or contract renewal letter, signed
   - One Exhibit A: Scope of Services (for new contractors)
   - Required Insurance Documents
   - One "Declaration in Lieu" of Required Auto Insurance, *signed if applicable*
   - One "Declaration in Lieu" of Required Workers' Compensation Insurance, *signed if applicable*

Contract or Renewal Kit due: August 16, 2019, 5:00 p.m.

Complete Contract Kit

Contract with Exhibit A or Contract Renewal Letter, & Declaration in Lieu(s)

+

Organization's Insurance Information

Organization's State and Federal Charity Registrations

What are the insurance requirements?

- Commercial General Liability (CGL)
- Commercial Auto Liability (Auto)
- Workers Compensation (WC)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/2/2015

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 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 endorsement(s).

PRODUCER
Alliant Insurance Services, Inc.
916-643-2700
2180 Harvard Street, Suite 460
Sacramento CA 95815

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No): 916-643-2750
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Indemnity Insurance Company of N A	43575
INSURER B : Everest National Insurance Company	10120
INSURER C : ACE Fire Underwriters Insurance Com	20702
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Corporation
123 B Street
Sacramento, CA 95816

COVERAGES — CERTIFICATE NUMBER: 239115308 — REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			SAMPLE	1/1/2015	1/1/2016	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
								$
C	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS			SAMPLE	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	SAMPLE	1/1/2015	1/1/2016	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
The City of San Diego
Purchasing and Contracting
1200 Third Avenue, 2nd Floor
San Diego, CA 92101

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

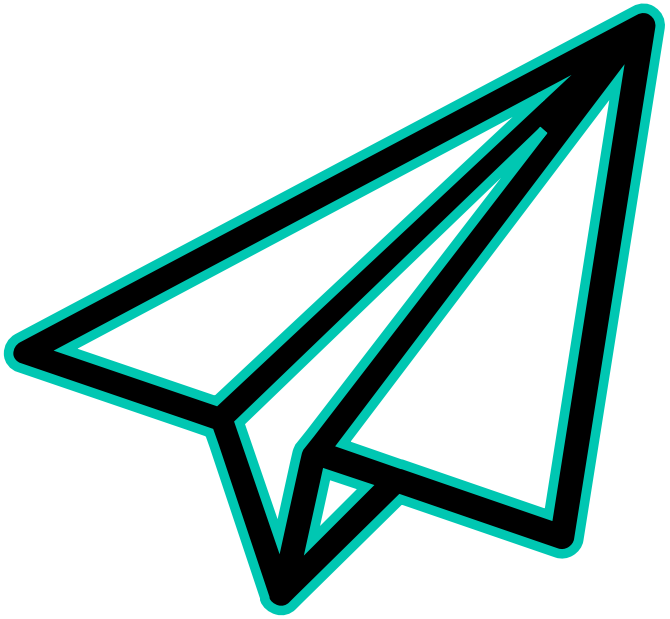
AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) — The ACORD name and logo are registered marks of ACORD

Required Insurance Documents

- Certificate of Insurance (COI)
- Additional Insured Endorsement for CGL
- Primary and Non-Contributory Coverage for CGL
- Waiver of Subrogation for WC
- Declaration in Lieu, if applicable



Certificate of Insurance

Required for all organizations

Shows:

- Insurance coverage types
- Policy numbers
- Expirations dates
- Policy limits

Certificate holder should be listed as *The City of San Diego*

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/2/2015

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 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 endorsement(s).

