

# CPPS / ACCF Technical Assistance Workshop: Request for Proposals (RFP) Fiscal Year 2020

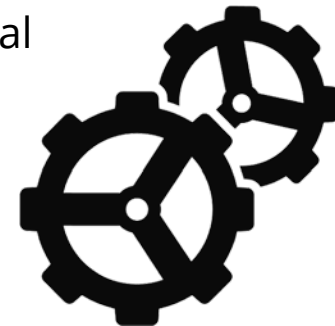
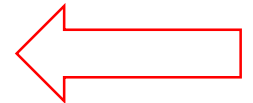




# CPPS/ACCF Funding Program

## Schedule

- Request for Qualifications (RFQ).....July 1 – Sept. 27, 2019
- Recipient Announcement.....Nov. 4 - Nov. 8, 2019
- **Request for Proposals (RFP).....Nov. 8 – Nov. 22, 2019**
- City Department Processing.....Nov. 25, 2019 – June 30, 2020
  - Contract creation
  - City Department routing & approval
  - City Council approval & resolution by Mayor
  - Purchasing & Contracting and City Attorney review and approval
  - Fully executed contract
  - Begin reimbursement process





# Requests for Proposals (RFP)

November 8 – 22, 2019

## RFP Documentation Requirements:

- ✓ IRS Form 990 or 990EZ
- ✓ Drug-free Workplace Certification
- ✓ EOC Workforce Report
- ✓ Living Wage Ordinance Certification
- ✓ Complete Proof of Specified Insurance
- ✓ Maintain Good Standing

- Nov. 8: FY 2020 CPPS/ACCF RFP available online

- **Nov. 22:** RFPs due by noon

- Items submitted to Council Administration via email
  - CPPS RFP: [CPPS@SanDiego.gov](mailto:CPPS@SanDiego.gov)
  - ACCF RFP: [ACCF@SanDiego.gov](mailto:ACCF@SanDiego.gov)
  - Subject headline: FY20 CPPS/ACCF Request for Proposals- *Organization Name*
- After submittal, Council Administration will contact the organization regarding the status of the RFP: **Qualified** or **Not Qualified**

\*Note: There will be a “cure” period for applicants deemed Not Qualified





## CPPS/ACCF Funding Program

### IRS Form 990 or 990 EZ

- Please submit the most recent annual information returns. This includes:
  - Form 990
  - Form 990-EZ
  - Form 990-PF
  - Form 990-N (e-Postcard)

**Information copy. Do not send to IRS.**

**Form 990-N**  
Department of the Treasury  
Internal Revenue Service

**Electronic Notice (e-Postcard)**  
for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

A For the 2011 calendar year, or tax year beginning 11/2011 and ending 12/31/2011

B Check if applicable:  
☐ Terminated, Out of Business  
☒ Gross receipts are normally \$50,000 or less

C Name of organization:  
 dba:  
 \_\_\_\_\_

D Website:  
 \_\_\_\_\_

E Name of Principal Officer:  
 \_\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid Business or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average time is 15 minutes.

**Note:** This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via file your Form 990-N (e-Postcard) electronically.

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4047(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150  
**2015**  
**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning February 1st, 2015, and ending January 30th, 2016

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization:  
 The Wellness Foundation, Inc.  
 Number and street (or P.O. box, if mail is not delivered to street address)  
 P.O. Box 381  
 City or town, state or province, country, and ZIP or foreign postal code  
 Mobileton, GA 30128-0381

D Employer identification number:  
 56-2425294

E Telephone number:  
 404-629-8695

F Group Exemption Number:  
 \_\_\_\_\_

G Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) \_\_\_\_\_

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: [TheWellnessFoundation.com](http://TheWellnessFoundation.com)

J Tax-exempt status (check only one): ☒ 501(c)(3) ☐ 501(c)(1) ☐ 501(c)(29) ☐ 4947(a)(1) or 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 29,511

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I ☐

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	29,511
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	0
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6b		
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	29,511
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	32,000
17	<b>Total expenses.</b> Add lines 10 through 16	32,000
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	(2,489)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	26,161
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	23,672

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)



## CPPS/ACCF Funding Program

### Drug-free Workplace Certificate

- The City requires that all City construction contractors, consultants, grantees, and providers of non-professional services agree to comply with the Drug-Free Workplace Policy (*Council Policy 100-17*).
- Complete one form per project, program, or service.

