

# Commission for Arts and Culture Funding Program

## Contracting with the City of San Diego Fiscal Year 2021





# Welcome Future OSP and CCSD Contractors!



# TODAY'S AGENDA

1. Contractual Requirements
2. Contracting Process
3. Q & A





# FY 2021 Fast Facts

## Organizational Support Program

- 113 Funded
- Allocated: \$5,066,572

## Creative Communities San Diego

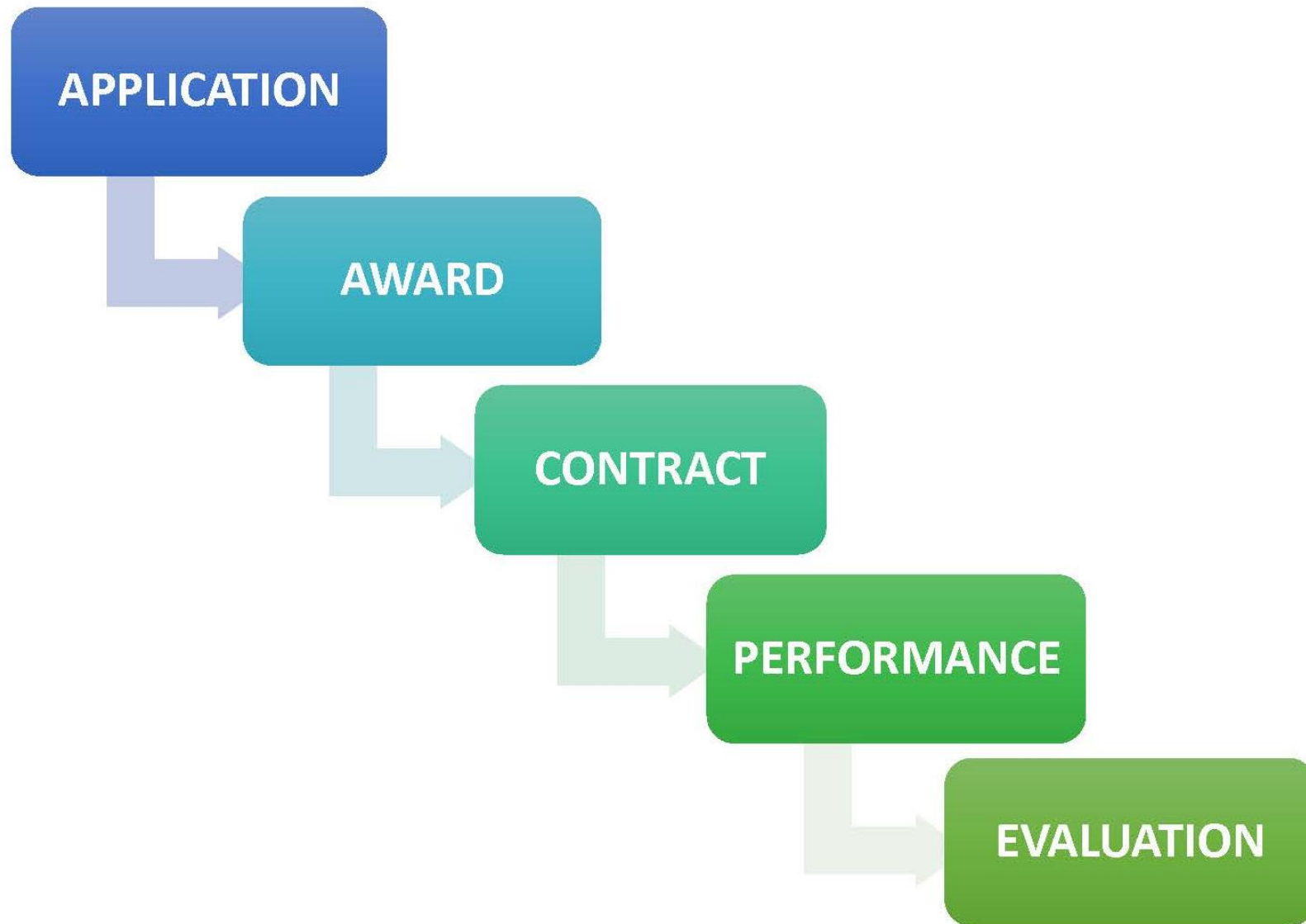
- 55 Funded
- Allocated: \$699,406

**16 new organizations!**





# 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: A complete contract, unsigned, pdf
  - One Exhibit A: Scope of Services
- For renewing contractors: A contract renewal letter, unsigned, pdf
- One “Declaration in Lieu” of Required Auto Insurance
- One “Declaration in Lieu” of Required Workers’ Compensation Insurance



