

## GRANT CONTRACT

This Grant Contract is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2018, by and between The Bridge Behavioral Health, with a place of business at 721 K St, Lincoln, NE 68508, hereinafter referred to as "Grantee," and the County of Lancaster, Nebraska, hereinafter referred to as "Sponsor". Collectively the Sponsor and the Grantee may be referred to as "Parties," and individually each may be referred to as a "Party."

WHEREAS, pursuant to Neb. Rev. Stat. § 23-104.03 each county has the authority to provide protective services by contracting for services that meet the rehabilitation, treatment, care, training, educational, residential, diagnostic, evaluation, community supervision, and protective service needs of dependent, aged, blind, disabled, ill, or infirm persons, persons with a mental disorder, and persons with an intellectual disability domiciled in the county;

WHEREAS, pursuant to Neb. Rev. Stat. § 53-1,121, a law enforcement officer may take a person who is intoxicated and in the judgment of the officer dangerous to himself, herself, or others, or who is otherwise incapacitated, from any public or quasi-public property. If after reasonable efforts to take the individual home or to a hospital, clinic, etc. have failed, the officer may then place such intoxicated person in civil protective custody, except that civil protective custody shall be used only as long as is necessary to preserve life or to prevent injury, and under no circumstances for longer than twenty-four hours;

WHEREAS, Grantee admits individuals in civil protective custody age 14 years and older to be medically supervised by Grantee when chronic addiction or episodic alcohol and/or drug use makes individuals being admitted a danger to themselves or others;

WHEREAS, the Sponsor desires to expend General Funds, for this purpose;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, it is agreed between the Parties as follows:

1) Term: The Initial Term of this Grant Contract shall be from October 1, 2018, through June 30, 2019.

2) Purpose: The purpose of this Grant Contract is for the Grantee to provide Civil Protective Custody services for citizens of Lancaster County.

3) Grant: In order to assist the Grantee in financing the cost of the Project described in Section 2 above during the Term, the Sponsor shall make a one-time Grant in the amount of One Hundred Thousand Dollars (\$100,000).

4) Grantee agrees to supervise clients at Grantee's place of business until they are released to a responsible friend or family member or until a nurse determines Civil Protective Custody is no longer needed to preserve life or prevent injury. Under no circumstances shall a client remain in Civil Protective Custody at the Grantee's place of business for longer than 24 hours.

5) Placement at the Grantee's place of business is not an arrest, but admission into a substance use treatment facility. This allows an opportunity for staff to intervene, and when applicable, recommend other services.

6) General Duties of the Grantee:

A. Timely and professionally complete the services as described above, and furnish all labor and pay all costs, including any taxes, required to complete Grantee's services.

B. Furnish everything reasonably necessary to complete Grantee's services unless specifically provided otherwise in this Grant Contract.

C. Apply for, obtain, and maintain any and all necessary permits, certifications, licenses, variances, and approvals required by any applicable law or regulations that relate to Grantee's services.

I. Grantee shall provide a copy of a valid applicable Nebraska Facility Mental Health Substance Use Treatment Center license pursuant to Neb. Rev. Stat. § 71-436.01.

II. If the license(s) of Grantee or Grantee's employee(s) are suspended or revoked, or if Grantee or Grantee's employees become professionally decertified, or if Grantee or Grantee's employee(s) fail to maintain any other permit, certification, license, variance, status, or approval impairing Grantee's ability to perform under this Grant Contract, Grantee shall immediately notify Sponsor. The Parties agree that in the event of suspension or revocation of licensure, professional decertification, or other failure to maintain any other permit, certification, license, variance, status, or approval, the Sponsor may terminate this Grant Contract immediately pursuant to the terms of this Grant Contract.

D. Provide and perform all necessary labor in a professional and workmanlike manner and in accordance with the provisions of this Grant Contract.

7) Project Budget: A Project Budget shall be prepared and maintained by Grantee. Grantee shall carry out the Project and shall incur costs and make disbursements of funds provided hereunder by the Sponsor only in conformity with the Project Budget. The current approved Project Budget is contained in Attachment A. Said Project Budget may be revised from time to time, but no Project Budget or revision thereof shall be effective unless and until the same is approved in writing by Project Monitor. The funds granted under this Grant Contract cannot be used to supplant (replace) other existing funds.