PRODUCER
Alliant Insurance Services, Inc.
916-643-2700
2180 Harvard Street, Suite 460
Sacramento CA 95815

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No): 916-643-2750
E-MAIL ADDRESS:

INSURED
ABC Corporation
123 B Street
Sacramento, CA 95816

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Indemnity Insurance Company of N A	43575
INSURER B : Everest National Insurance Company	10120
INSURER C : ACE Fire Underwriters Insurance Com	20702
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES — CERTIFICATE NUMBER: 239115308 — REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			SAMPLE	1/1/2015	1/1/2016	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
C	AUTOMOBILE LIABILITY			SAMPLE	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SAMPLE	1/1/2015	1/1/2016	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A						E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

The City of San Diego
Purchasing and Contracting
1200 Third Avenue, 2nd Floor
San Diego, CA 92101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) — The ACORD name and logo are registered marks of ACORD

Additional Insured Endorsement

Required for Commercial General Liability insurance

Required Language:
"*The City of San Diego, its respective elected officials, officers, employees, and volunteers*"

The Policy Number needs to be printed on the top and needs to match the COI

POLICY NUMBER: 2018CC201 COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The City of San Diego, its respective elected officials, officers, employees, and volunteers.

(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.

Additional Insured Endorsement

POLICY NUMBER: 2018CC201

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
The City of San Diego, its respective elected officials, officers, employees, and volunteers.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc., 2012

Primary/Non-Contributory Coverage

Required for Commercial General Liability insurance

Can be an endorsement or a page from insurance policy document

The Policy Number needs to be printed on the top and needs to match the COI

Policy #: 2018CC201

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Primary/Non-Contributory Coverage

Policy #: 2017CC201

BUSINESS LIABILITY COVERAGE FORM

This Paragraph **f.** applies separately to you and any additional insured.

3. Financial Responsibility Laws

a. When this policy is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the insurance provided by the policy for "bodily injury" liability and "property damage" liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.

b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinsured motorists, no-fault or other coverage required by any motor vehicle law. We will provide the required limits for those coverages.

4. Legal Action Against Us

No person or organization has a right under this Coverage Form:

a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or

b. To sue us on this Coverage Form unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

5. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each insured against whom a claim is made or "suit" is brought.

6. Representations

a. When You Accept This Policy

By accepting this policy, you agree:

(1) The statements in the Declarations are accurate and complete;

(2) Those statements are based upon representations you made to us; and

(3) We have issued this policy in reliance upon your representations.

b. Unintentional Failure To Disclose Hazards

If unintentionally you should fail to disclose all hazards relating to the conduct of your business at the inception date of this Coverage Part, we shall not deny any coverage under this Coverage Part because of such failure.

7. Other Insurance

If other valid and collectible insurance is available for a loss we cover under this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when **b.** below applies. If other insurance is also primary, we will share with all that other insurance by the method described in **c.** below.

b. Excess Insurance

This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:

(1) Your Work

That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(2) Premises Rented To You

That is fire, lightning or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;

(3) Tenant Liability

That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner;

(4) Aircraft, Auto Or Watercraft

If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of Section **A.** – Coverages.

(5) Property Damage To Borrowed Equipment Or Use Of Elevators

If the loss arises out of "property damage" to borrowed equipment or the use of elevators to the extent not subject to Exclusion **k.** of Section **A.** – Coverages.

Waiver of Subrogation for Workers Comp.

Required for Workers Compensation insurance

Required Language:

Please check **Article VII, Section 7.2.5.1 Additional Insured Status** in your original contract

The Policy Number needs to be printed on the top and needs to match the COI

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy #: 2018CC201

WC 99 04 02 C
(Ed. 9-14)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.

The minimum premium for this endorsement is .

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Specific Waiver

Person/Organization: *The City of San Diego, its respective elected officials...(see your original contract for full sentence).*

Job Description:

Waiver Premium:

Class	**State**	**Payroll Subject to Waiver**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: Policy No.: Endorsement No.:

Insured: Premium $

Insurance Company:

WC 99 04 02C

(Ed. 9-14)

Countersigned by _____

Declaration in Lieu Forms

Declaration in Lieu, if applicable:

Automobile Liability

Worker's Compensation Insurance

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/2/2015

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 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 endorsement(s).