Let's take a minute to address Covid-19 and FY21 contracts. We understand that Covid-19 has dramatically impacted your organization's revenues and budget as well as programming and engagement. We understand that health and safety guidelines may affect your ability to execute the activities and programs as proposed in your application for the FY21 funding cycle. Because of this, we plan to work with you throughout this contract year, and ask the following of you now:



**OSP Partners:** Attach with your signed contract renewal letter, a memo, approximately 1-page in length, on your organization's letterhead updating us on what FY21 may look like for you. The OSP category provides General Operating Support. Please outline general changes to your scope that may include reopening plan, programming changes, operational impact including staff changes, and in addition, we want to hear about any new responses you may have, including any alternative methods of programming and outreach.





**CCSD Partners:** Attach with your signed contract renewal letter, a memo, approximately 1-page in length on your organization's letterhead updating us on what FY21 may look like for you. The CCSD category is project specific support, and we will continue to support you as long as the general scope of the project will still be realized. We understand that shifts may need to happen, so in your memo please include any plans for change of venue, change of date, or modifications to your scope to meet health and safety guidelines. Please remember that a full shift into a virtual format does not constitute fulfillment of your proposed scope.



# I received my contract kit, now what?

1. Read the instructions, the contract and Exhibit A, or renewal letter.
2. Print, Sign (wet signature), Scan and EMAIL the contract with Exhibit A or letter and memo by **August 31, 2020**
3. Submit the following to the Commission for Arts and Culture via EMAIL by **September 25, 2020:**
  - Required Insurance Documents
  - Proof of Current Registrations

What if it's late?

# 1. Contractual Requirements



# Contractual Requirements

**CONTRACT PERIOD:** July 1, 2020 – June 30, 2021

## INVOICING

- You must have an executed contract and a PO#
- You have to incur the expenses first, then invoice.
- Expenses must be incurred between July 1, 2020 and June 30, 2020.
- You cannot pay for the following with City funds:
  - alcoholic beverages, travel, meals, lodging, entertainment, capital or equipment outlay, buildup of reserves, or the purchase of awards, trophies, gifts or uniforms, lobbying, religious activities or political activities.
- You must leave at least 10% of award for final invoice
- Final invoice is due by July 31, 2021







# Contractual Requirements

## REPORTING

Mid-Year Performance Report

Final Performance Report

Narrative Questions:

- Share successes and challenges
- Feedback

Financial Disclosures

- Financial reporting- **DataArts**
- Financial Disclosures:
  - 10k award: Balance Sheet & Income Statement
  - 75k award: Audited Financials
- [Arts Impact Data](#) Survey
  - Data Collection tools
- Images & Acknowledgements



