

GRANT CONTRACT AMENDMENT

This Amendment is entered into by and between COUNTY OF LANCASTER, NEBRASKA, a political subdivision, hereinafter referred to as “Sponsor”, and VOICES OF HOPE, a nonprofit organization, hereinafter referred to as “Grantee”.

WHEREAS, the parties entered into a Grant Contract executed by the County on February 17, 2015, under County Contract Number C-15-0093 (the “Contract”) for the “Improved Legal Advocacy Relating to Protection Orders and Immigrants in Lancaster County” project in the amount of \$99,756, which is made a part hereof by this reference; and

WHEREAS, the Sponsor agreed to and has provided funding for the Grant Contract by expending Federal grant funds (award #2014-WE-AX-0007) from the U.S. Department of Justice Office on Violence Against Women, under the OVW FY2014 Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program (CFDA #16.590); and

WHEREAS, the parties desire to increase the amount of funding under this grant contract by \$12,697 for a total of \$112,453, for the purpose of funding a Victim Witness Advocate.

NOW THEREFORE, in consideration of the mutual covenants contained in the February 17, 2015, Grant Contract under County Contract Number C-15-0093 and hereinafter, it is agreed by and between the parties that the following amendment to the Grant Contract be made:

Amend Paragraph 4 of the Grant Contract by substituting the following language:

Grant: In order to assist the Grantee in financing the cost of the project described in Paragraph 1 above for a period of thirty six (36) months from October 1, 2014 through September 30, 2017, the Sponsor shall make a Grant in the amount of One Hundred Twelve Thousand Four Hundred Fifty Three Dollars (\$112,453) from the Grants Fund.

Amend Attachment B to the Grant Contract by substituting Attachment C, which Attachment is attached to this Amendment and incorporated herein by this reference.

All other terms of the Grant Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Sponsor and the Grantee do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns, and shall be effective upon execution by both parties.

EXECUTED by Grantee this 9 day of August, 2017.

VOICES OF HOPE
Grantee

By: Marcee Metzger

Marcee Metzger Executive
Printed Name, Title Director

EXECUTED by Sponsor this ___ day of _____, 20__.

LANCASTER COUNTY, NEBRASKA
A Political Subdivision, Sponsor

Approved as to form this
___ day of _____, 20__

By: _____
for Joe Kelly
Lancaster County Attorney

By: _____
Todd Wiltgen, Chair
Lancaster County Board of Commissioners

ATTACHMENT C

SCOPE OF SERVICES

The Grantee agrees to provide services under this contract to further the goals and objectives of the “Improved Legal Advocacy Relating to Protection Orders and Immigrants in Lancaster County” project. The Grantee’s Executive Director will participate in oversight of this project and serve on the Project Management Team.

The Grantee will:

- Provide crisis and supportive services for victims of domestic violence, dating violence, sexual assault, and stalking in accessing a wide array of services including support through law enforcement involvement, protection order assistance and immigration advocacy.
- Provide outreach and advocacy targeted toward Latina battered women and sexual assault survivors and their families.
- Participate in the Community Case Management Team and on-going review of policies and procedures.
- Conform to confidentiality and safety protocols developed for this project.
- Participate in case and/or systems review with project partners.
- Participate in cross training activities.
- Assist in providing support groups for Spanish-language victims who are victims of domestic violence, dating violence, sexual assault and stalking.
- Participate in the Audit on legal advocacy relating to protection orders and immigrant assistance.
- Assist with sexual assault training and provide sexual assault technical advice.
- Attend case and system review meetings and other grant coordination meetings.
- Track agreed-upon data required by the granting agency and provide it to Family Violence Council when requested for the purpose of semi-annual progress reports to the Office of Violence Against Women as allowable within the agency’s legal limits and established policies and procedures.

Grant funds will be used in alignment with the following Budget.

BUDGET

Personnel	Computation	Cost
Advocate	\$34,840 x 50% x 1 year	\$17,400
3% cost of living increase (year 2)	\$35,885 x 50% x 1 year	17,948
3% cost of living increase (year 3)	\$36,962 x 50% x 1 year	18,481
Bilingual Advocate	\$31,200 x 25% x 1 year	7,800
3% cost of living increase (year 2)	\$32,136 x 25% x 1 year	8,034
3% cost of living increase (year 3)	\$33,101 x 25% x 1 year	8,275
Personnel Subtotal		\$77,938
Fringe Benefits	Computation	Cost
Employers FICA	\$77,938 x 7.65%	\$5,962
Life, Worker's Comp. Unemployment	\$77,938 x 3.28%	2,556
Advocate: Health Insurance	\$421 mo. x 12 mos x .50 (year 1)	2,526
	\$442 mo. x 12 mos x .50 (year 2)	2,652
	\$464 mo. x 12 mos x .50 (year 3)	2,784
Bilingual Advocate: Health Insurance	\$421 mo. x 12 mos x .25 (year 1)	1,263
	\$442 mo. x 12 mos x .25 (year 2)	1,326
	\$464 mo. x 12 mos x .25 (year 3)	1,392
Fringe Benefits Subtotal		\$ 20,461
Travel	Computation	Cost
Mileage for outreach, client assistance	3120 miles x .56/mile	\$1,747
Other	Computation	Cost
Phone services	\$883/mo x 36 months x .047FTE	1,494
Office utilities	\$708/mo x 36 months x .047 FTE	1,198
Bilingual printed materials, brochures and outreach	\$256/year x 3 years	768
Interpreter	\$35 x 40 hours	1,400
Other Subtotal		\$ 4,860
TOTAL		\$105,006
Less 5% withheld by Department of Justice pending new legislation allowing for the testing of defendants for immunodeficiency virus (HIV):		(5,250)
Grantee may apply this reduction to the budget in any manner they see fit, as long as they still achieve the goals & objectives of the grant.		
Advocate at Victim/Witness Unit - .25 FTE		12,697