PRODUCER
Alliant Insurance Services, Inc.
916-643-2700
2180 Harvard Street, Suite 460
Sacramento CA 95815

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No): 916-643-2750
E-MAIL ADDRESS:

INSURED
ABC Corporation
123 B Street
Sacramento, CA 95816

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Indemnity Insurance Company of N A	43575
INSURER B : Everest National Insurance Company	10120
INSURER C : ACE Fire Underwriters Insurance Com	20702
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES — CERTIFICATE NUMBER: 239115308 — REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			SAMPLE	1/1/2015	1/1/2016	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
C	AUTOMOBILE LIABILITY			SAMPLE	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						RY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						RY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SAMPLE	1/1/2015	1/1/2016	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A						E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						- EA EMPLOYEE	$1,000,000
							- POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

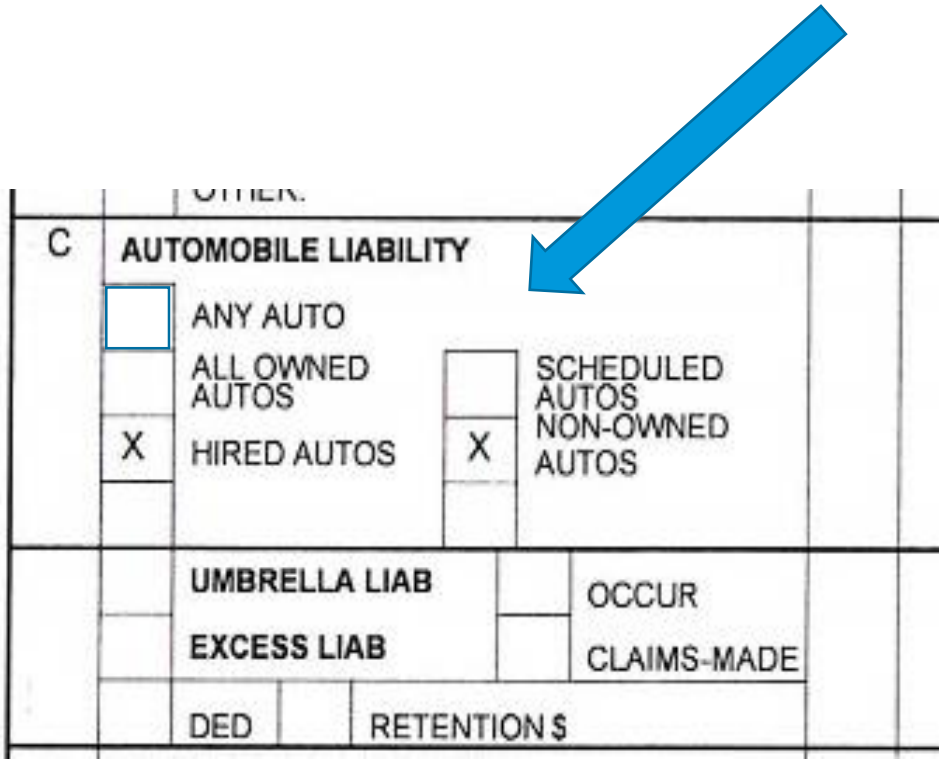
ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

Insurance Samples – In Lieu Forms

Who should sign an **Declaration in Lieu - Auto Liability**?

- Your organization does not currently own any vehicles, and
- Your organization carries auto liability insurance for *hired* & *non-owned* autos.



C	AUTOMOBILE LIABILITY			
	[ ]	ANY AUTO		
	[ ]	ALL OWNED AUTOS	[ ]	SCHEDULED AUTOS
	[X]	HIRED AUTOS	[X]	NON-OWNED AUTOS
	[ ]	UMBRELLA LIAB	[ ]	OCCUR
	[ ]	EXCESS LIAB	[ ]	CLAIMS-MADE
	[ ]	DED		RETENTION $

In Lieu Forms– Workers Compensation

Who should sign an **Declaration in Lieu - Workers Compensation**?