*Actual content of reports is subject to change.*



# Contractual Requirements

## ACKNOWLEDGEMENTS

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.*



Commission for  
Arts and Culture

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

## 2. Contracting Process



# Complete Contract Packet

**Signed Contract  
with Exhibit A or  
Contract  
Renewal Letter  
+ Memo**



**Organization's  
Insurance Documents**

**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	
<p>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.</p> <p>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).</p>					
<b>PRODUCER</b> Alliant Insurance Services, Inc. 916-643-2700 2180 Harvard Street, Suite 460 Sacramento CA 95815			<b>CONTACT</b> NAME: PHONE (A/C, No, Ext.): FAX (A/C, No): 916-643-2750 E-MAIL: ADDRESS:		
<b>INSURED</b> ABC Corporation 123 B Street Sacramento, CA 95816			<b>INSURER(S) AFFORDING COVERAGE</b> 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:		
<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> 239115308 <b>REVISION NUMBER:</b>					
<p>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.</p>					
INSR LIR	TYPE OF INSURANCE	ADDL SUBR INSR, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SAMPLE	1/1/2015	1/1/2016
					<b>LIMITS</b> 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/PROP AGG \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> 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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SAMPLE	1/1/2015	1/1/2016
					<input checked="" type="checkbox"/> PER STATUTE <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
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
<b>CERTIFICATE HOLDER</b> The City of San Diego Purchasing and Contracting 1200 Third Avenue, 2 <sup>nd</sup> Floor San Diego, CA 92101			<b>CANCELLATION</b> 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: “The City, its officers, officials, employees, and volunteers” (FY21)  
Article 7.2.5.1
  - Primary and Non-Contributory Coverage for CGL
- Workers Comp Coverage
  - Waiver of Subrogation
  - Declaration in Lieu, if applicable
- Auto Insurance
  - Any Auto / Owned + Hired & Non-owned
  - Hired & Non-owned + Declaration in Lieu



# 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	
<small>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.</small>					
<small>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).</small>					
<b>PRODUCER</b> Alliant Insurance Services, Inc. 916-643-2700 2180 Harvard Street, Suite 460 Sacramento CA 95815			<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): 916-643-2750 E-MAIL: ADDRESS:		
<b>INSURED</b> ABC Corporation 123 B Street Sacramento, CA 95816			<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Indemnity Insurance Company of N A NAIC # 43575 INSURER B: Everest National Insurance Company 10120 INSURER C: ACE Fire Underwriters Insurance Com 20702 INSURER D: INSURER E: INSURER F:		
<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> 239115308 <b>REVISION NUMBER:</b>					
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<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>ADOL SUBR INSD WVD</b>	<b>POLICY NUMBER</b>	<b>POLICY EFF (MM/DD/YYYY)</b>	<b>POLICY EXP (MM/DD/YYYY)</b>
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SAMPLE	1/1/2015	1/1/2016
					<b>LIMITS</b> <input checked="" type="checkbox"/> EACH OCCURRENCE \$1,000,000 <input checked="" type="checkbox"/> GENERAL AGGREGATE \$2,000,000 PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SAMPLE	1/1/2015	1/1/2016
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$				<b>LIMITS</b> COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		SAMPLE	1/1/2015	1/1/2016
					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</b> (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
<b>CERTIFICATE HOLDER</b> The City of San Diego Purchasing and Contracting 1200 Third Avenue, 2nd Floor San Diego, CA 92101			<b>CANCELLATION</b> 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		
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# Additional Insured Endorsement

Required for Commercial  
General Liability  
insurance

Required Language:  
"The City of San Diego, its  
respective elected officials,  
officers, employees, and  
volunteers" (Article 7.2.5.1)

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.		
<b>ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)</b>		
This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART.		
		SCHEDULE
Name of Person or Organization:		
<u>The City of San Diego, its respective elected officials, officers, employees, and volunteers.</u>		
(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
<i>The City of San Diego, its respective elected officials, officers, employees, and volunteers.</i>	

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.



# 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.	
<b>PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION</b>	
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 <b>Other Insurance</b> Condition and supersedes any provision to the contrary:	(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.
<b>Primary And Noncontributory Insurance</b> 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	



# 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.

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Form SS 00 08 04 05



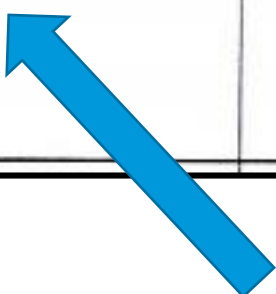
# Workers Compensation

## Workers Comp Insurance

Required for all organizations with employees.