**CONSULTANT CERTIFICATION FOR A DRUG-FREE WORKPLACE**

**PROJECT TITLE:**

I hereby certify that I am familiar with the requirement of San Diego City Council Policy No. 100-17 regarding Drug-Free Workplace as outlined in the request for proposals, and that:

(Name under which business is conducted)

has in place a drug-free workplace program that complies with said policy. I further certify that each subcontract agreement for this project contains language which indicates the Sub-consultants agreement to abide by the provisions of Section 4.9.1 subdivisions A through C of the policy as outlined.

Signed

Printed Name

Title

Date

# CPPS/ACCF Funding Program

# Equal Opportunity Contracting (EOC) Work Force Report

- The City is an equal opportunity employer and requires the same of its private partners.
- EOC Work Force Report shows the gender and ethnic make-up of its employees.
- Helpful Reminders:
  - If employees, fill out completely.
  - If no employees, fill out "Board of Directors" and "Volunteers" sections on Page 2.
  - If Page 3 does not apply, fill out header and enter "N/A" under "Grand Total All Employees".
  - Please select an Equal Employment Opportunity Officer

[illegible]



# CPPS/ACCF Funding Program

## Living Wage Ordinance

- San Diego Municipal Code Division 42: Living Wage Ordinance requires covered employers and their subcontractors to pay a wage sufficient for a full-time worker to meet basic needs and avoid economic hardship.
- Please submit either the Compliance or Exemption form. Council Administration will check form for completeness and submit to the LWO Program on organization's behalf after Council approval.
- **LWO Certification of Compliance:** Organization complies with the "Terms of Compliance" described on form.
- Contract Information Section:
  - Contract Number→ State Location (CA)
  - Contract Title→ Name of project, program, or service
  - Purpose/Service Provided→ Brief description of project, program, or service
  - Start Date→ July 1, 2019      End Date→ June 30, 2020





## CPPS/ACCF Funding Program Living Wage Ordinance

- **LWO Application for Exemption:** Organization is exempt for one of the following reasons.
  - Firm employs 12 or fewer employees, including parent and subsidiaries.
  - Firm is a 501(c)(3) non-profit and highest salary is less than 8x hourly rate of lowest salary.
  - A Collective Bargaining Agreement specifically supersedes the LWO.
- Please Note:
  - Include required supporting documentation
  - Purchase Order/Agreement information is not required at this time.

The City of  
**SAN DIEGO**  
Purchasing & Contracting  
Equal Opportunity Contracting

Complete this form and return via Email  
to: [ContractLWO@sandiego.gov](mailto:ContractLWO@sandiego.gov)

### LIVING WAGE ORDINANCE APPLICATION FOR EXEMPTION

COMPANY INFORMATION	
Company Name:	
Company Address:	
Company Contact Name:	Contact Phone:

CONTRACT INFORMATION	
Contract Number (if no number, state location):	Start Date:
Contract Title (or description):	End Date:
Purpose/Service Provided:	

EXEMPTION BASIS
Check one option and submit required supporting documentation.
<input type="checkbox"/> <b>Business employs 12 or fewer employees</b> , including parent and subsidiary entities, for each working day in each of 20 or more calendar weeks in current or preceding calendar year and, in the City's determination, will not need to retain more than a total of 12 employees (including subcontractors) to perform work related to the City contract. SDMC section 22.4215 (c)(1). <b>Required documentation:</b> Correspondence on company letterhead and signed by a legally authorized officer documenting number of employees and listing subcontractors AND copy of firm's State of California Employment Development Department Quarterly Contribution Return and Report of Wages (Continuation) [form DE9C] for prior two quarters AND list of subcontractors AND copy of Purchase Agreement or Purchase Order.
<input type="checkbox"/> <b>Business organized under IRS section 501(c)(3)</b> and highest officer's salary, when calculated on an hourly basis, is less than eight times the hourly wage rate of the lowest paid covered employee. SDMC section 22.4215 (c)(2). <b>Required documentation:</b> Copy of IRS letter recognizing status as non-profit organized under section 501(c)(3) AND statement of salary listing corporation's highest paid officer and lowest paid worker, both computed on an hourly basis AND copy of Purchase Agreement or Purchase Order.
<input type="checkbox"/> <b>Collective Bargaining Agreement</b> specifically (in writing) supersedes the Living Wage Ordinance. SDMC section 22.4240. <b>Required documentation:</b> Copy of collective bargaining agreement OR written confirmation from union representing employees working on the contract AND copy of Purchase Agreement or Purchase Order.
<input type="checkbox"/> <b>Other - Cite LWO Municipal Code section:</b> _____
(a) <b>Required documentation:</b> Correspondence with explanation of basis for exemption request AND copy of Purchase Agreement or Purchase Order.