- Your organization has no paid employees, and
- All work to be performed under the contract is done solely by volunteers.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				

Tips for getting your insurance right

- Carefully read Article VII of your contract.
- Review this presentation.
- Share the insurance requirements found in Article VII of the contract and this video with your insurance broker - they are an insurance expert.
- Verify that your organization's insurance policies will not expire in the next 90 days.
- Ensure that policy numbers typed on the endorsements match those numbers stated on the Certificate of Insurance.

State & Federal Registrations

CA Dept. of Justice Charity Registration

- http://rct.doj.ca.gov
- Status Needed: Current

CA Secretary of State

- https://businesssearch.sos.ca.gov/
- Status Needed: Active

Department of Industrial Relations

- https://www.dir.ca.gov/dlse/debar.html
- Organization is not listed as debarred

Status Needed: Active

Secretary of State Main Website | Business Programs | Notary & Authentications | Elections | Campaign & Lobbying

Business Entities (BE)

Online Services
- E-File Statements of Information for Corporations
- Business Search
- Processing Times
- Disclosure Search

Main Page
Service Options
Name Availability
Forms, Samples & Fees
Statements of Information (annual/biennial reports)
Filing Tips
Information Requests (certificates, copies & status reports)
Service of Process

Business Search

This search provides access to domestic stock, domestic nonprofit and qualified foreign corporations, l
and the names and addresses of the principals of the entity, order a copy of the last complete Statem
ordering certificates, copies of documents and/or status reports or to request a more extensive searc

Please note: This search is not intended to serve as a name availability search. For information on ch

To conduct a search:

- Select the applicable search type.
- Enter the entity name or number you wish to search. Note: If entering the entity number of a cor
- Select the **Search** button.
- For help with searching an entity name or number, refer to Search Tips.

Search Type:

Corporation Name | Limited Liability Company/Limited Partnership Name | Entity Number

Entity Name: Old Global Theatre | Search

Authentications | Elections | Campaign & Lobbying | State Archiv

Business Search - Results

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work proc
provided is not a complete or certified record of an entity.

- *Select an entity name below to view additional information.* Results are listed alphabetically in ascending order by
- or information on checking or reserving a name, refer to Name Availability.
- information on ordering certificates, copies of documents and/or status reports or to request a more exten
- elp with searching an entity name, refer to Search Tips.
- iptions of the various fields and status types, refer to Field Descriptions and Status Definitions.

Res arch for " OLD GLOBE THEATRE " returned 1 entity record.

Entity Number	Date Filed	Status	Entity Name	Agent for Service of Process
C0170125	02/03/1937	ACTIVE	OLD GLOBE THEATRE	MICHAEL G. MURPHY

Modify Search | New Search

Status Needed: CURRENT

State *of* California Department *of* Justice
Office *of the* Attorney General

Kamala D. Harris
Attorney General

Home | About the AG | In the News | Careers | Services & Information | Programs A - Z | Contact Us

Search the Files of the Registry of Charitable Trusts

- Welcome to the search page of the Registry of Charitable Trusts (RCT). Here you are able to search for information on charities, charity fundraising professionals, and raffle registrants.
- This search page provides access to information about various types of entities that are registered with the Registry of Charitable Trusts. With a few exceptions, it does not currently provide access to electronic copies of documents filed with the Registry. Electronic copies of filings by certain registrants, such as the annual financial reports filed by commercial fundraisers for charitable purposes, are available elsewhere on the Charities website. Access to these reports is available at CFR search.
- Please enter search criteria below to start your search. Enter data in any field. Remember, the fewer your search criteria, the broader the range of the results that will be obtained by your search. For example, if you search using a name or federal employer identification number (FEIN) and leave the Registration Type or the Record Type fields blank, your results may return multiple registrations for the entity. It may be, for example, that the entity is registered both as a charity and as an organization conducting raffles.
- If you have partial information, you may use a wildcard search by placing an asterisk at the beginning or end of the search terms entered. For example, if you are not sure whether a name is spelled Alan or Allen, enter Al* to search.
- Searches by just Secretary of State or Franchise Tax Board Number or just FEIN can be slow. Searches using both of those numbers return results relatively quickly.
- For help using and interpreting the results from the Registry Search, please review Registry Search Feature – Tips for use and definition of the codes.