- If you have employees, then include workers comp insurance and Waiver of Subrogation
- If Your organization has no paid employees, and all work to be performed under the contract is done solely by volunteers, then you can submit a Declaration Lieu

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





# Waiver of Subrogation for Workers Comp.

Required for Workers  
Compensation insurance

Waiver of Subrogation

Please check **Article VII,  
Section 7.2.5.4** 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		WC 99 04 02 C (Ed. 9-14)									
Policy #: 2018CC201											
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA											
<p>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.)</p> <p>You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.</p> <p>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.</p> <p>The minimum premium for this endorsement is .</p> <p>This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.</p>											
Schedule											
Specific Waiver											
Person/Organization:	<u>The City of San Diego, its respective</u>										
Job Description:	<u>elected officials...(see your original</u>										
Waiver Premium:	<u>contract for full sentence).</u>										
Class	State	Payroll Subject to Waiver									
<p>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.)</p> <table><tr><td>Endorsement Effective:</td><td>Policy No.:</td><td>Endorsement No.:</td></tr><tr><td>Insured:</td><td></td><td>Premium \$</td></tr><tr><td>Insurance Company:</td><td></td><td></td></tr></table> <p>WC 99 04 02C (Ed. 9-14)</p> <p>Countersigned by _____</p>			Endorsement Effective:	Policy No.:	Endorsement No.:	Insured:		Premium \$	Insurance Company:		
Endorsement Effective:	Policy No.:	Endorsement No.:									
Insured:		Premium \$									
Insurance Company:											

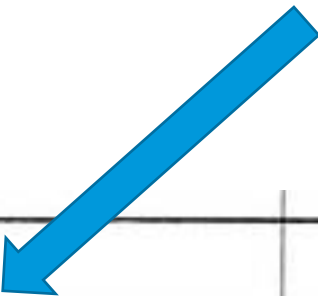


# Auto Insurance

Required for all organizations

- If your organization owns vehicles, then include “Any Auto” or “All owned, hired, & non-owned”
- If your organization does not currently own any vehicles, then include auto liability insurance for *hired & non-owned* autos AND submit the declaration in lieu.

		OTHER:		
C	<b>AUTOMOBILE LIABILITY</b>			
	<input type="checkbox"/>	ANY AUTO		
		ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS
	X	HIRED AUTOS	X	NON-OWNED AUTOS
		UMBRELLA LIAB		OCCUR
		EXCESS LIAB		CLAIMS-MADE
		DED	RETENTION \$	







# Declaration in Lieu Forms

## Declaration in Lieu, if applicable:

Automobile Liability for owned vehicles

Worker's Compensation Insurance

ACORD®		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 12/2/2015	
<small>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.</small>							
<small>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).</small>							
<b>PRODUCER</b> Alliant Insurance Services, Inc. 916-643-2700 2180 Harvard Street, Suite 460 Sacramento CA 95815				<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): 916-643-2750 E-MAIL: ADDRESS:			
<b>INSURED</b> ABC Corporation 123 B Street Sacramento, CA 95816				<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Indemnity Insurance Company of N A NAIC # 43575 INSURER B: Everest National Insurance Company 10120 INSURER C: ACE Fire Underwriters Insurance Com 20702 INSURER D: INSURER E: INSURER F:			
<b>COVERAGES</b>				<b>CERTIFICATE NUMBER:</b> 239115308		<b>REVISION NUMBER:</b>	
<small>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.</small>							
<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>ADDITIONAL SUBROGATION</b> INSR WVD	<b>POLICY NUMBER</b>	<b>POLICY EFF (MM/DD/YYYY)</b>	<b>POLICY EXP (MM/DD/YYYY)</b>	<b>LIMITS</b>	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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 - COM/PROP AGG \$2,000,000 \$	
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SAMPLE	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 RY (Per person) \$ RY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	SAMPLE	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$1,000,000 - EA EMPLOYEE \$1,000,000 - POLICY LIMIT \$1,000,000	
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</b> (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
				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			
ACORD 25 (2014/01) © 1988-2014 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD							



# 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 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



Click the links, search for your org, save a screenshot of search results as pdf and submit with your contract packet.



## 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, limited liability companies, and the names and addresses of the principals of the entity, order a copy of the last complete Statement of Information, ordering certificates, copies of documents and/or status reports or to request a more extensive search.

Please note: This search is not intended to serve as a name availability search. For information on checking or reserving a name, refer to [Name Availability](#).

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 corporation, it must be the full number.
- 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 Globe Theatre

Search

Authentications

Elections

Campaign & Lobbying

State Archives

Business Search - Results

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed as of the date the data was updated. This information 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 entity name. For information on checking or reserving a name, refer to [Name Availability](#).

For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Search Tips](#).