CONTRACT TOTAL

\$112,453

The Advocate will provide advocacy, case management, and crisis services to victims of intimate partner violence, sexual assault and stalking. They will also assist with protection orders, safety assessments and project activities with partners in this project including monthly coordination meetings and training.

The Bilingual Advocate will provide advocacy, co-facilitate a community support group, assist with protection orders and provide crisis services to Latina victims of domestic violence sexual assault and stalking and their children. They will also participate in outreach and project activities with bilingual advocates in this project including monthly coordination meetings and training. An Interpreter will assist with protection orders or immigration forms for victims who speak languages VOH staff members do not speak.

The Victim/Witness Advocate (.25 FTE) will be housed at Victim Witness Unit. The Advocate will focus on assisting victims in filing protection orders but also will accompany victims to court hearings, trials and parole hearings, provide information related to compensation of medical expenses, and provide crisis intervention and support. The advocate will work with VOH in making referrals and providing services to victims of domestic violence, dating violence, sexual assault and/or stalking.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2016

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 UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508	CONTACT NAME: Jennifer Trevarrow	PHONE (A/C, No. Ext): (402)434-7200	FAX (A/C, No): (402)434-7272
	E-MAIL ADDRESS:		
INSURED Voices of Hope Lincoln, Inc., DBA: Voices of Hope 2545 N Street Lincoln NE 68510	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Indemnity		18058
	INSURER B: Accident Fund Insurance Co.		10166
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 16/17 Cert Liab

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PHPK1554840	9/19/2016	9/19/2017	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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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			PHPK1554840	9/19/2016	9/19/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired & Non-Owned Auto \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB557306	9/19/2016	9/19/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6048873	10/7/2016	10/7/2017	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Lancaster County and The City of Lincoln is an Additional Insured with respects to the named insureds operations under the Commercial General Liability coverage.

CERTIFICATE HOLDER

(402)441-6805 14024416805@fax.tc

Lancaster County and/or The City of Linco
Joint Budget Committee
555 S 10th St.
Lincoln, NE 68508

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

Tami Soukup/JANM

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Lancaster County
555 S 10th St Ste 109
Lincoln, NE 68508

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

A. **Section II – Who Is An Insured** 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 ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY CHANGE DOCUMENT

POLICY NO.: PHPK1554840

Philadelphia Indemnity Insurance Company | 342 UNICO GROUP, INC.

NAMED INSURED Voices of Hope Lincoln, Inc.

MAILING ADDRESS 2545 N St
Lincoln, NE 68510-1250

POLICY PERIOD: FROM 09/19/2016 TO 09/19/2017 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 05/16/2017 **CHANGE # 2** **REVISION # 2**

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Additional Insured:

City of Lincoln and Lancaster County and

City of Lincoln/Lancaster County Public

Building Commission

555 S 10th St Ste 109

Lincoln, NE 68508

Form CG2012 Addl Insured-State or Political Subdivision applies

Per attached

Path ID 10762750

Total Annual
Additional/Return Premium \$

0.00
NO CHANGE

Total Prorate
Additional/Return Premium \$

0.00
NO CHANGE

COUNTERSIGNED

(Date)

BY

(Authorized Representative)

05/26/2017
Issue Date

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK1554840

Additional Insured

City of Lincoln/Lancaster County
Joint Budget Committee
555 S 10th St
Lincoln, NE 68508-2803

CG2005 - NE - Loc #1

Additional Insured

SolutionOne
Attn: Customer Service Department
7407 O St
Lincoln, NE 68510-2444

NE - Loc #1 - Bld #1 - BUSINESS PERS PROPERTY (OFFICE)

Additional Insured

Helen Moore
421 S 54th St
Lincoln, NE 68510-2004

CG2011 - NE - Loc #2

Additional Insured

City of Lincoln and Lancaster County and
City of Lincoln/Lancaster County Public
Building Commission
555 S 10th St Ste 109
Lincoln, NE 68508-2803

CG2012 - General Liability