Record Type: All
Registration Type: All
Secretary of State or Franchise Tax Board Number:
Organization Name: Outside the Lens
State Charity Registration Number:
DBA:
FEIN (numbers only):
Registration Status: All
County:
City:
State: --All--
ZIP Code:
Search | Clear

State *of* California Department *of* Justice
Office *of the* Attorney General

Kamala D. Harris
Attorney General

Home | About the AG | In the News | Careers | Services & Information | Programs A - Z | Contact Us

For more detailed information on an organization's registration, click on the Organization Name from the alphabetical list below. If there are additional pages of the search results, there will be clickable page numbers at the bottom of the list. The maximum number of pages is 25 so if you do not find the organization for which you are searching, click the 'Search Again' button and change the search criteria.

Search Again

Organization Name	Registration Number	Record Type	Registration Status	City	State	Registration Type	Record Type
OUTSIDE THE LENS	CT0157511	Charity	Current	SAN DIEGO	CA	Charity Registration	Charity

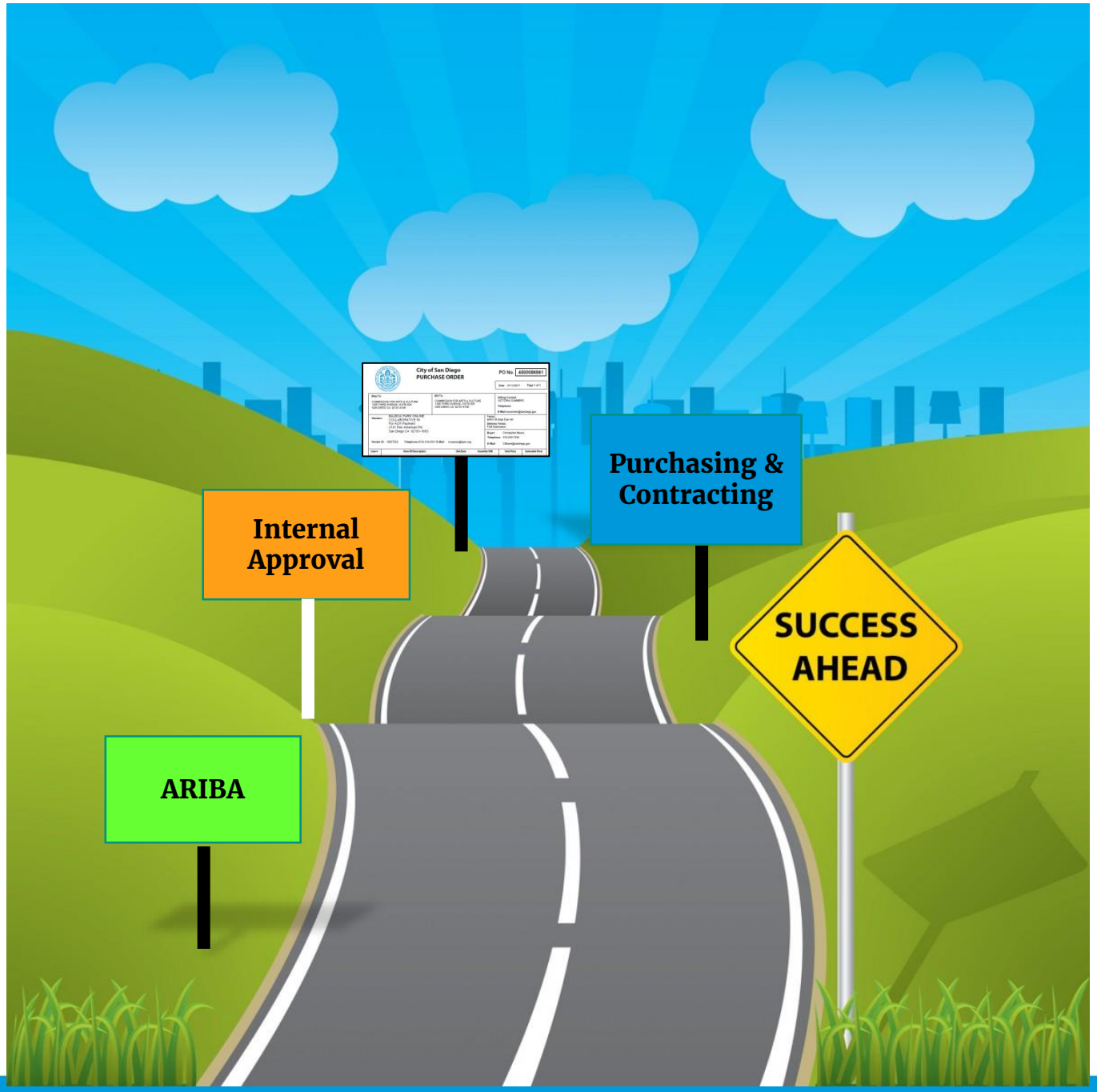
1

How can I expedite the process?

- Send complete and accurate insurance documents and keep the documents current throughout the year.
- Verify that your organization's status with state and federal agencies is – and stays – current.
- Designate one person in your organization to be the point of contact for Commission staff.

Contract's Journey Through the City

Purchase Order's Journey in the City



Contract Process is Complete!

ORIGINAL

CONTRACT BETWEEN CITY OF SAN DIEGO
AND BALBOA PARK ONLINE COLLABORATIVE INC.
FOR FISCAL YEAR 2017

ARTS AND CULTURE TRANSIENT OCCUPANCY TAX ALLOCATIONS

This Contract **FY17OSP-20-2105617** is made and entered into between City of San Diego, a municipal corporation (City), and **BALBOA PARK ONLINE COLLABORATIVE INC.**, a nonprofit organization (Contractor), for City to provide funding to Contractor to provide arts and culture services pursuant to Council Policy 100-03 Transient Occupancy Tax.