For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

Results for search 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

sandiego.gov



## Status Needed: CURRENT

State of California Department of Justice  
Office of the Attorney General

Kamala D. Harris  
Attorney General

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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 (optional):  
Organization Name: Outside the Lens  
State Charity Registration Number (optional):  
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

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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
<a href="#">OUTSIDE THE LENS</a>	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





# 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

<b>Ship To:</b> COMMISSION FOR ARTS & CULTURE 1200 THIRD AVENUE, SUITE 924 SAN DIEGO CA 92101-4106	<b>Bill To:</b> COMMISSION FOR ARTS & CULTURE 1200 THIRD AVENUE, SUITE 924 SAN DIEGO CA 92101-4106	<b>Billing Contact:</b> VICTORIA SUMMERS <b>Telephone:</b> <b>E-Mail:</b> vsummers@sandiego.gov
<b>Vendor:</b> BALBOA PARK ONLINE COLLABORATIVE IN For ACH Payment 2131 Pan American Plz San Diego CA 92101-1683		<b>Terms:</b> within 30 days Due net <b>Delivery Terms:</b> FOB Destination
<b>Vendor ID:</b> 10027529 <b>Telephone:</b> (619) 819-8331 <b>E-Mail:</b> msuposs@bpoc.org		<b>Buyer:</b> Christopher Moore <b>Telephone:</b> 619-236-7254 <b>E-Mail:</b> 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 Ordinance 20669	06/30/2017	91,886 EA	USD 1.00	USD 91,886.00
----	Item partially delivered				

<b>Notes:</b> The Terms and Conditions of this Purchase Order are available at <a href="http://sandiego.gov/purchasing/">http://sandiego.gov/purchasing/</a>		<b>Line Item Total</b>	\$ 91,886.00
<b>IMPORTANT!</b>		<b>Tax</b>	\$ 0.00
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		<b>PO Total</b>	\$ 91,886.00

Rev 04 - 15



# Completing an Invoice

## APPENDIX A

(Invoice for Reimbursement) Template

[Insert Letterhead/Organization's Logo]

**TABLE 1: LIST OF ITEMIZED EXPENSES**

Contractor's Legal Name:

Address:

Phone Number:

Contract Number:

Purchase Order Number:

Invoice Date:

Contractor Invoice Number:

Employer Identification Number (EIN#):

Total Request Amount:	\$
What number request is this? OSP #1 - 4 CCSD #1 - 2	

\*If you need more lines, please attach a spreadsheet with additional data. \*

Description of Expense	Amount of the Expense	Vendor or Employee Name	Date of Payment	Payment Type (Check #, Credit Card or Direct Deposit)
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
Total Expenses: (should match request amount)	\$			