8) Account Procedures and Records:

A. Grantee shall establish for the Project one or more separate accounts that shall be approved by the Project Monitor. Said account or accounts shall be maintained within Grantee's existing accounting system or set up independently. Said account or accounts shall be referred to herein collectively as "the Project Account."

B. Grantee shall appropriately record in the Project Account, and deposit in a bank or other corporate fiduciary, all grant payments received from the Sponsor pursuant to this Grant Contract.

C. Grantee shall charge to the Project Account all costs of the Project in accordance with the Project Budget. During any given calendar month during the Term, the Grantee shall not charge any costs to the Project Account that are not contained in the Project Budget for that given month.

Sponsor shall not be liable for any such Unauthorized Costs, directly or indirectly.

D. All costs charged to the Project Account shall be supported by properly executed payroll, time records, invoices, contracts, or vouchers evidencing in proper detail the nature and propriety of the charges. Any cost not properly supported as provided herein shall be deemed an Unauthorized Cost for which Sponsor shall not be liable, directly or indirectly.

E. Any check or order drawn by Grantee with respect to any item which is or will be chargeable against the Project Account will be drawn only in accordance with a properly signed voucher then on file in the office of Grantee, stating in proper detail the purpose for which such check or order is drawn. Any cost related to a check or order not drawn as provided herein shall be deemed an Unauthorized Cost for which Sponsor shall not be liable, directly or indirectly.

F. All checks, payroll, invoices, contracts, vouchers, orders, or other accounting documents pertaining in whole or in part to the Project shall be clearly identified, readily accessible, and to the extent feasible, kept separate and apart from all other documents maintained by Grantee.

G. Grantee may not charge as direct or indirect costs against the Project Budget the costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions. Any such costs shall be deemed Unauthorized Costs for which Sponsor shall not be liable, directly or indirectly.

9) Payment Term: On or before the 30th day following the close of each calendar quarter that falls within the Term, Grantee shall submit an invoice to the Sponsor detailing all Project Account costs for the prior three calendar months, to the extent that the prior three calendar months fall within the Term. Three calendar quarters fall within the term of this Grant Contract. Costs contained in untimely, unsupported, or otherwise incomplete invoices shall be deemed Unauthorized Costs, for which Sponsor shall not be liable, directly or indirectly.

Grantee's invoices submitted hereunder shall be handled as all other claims against the Sponsor. No payment shall be made for Unauthorized Costs.

The Sponsor shall authorize payment for Grantee's invoices only after Project Monitor assures the Sponsor in writing that Services rendered by Grantee prior to the date of making the claim were performed in accordance with the Grant Contract, and that all costs conform to the Project Budget. Such assurance shall include the submission of all supporting documentation and support costs as described in Section 8 of this Grant Contract.

10) Audit and Inspection: Grantee shall permit and shall require its agents and employees to permit the Sponsor or its authorized representative to inspect all work, materials, payroll, records of personnel, invoices of materials, and other relevant data and records; and to audit the books, records, and accounts of Grantee pertaining to the Grant Contract and Project provided herein. Grantee shall submit two copies of its annual independent audit to the Sponsor or its designated representative within thirty (30) days of receipt of such audit. Grantee is aware of the requirements imposed on them by Federal laws, including but not limited to applicable Federal statutes, regulations, executive orders, and administrative guidance. Grantee will meet the audit requirements of 2 CFR 200 if it expends \$750,000 or more in Federal awards during Grantee's fiscal year. All records related to this Grant Contract shall be retained for five (5) years from the date of the annual independent audit conducted pursuant to this Section, unless an audit is in progress or the findings of a completed audit have not been resolved satisfactorily.

11) Project Monitor: The Project shall be monitored by the Sponsor through the Director of the Lincoln-Lancaster County Human Services Department ("Project Monitor"). In the event of noncompliance with this Grant Contract by Grantee, the Project Monitor shall report said noncompliance to the Lancaster County Board for further action which may include termination of the Grant Contract.

12) Contract of Grantee: Grantee shall provide the Project Monitor with written notice before Grantee executes any subcontract or obligates itself in any other manner with any third party with respect to the Project described in Section 2.

13) Not Discriminate: In its performance of this Grant Contract, the Grantee shall not discriminate on the basis of race, creed, sex, national origin, religion, age, marital status, or disability, with respect to either provision of services or in its employment practices. In the event a federal or state court or administrative agency makes a finding of discrimination against Grantee after a due process hearing, Grantee shall forward a copy of the finding to Project Monitor. Grantee shall be required to comply with 28 CFR 42.301 et seq. to formulate an Equal Employment Opportunity Program (EEO).