RECITALS

A. Contractor has applied for and been awarded Transient Occupancy Tax (TOT) funding from the Arts, Culture and Community Festivals (ACCF) category as provided for in Council Policy 100-03. Contractor is a legally constituted private nonprofit organization operating in the field of arts and culture.

B. This Contract is made to further the purpose of the ACCF funding category of TOT: to enhance the economy and contribute to San Diego's reputation as a cultural destination by nurturing and maintaining art and culture institutions of national and international reputation; by supporting programs and projects that provide access to excellence in culture and the arts for residents and visitors; and by funding programs and events which enrich the lives of the people of San Diego and build healthy, vital neighborhoods.

C. ACCF funding is allocated for either the Organizational Support Program (OSP) subcategory which provides annual, ongoing, general operating support for nonprofit, tax exempt arts and culture organizations with an emphasis on the delivery of programs and services that impact San Diego's quality of life and tourism; or the Creative Communities San Diego Program (CCSD) subcategory. CCSD encompasses the Festivals and Celebrations Program, which provides project support to community-based festivals, parades, and other celebrations, with an emphasis on projects which promote neighborhood pride and community reinvestment, and the Neighborhood Arts Program funds projects that make arts and culture activities more available and accessible in San Diego neighborhoods and encourage people of diverse backgrounds and ages to share their heritage and culture.

D. The services to be performed by Contractor are of such nature that City is currently not performing and that the interests of City are better served by Contractor's activities than by the performance of such a program by City.