**TABLE 2: MATCH INCOME TABLE**

\*If you need more lines, please attach a spreadsheet with additional data.\*

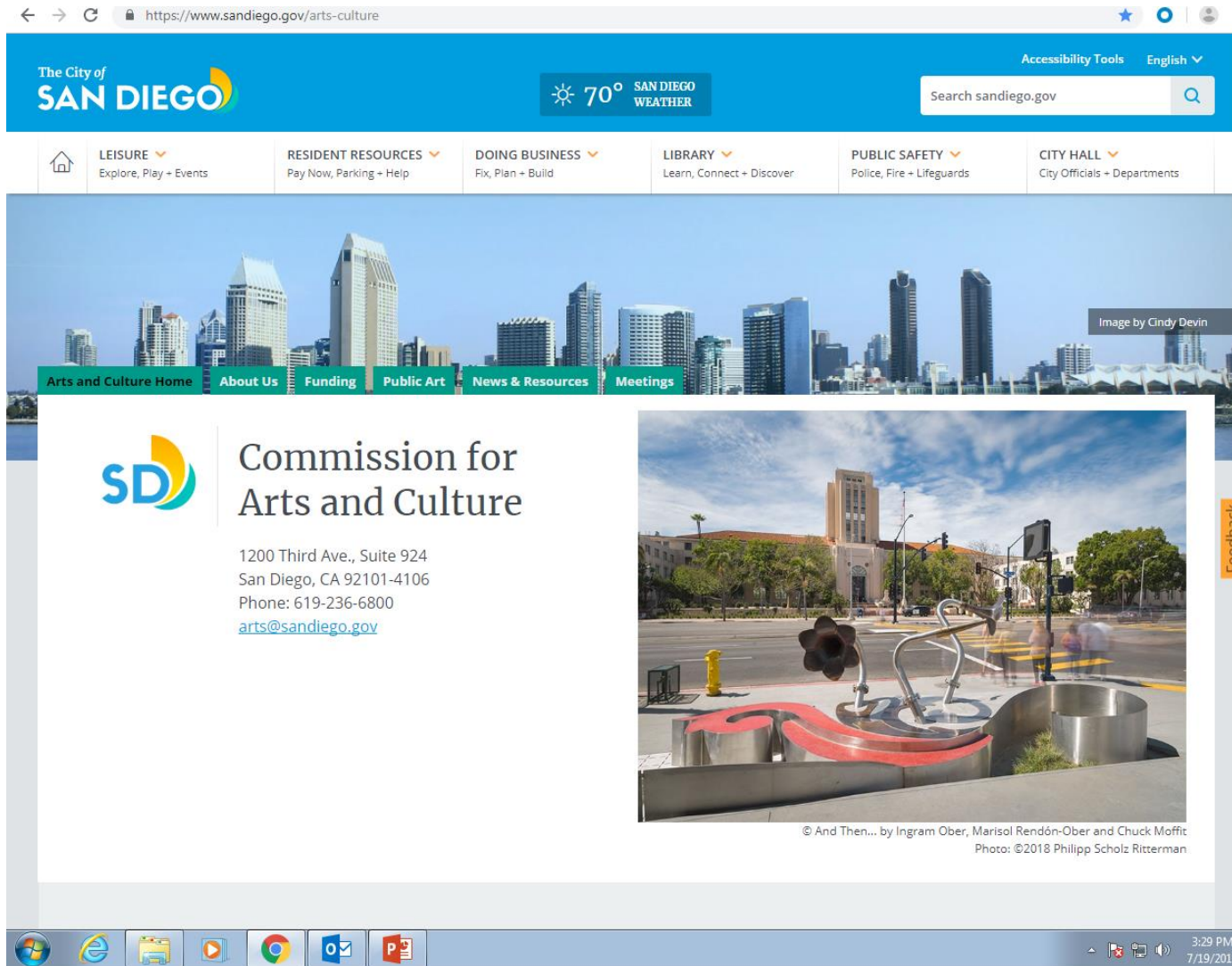
Description of Match Income Source	Amount	Date Received
	\$	
	\$	
	\$	
Subtotal for this request:	\$	
A. Total Match Required:	\$	
B. 1 <sup>st</sup> Request Match Income Total:	\$	
2 <sup>nd</sup> Request Match Income Total:	\$	
(OSP ONLY) 3 <sup>rd</sup> Request Match Income Total:	\$	
(OSP ONLY) 4 <sup>th</sup> Request Match Income Total:	\$	
C. Total Match Amount to Date:	\$	← Sum of all B Lines
D. Remaining Match Amount:	\$	← Subtract Line C from Line A.

**Authorization:** I have prepared this invoice in compliance with Article III of the Contract between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	
Date	



# Where can I find all this info?



**[www.sandiego.gov/arts-culture/funding](https://www.sandiego.gov/arts-culture/funding)**



# Additional Technical Assistance

## **Online Resources**

Visit our website for to watch this presentation, download it as a pdf, and access other helpful tools.

## **Need additional help? Sign up for office hours!**

Organizations may sign up for one-on-one, 30-minute appointments with Commission staff. These can be via teleconference or phone, whichever works for you. We'll send out a sign-up so you can reserve your spot.

## **Email us!**





# Who do I contact for help?

## FY21 Contracting Questions:

Leticia Gomez Franco  
Senior Arts and Culture Funding Manager  
E: [gomezL@sandiego.gov](mailto:gomezL@sandiego.gov)

Karla Centeno  
Arts & Culture Project Manager  
E: [KCentenoAgui@sandiego.gov](mailto:KCentenoAgui@sandiego.gov)





# Questions?

Signed Contract + memo due

**August 31, 2020**

Complete Contract Packet due

**September 25, 2020**