CONTRACTOR CERTIFICATION	
By signing, the contractor certifies under penalty of perjury under laws of the State of California that information submitted in support of this application is true and correct to the best of the contractor's knowledge.	
Name of Signatory	Title of Signatory
Signature	Date
Approval of this application exempts only the listed contractor from the LWO during performance of this contract. A subcontractor performing work on this contract is not exempt unless separate exemption is applied for and approved.	

FOR OFFICIAL CITY USE ONLY	
<input type="checkbox"/> Not Approved - Reason:	
<input type="checkbox"/> Approved	LWO Analyst: _____ Date: _____

LWP-001 (07/10/2017)

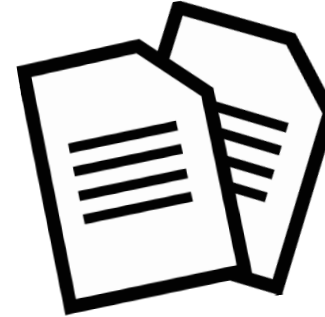




## CPPS/ACCF Funding Program

### Complete Proof of Specified Insurance

- ACORD Certificate of Insurance
- Commercial General Liability Endorsement
- Primary and Noncontributory Endorsement
- Automobile Liability Endorsement (for any and owned autos) or Declaration in Lieu of Required Automobile Insurance (for hired and non-owned autos)
- Worker's Compensation Waiver of Subrogation Endorsement (if paid employees) or Declaration in Lieu of Required Workers' Compensation Insurance (if no employees)





## Complete Proof of Specified Insurance

### ACORD Certificate of Insurance

- Required for all organizations
- Please ensure the following comply with City of San Diego contracting requirements:
  - Producer
  - Producer Contact
  - Insured
  - Type of Insurance
  - Policy Number
  - Policy Expiration Date
  - Limits
  - Description of Operations
  - Certificate Holder

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
<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> FULL NAME OF THE PRODUCER OR AGENCY MAILING ADDRESS OF THE PRODUCER CITY / STATE / ZIP CODE		<b>CONTACT</b> NAME: PRIMARY CONTACT AT PRODUCER OR AGENCY PHONE: PROVIDE TELEPHONE NO. FAX: [A/C, No.] E-MAIL: PROVIDE EMAIL ADDRESS INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: INSURER'S FULL LEGAL COMPANY NAME ID CODE INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
<b>INSURED</b> NAME OF CONTRACTOR MAILING ADDRESS OF CONTRACTOR CITY / STATE / ZIP CODE				
<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> <b>REVISION NUMBER:</b>				
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.				
INSUR LTR	TYPE OF INSURANCE	ADDL. BULK	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY) TO (MM/DD/YYYY)
A	<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROD. <input type="checkbox"/> AGG. <input type="checkbox"/> LOC.		CGL POLICY NUMBER	12/01/2016 12/31/2017
				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (See occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input checked="" type="checkbox"/> CAR/BOAT/AVES <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> BUS/RENTAL AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>		AUTO POLICY NUMBER	12/01/2016 12/31/2017
				COMBINED SINGLE LIMIT (See aggregate) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>			EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WC POLICY NUMBER	12/01/2016 12/01/2017
				WC - STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				
The City of San Diego, its respective elected officials, officers, employees, and volunteers				
<b>CERTIFICATE HOLDER</b> CITY OF SAN DIEGO PURCHASING & CONTRACTING 1200 THIRD AVENUE, SUITE 200 SAN DIEGO, CA 92101-4195			<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 MUST BE SIGNED	

ACORD 25 (2010/05)      © 1988-2010 ACORD CORPORATION. All rights reserved.  
 Purchasing & Contracting Insurance Checklist      The ACORD name and logo are registered marks of ACORD  
 Rev. January 06, 2017



## Complete Proof of Specified Insurance

### Commercial General Liability Endorsement

- Required Language: *"The City of San Diego, its respective elected officials, officers, employees, and volunteers"*
- Policy Number must be printed on top and match the ACORD Certificate.

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.



## Complete Proof of Specified Insurance

### Primary & Noncontributory Endorsement

- Required for Commercial General Liability insurance
- Endorsement document or page from insurance policy
- Policy Number must be printed on top and 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.