14) Sponsor Not Obligated to Third Parties: This Grant Contract is not intended to, and does not, create any rights or benefits on behalf of any person other than the Parties to this Grant Contract. Sponsor shall not be obligated or liable hereunder to any person other than the Grantee.

15) Prohibited Interests: Neither Grantee nor any of its contractors or their subcontractors shall enter into any contract, subcontract, or arrangement in connection with the Project provided herein, or any property included or planned to be included in the Project in which any officer, agent, or employee of Grantee during his tenure or for one year thereafter has any financial interest, direct or indirect.

16) Nonperformance: In the event the Grantee fails to perform the duties or fails to meet any of the requirements outlined in this Grant Contract, then and upon the happening of such event, Sponsor shall give written notice to Grantee of such failure to perform, and this Grant Contract shall terminate immediately upon such notice. Upon receipt of such notice, Grantee shall immediately surrender to Project Monitor or Project Monitor's designated representative any balance remaining in the Project Account. Grantee shall be liable to Sponsor for immediate repayment of any unauthorized expenditure of funds from Project Account. Grantee shall be compensated pursuant to the terms of this Grant Contract for authorized Project Account costs charged against the Project Account prior to the date of termination according to the approved Project Budget.

17) Severability: If any portion of this Grant Contract is held invalid, the remainder hereof shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of the applicable law.

18) Lack of Funding: The Parties recognize that the compensation provided for in this Grant Contract is based solely upon funds from the Nebraska Commission on Law Enforcement and Criminal Justice, grant number 18-CB-0525 ("Outside Grant"). The Parties further recognize that the Sponsor may terminate this Grant Contract in whole or in part immediately upon written notice to Grantee if Outside Grant's funds run out or are no longer available. The date Project Monitor sends the written notice of termination shall be the date of termination. The Grantee understands and agrees that the Sponsor shall not provide for funding under this Grant Contract from the Lancaster County General Fund, tax revenue, or any other source, and that the sole source of funding for this Grant Contract is the aforementioned Outside Grant. In the event that grant funds under the Outside Grant are no longer available or run out, the Grantee shall be compensated pursuant to the terms of this Grant Contract for authorized Project Account costs charged against the Project Account prior to the date of termination according to the approved Project Budget. Grantee agrees that Grantee has no reasonable expectation of payment for unauthorized costs, or for payment of any kind from any other source. The Grantee further understands and agrees that any costs not covered by the current Grant Contract are not authorized.

19) Termination:

(a) This Grant Contract may be terminated by Sponsor for lack of funding as provided in Section 18 above.

(b) This Grant Contract may be terminated by either Sponsor or Grantee for breach of the terms of this Grant Contract. The Sponsor may terminate the Contract for breach as provided in Section 16 above. Upon breach by Sponsor, Grantee shall provide Sponsor written notice of such breach and shall provide Sponsor 30 days to cure the breach. During the cure period, both Parties

shall continue to perform under the Grant Contract. If, after 30 days, Sponsor has failed to cure the breach, Grantee may terminate the Grant Contract immediately upon written notice to Sponsor.

(c) This Grant Contract may be terminated by Sponsor for convenience upon 30 days written notice to Grantee. Grantee shall be compensated pursuant to the terms of this Grant Contract for authorized Project Account costs charged against the Project Account prior to the date of termination according to the approved Project Budget.

20) Independent Contractor: It is the express intent of the Parties that this Grant Contract shall not create an employer-employee relationship, and the Grantee, or any other employee or other person acting on behalf of Grantee in the performance of this Grant Contract, shall be deemed to be independent contractor(s) during the entire term of this Grant Contract or any renewals thereof. Grantee shall not receive any additional compensation in the form of wages or benefits from the Sponsor which are not specifically set forth in this Grant Contract. Grantee shall assume full responsibility for payment of all federal, state, and local taxes or contributions imposed or required under unemployment insurance, social security and income tax law, with respect to Grantee or any such employees of Grantee as may be engaged in the performance of this Grant Contract. It is the express intent of the Parties that this Grant Contract shall not create an agency relationship between the Parties. Neither the Sponsor nor its employees shall be deemed agents of the Grantee, and neither the Grantee nor its employees shall be deemed to be agents of the Sponsor.