The Parties agree as follows:

Document No. C-17058
Filed DEC 12 2016
Office of the City Clerk
San Diego, California

City of San Diego
PURCHASE ORDER

PO No. 4500086961

Date: 01/13/2017 **Page 1 of 1**

Ship To:
COMMISSION FOR ARTS & CULTURE
1200 THIRD AVENUE, SUITE 924
SAN DIEGO CA 92101-4106

Bill To:
COMMISSION FOR ARTS & CULTURE
1200 THIRD AVENUE, SUITE 924
SAN DIEGO CA 92101-4106

Billing Contact:
VICTORIA SUMMERS
Telephone:
E-Mail: vsummers@sandiego.gov

Vendor: BALBOA PARK ONLINE COLLABORATIVE IN
For ACH Payment
2131 Pan American Plz
San Diego CA 92101-1683

Vendor ID: 10027529 **Telephone:** (619) 819-8331 **E-Mail:** msuposs@bpoc.org

Terms: within 30 days Due net
Delivery Terms: FOB Destination

Buyer: Christopher Moore
Telephone: 619-236-7254
E-Mail: CMoore@sandiego.gov

Line #	Item ID/Description	Del.Date	Quantity/UM	Unit Price	Extended Price
1	"DEPARTMENT OPEN FOR FY17 TOT CONTRACT" Department Contact is: Whitney Roux Email: wroux@sandiego.gov Phone: 619-236-6798 "Certificate of insurance to be updated as required" Reimbursement to Balboa Park Online Collaborative Inc. FY17 TOT Allocations Agreement for period July 1, 2016 - June 30, 2017 per Or dinance 20669	06/30/2017	91,886 EA	USD 1.00	USD 91,886.00
****	Item partially delivered				

Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/

IMPORTANT!

To ensure prompt payments, PO # must appear on all shipments and invoices; all invoices must be directed to *Billing Contact* person at *Bill-To* address listed above

Line Item Total	$	91,886.00
Tax	$	0.00
PO Total	**$**	**91,886.00**

Rev 04 - 16

Invoices for Reimbursement

Organizational Support Program

- Refer to your contract for reimbursement criteria
- Does not need to be every three months

Creative Communities San Diego

- Refer to your contract for reimbursement criteria

Invoice for Reimbursement

All requests must show line items for eligible expenses and equivalent matching income.

Cannot submit a final invoice for reimbursement until two things happen:

1. Services have been completed;
2. Final Performance Report has been submitted.

Electronic Funds Transfer forms are available for download.

Reporting Requirements

Mid-Year Performance Report

- Process improvement questions
- Data collection questions
- Released early October
- Submitted online

DataArts Funder's Report

Final Performance Report

- Share successes and challenges
- Financial reporting
- Data collection questions
- Released early October
- Submitted Online
- Final invoice can be submitted once final report is received

Actual content of reports is subject to change.

Acknowledgement

All contractors are required to acknowledge City support in printed materials for their programs or event. Include the credit: *Financial support is provided by the City of San Diego.*

If you received support from only the Commission:

- Use the Commission for Arts and Culture Department Logo

If you received support from the Commission and other City departments including Libraries, City Council, Parks and Rec.:

- Use the City of San Diego Logo

Download logos here: https://www.sandiego.gov/arts-culture/funding

Additional Technical Assistance

Need additional help? Sign up for office hours!
Organizations may sign up for one-on-one, 30-minute appointments with Commission staff.

When: Every Thursday from July 25 - August 8, 2019 from 9:00 a.m-12:00 p.m.

Where: Appointments take place in person at the Commission for Arts and Culture office, located at 1200 Third Avenue, Suite 924 in downtown, San Diego, or via phone.

Appointments are scheduled on a first-come, first-serve basis. All appointments begin at the top of every half hour.

Contact Gail Wingfield: gwingfield@sandiego.gov

Questions?

Contract or Renewal Kit due:
August 16, 2019, 5:00 p.m.