BUSINESS LIABILITY COVERAGE FORM

Policy #: 2017CC201

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





## Complete Proof of Specified Insurance

### Automobile Liability Endorsement

- Organization owns vehicles and carries Auto Liability insurance for any and owned autos.
- Required Language: *"The City of San Diego, its respective elected officials, officers, employees, and volunteers"*
- Policy Number must be printed on top and match the ACORD Certificate.

**NONPROFITS INSURANCE**  
ALLIANCE OF CALIFORNIA  
*A Head for Insurance. A Heart for Nonprofits.*

Policy No. 2018CC201

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE ONLY**

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City of San Diego, its respective elected officials, officers, employees, agents and representatives  
1200 Third Avenue, Suite 200  
San Diego, CA 92101-4195

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.



## Complete Proof of Specified Insurance

### Worker's Compensation Waiver of Subrogation Endorsement

- Organization has paid employees
- Required Language: *"The City of San Diego, its respective elected officials, officers, employees, and volunteers"*
- Policy Number must be printed on top and match the ACORD Certificate.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY		Policy No. 2018CC201	WC 99 04 02 C (F-18-14)
<b>WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA</b>			
<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	<u><i>The City of San Diego, its respective elected officials, officers, employees, and volunteers.</i></u>		
Person/Organization			
Job Description:			
Waiver Premium:			
Class	State	Payroll Subject to Waiver	



## Complete Proof of Specified Insurance

### Declaration in Lieu, if applicable

- **Automobile Liability Insurance Declaration:** Organization does not currently own any vehicles, and carries Auto Liability insurance for hired and non-owned autos.

#### DECLARATION OF CONTRACTOR RE: AUTOMOBILE INSURANCE COVERAGE

Regarding the FY 2020 Agreement [Agreement] between the City of San Diego, a municipal corporation [City] and \_\_\_\_\_ [Contractor], Contractor declares as follows:

- **Worker's Compensation Insurance Declaration:** Organization has no paid employees, and all work to be performed under the contract is done solely by volunteers.



City of San Diego  
Purchasing Division  
1200 3<sup>rd</sup> Avenue, Suite 200  
San Diego, CA 92101

#### DECLARATION AND ADDENDUM TO ALL BIDS AWARDED TO

I, \_\_\_\_\_ declare for the purpose of inducing the City of San Diego to go forward with any contracts or agreements awarded to \_\_\_\_\_



# Complete Proof of Specified Insurance

## Insurance Reminders

- Insurance is to remain current for the duration of the contract. Please submit updated documents upon renewal.
- Carefully read Article VII of the Draft Contract (Page 5).
- Share the insurance requirements found in Article VII of the contract and in the Purchasing & Contracting Insurance Checklist with your organization's insurance broker.
- Ensure that policy numbers typed on the endorsements correspond with the policy numbers on the ACORD Certificate of Insurance.
- Failure to comply with the City's insurance requirements in a timely manner may jeopardize the continuation of a contract.





## CPPS/ACCF Funding Program

### Maintain Proof of Good Standing

**Alex Padilla**  
California Secretary of State

Business Entities (BE) Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Sunday, August 26, 2018. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C0674452 CASA FAMILIAR, INC.

Registration Date:	02/06/1973
Jurisdiction:	CALIFORNIA
Entity Type:	DOMESTIC NONPROFIT
Status:	<b>ACTIVE</b>
Agent for Service of Process:	ELIZABETH RUFINA CUESTAS 119 W. HALL AVE. SAN YSIDRO CA 92173 1901 DEL SUR BLVD. SAN YSIDRO CA 92173 1901 DEL SUR BLVD. SAN YSIDRO CA 92173
Entity Address:	
Entity Mailing Address:	

**Active** status from Secretary of State  
<https://businesssearch.sos.ca.gov/>

*\*Status must remain active for the duration of the contract*

State of California  
Department of Justice

Office of the  
Attorney General

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**Registrant Details**

Entity Type is either the Corporate Class as registered with the Secretary of State or based on founding and registration documents submitted to the Registry.

Organization Name:	CASA FAMILIAR, INC.	IRS FEIN:	237237898
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	0674452
RCT Registration Number:	016991		
Program Type:	Charity	Registration Type:	Charity Registration
Issue Date:	6/30/2006	Renewal Due Date:	11/15/2018
Registry Status:	<b>Current</b>	Date This Status:	
Date of Last Renewal:	4/16/2018		

**Current** status from Attorney General  
<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

*\*Status must remain current for the duration of the contract*



# CPPS/ACCF Funding Program

## RFP Reminders

- Forms can be completed electronically or manually (please use Internet Explorer).
- All forms must be dated within the fiscal year (July 1, 2019- June 30, 2020).
- Forms are to be signed by an authorized signatory.
- Double check forms for completeness and accuracy.
- Designate one person in your organization to be the point of contact for Council Administration staff.
- If funding recipient chooses to give recognition for funds received, it shall recognize the City of San Diego, not individual Councilmembers or Council Districts. Link to logos can be found on the CPPS and ACCF website.
- CPPS/ACCF funds cannot be used for food, beverages, travel, private purposes, political, religious, or fundraising activities.
- RFP due November 22, 2019, noon.



# CPPS/ACCF Funding Program

## Request for Reimbursement Payment

- Submitted after organization receives a fully executed contract, and after services have been complete/ funds have been expended.
- Purchases must be made within the Fiscal Year (July 1, 2019 – June 30, 2020)
- Only eligible expenses are those included in the Funding Application's Use of City Funds section
- Complete Request for Reimbursement:
  - Request for Reimbursement Payment Form
  - Final Performance Report
  - Proof of Purchase → Receipts, invoices, pay stubs, time sheets, etc.
  - Proof of Payment → Cleared checks, bank/credit card statements, etc.

Account: PAYMENT  
 PLEASE PRINT AND SIGNATURE FOR THE ACTUAL CUSTOMER  
 TO: THE CREDIT UNION  
 FROM: [Signature]  
 DATE: 01/19/17

**FIRST BANK OF WIKI**  
 1422 JAMES ST. #100 BOX 4000  
 VICTORIA BC V8X 3K4 1-800-555-5555

CHECKING ACCOUNT STATEMENT  
 Page: 1 of 1

Statement period: 2003-10-08 to 2003-11-08  
 Account No: 00005-123-456-7

Date	Description	Ref	Withdrawals	Deposits	Balance
2003-10-08	Previous Balance				0.55
2003-10-14	Payroll Deposit - HOTEL			694.81	695.36
2003-10-14	Web Bk Payment - MASTERCARD	9605	200.00		495.36
2003-10-16	ATM Withdrawal - INTERAC	9600	21.25		474.11
2003-10-16	Fees - Interac		1.50		472.61
2003-10-20	Interac Purchase - ELECTRONICS	1875	2.98		469.63
2003-10-21	Web Bk Payment - AMEX	3314	300.00		169.63
2003-10-22	ATM Withdrawal - FIRST BANK	0054	100.00		69.63
2003-10-23	Interac Purchase - SUPERMARKET	1950	29.98		39.65
2003-10-24	Interac Refund - ELECTRONICS	1875		2.90	42.55
2003-10-27	Telephone Bk Payment - VISA	2475	6.77		35.78
2003-10-28	Payroll Deposit - HOTEL			694.81	730.59
2003-10-30	Web Funds Transfer - From SAUNDERS	2620		50.00	780.59
2003-11-05	Pre-Auto Payment - INSURANCE		33.55		747.04
2003-11-05	Cheque No. - 409		100.00		647.04
2003-11-06	Mortgage Payment		719.49		-72.45
2003-11-07	Fees - Overdraft		5.00		-77.45
2003-11-08	Fees - Monthly		5.00		-82.45
	<b>Total</b>		<b>1,515.83</b>	<b>1,442.81</b>	

Company Name: [Blank]  
 Invoice No: [Blank]  
 Date: [Blank]  
 Total: \$ 601.08

INVOICE

TO: [Blank]  
 FROM: [Blank]  
 DATE: [Blank]  
 TOTAL: \$ 601.08



## RFQ Assistance

### To Learn More

- **Council Offices**→ <https://www.sandiego.gov/citycouncil>
- **CPPS Funding Program**→ <https://www.sandiego.gov/citycouncil/cpps>
- **ACCF Funding Program**→ <https://www.sandiego.gov/citycouncil/accf>
- **Office Hours**→ By Appointment (*phone or in-person*)

### Contact Us

Submit CPPS questions to [CPPS@sandiego.gov](mailto:CPPS@sandiego.gov)

Submit ACCF questions to [ACCF@sandiego.gov](mailto:ACCF@sandiego.gov)

Courtney Thomson

Grants Coordinator/Contracts Administrator

[ThomsonC@sandiego.gov](mailto:ThomsonC@sandiego.gov)

(619) 236-5918

Jasmine Mallen

Grants & Contracts Analyst

[jmallen@sandiego.gov](mailto:jmallen@sandiego.gov)

(619) 533-4762