21) Hold Harmless: To the fullest extent permitted by law the Grantee shall indemnify, defend, and hold harmless the Sponsor, its elected officials, officers, employees, agents, consultants, and employees, from and against claims, damages, losses and expenses, including but not limited to attorney fees, arising out of or resulting from performance of the Project, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, to injury to or destruction of tangible or intangible property, but only to the extent caused by the negligent, wrongful, or intentional acts or omissions of the Grantee, a subcontractor of Grantee, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder. In the event the claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder, the indemnification by the Grantee shall be prorated based on the extent of the liability of the party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce obligations of indemnity which would otherwise exist as to a party or person described in this Section. Nothing herein shall be construed to be a waiver of sovereign immunity by the Sponsor.

22) Insurance: The Contractor shall, prior to beginning work, provide proof of insurance coverage in a form satisfactory to the County, which shall not withhold approval unreasonably. The coverages and minimum levels required by this Grant Contract are set forth below and shall be in effect for all times that work is being done pursuant to this Grant Contract. No work pursuant to this Grant Contract shall begin until all insurance obligations herein are met to the satisfaction of the County, which shall not unreasonably withhold approval. Self-insurance shall not be permitted unless consent is given by the County prior to execution of the Grant Contract and may require submission of financial information for analysis. Deductible levels shall be provided in writing from the Contractor's insurer and will be no more than \$25,000.00 per

occurrence. Said insurance shall be written on an **OCCURRENCE** basis, and shall be **PRIMARY, with any insurance coverage maintained by the County being secondary or excess.**

A. **Workers' Compensation.** The Contractor shall provide proof of workers' compensation insurance of not less than minimum statutory requirements under the laws of the State of Nebraska and any other applicable State. Employers' Liability coverage with limits of not less than \$500,000.00 each accident or injury shall be included. The Contractor shall also be responsible for ensuring that all subcontractors have workers' compensation insurance for their employees before and during the time any work is done pursuant to this Grant Contract.

B. **Commercial General Liability.** The Contractor shall provide proof of Commercial General Liability Insurance with a minimum limit of not less than \$1,000,000.00 each occurrence and \$2,000,000.00 aggregate. These minimum limits can be met by primary and umbrella liability policies. Coverage shall include: Premises-Operations, Products/Completed Operations, Contractual, Broad Form Property Damage, and Personal Injury. Such coverage shall be endorsed for the general aggregate to be on a **PER PROJECT** basis, and the Contractor shall provide an additional insured endorsement acceptable to the County. The required insurance must include coverage for all projects and operations of Contractor or similar language that meets the approval of the County, which approval shall not be unreasonably withheld.

C. **Professional Liability.** Errors and Omissions or Professional Liability insurance, as may be required, covering damages arising out of negligent acts, errors, or omissions committed by Contractor in the performance of this Grant Contract, with a liability limit of not less than \$1,000,000 each claim. Contractor shall maintain this policy for a minimum of two (2) years after completion of the work or shall arrange for a two year extended discovery (tail) provision if the policy is not renewed.

D. **Additional Insured.** An Additional Insured endorsement shall be provided to County naming County as additional insureds using ISO additional insured endorsement, under the commercial general liability policy. Said insurance shall be written on an **OCCURRENCE** basis.

E. **Certificates.** The Contractor shall provide certificates of insurance and endorsements evidencing compliance with these requirements. The Contractor's insurance shall include an endorsement to provide for at least thirty (30) days' firm written notice in the event of cancellation. Intent to notify is not acceptable. During the Term of the Grant Contract and during the period of any required continuing coverages, the Contractor shall provide, prior to expiration of the policies, certificates and endorsements evidencing renewal insurance coverages. The Parties agree that the failure of County to object to the form of a certificate and/or additional insured endorsement provided shall not constitute a waiver of this requirement.

F. **Minimum Scope of Insurance.** All Liability Insurance policies shall be written on an "Occurrence" basis only. All insurance coverage are to be placed with insurers

authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted otherwise.

G. **Sovereign Immunity.** Nothing contained in this Section or other Sections of this Grant Contract shall be construed to waive the Sovereign Immunity of the County.

23) Laws: During the Term of this Grant Contract, the Contractor shall perform all services in accordance with the established and applicable standards and in accordance with applicable federal, state, and local laws.

24) Notices: All notices, request for services, or other communications provided under this Grant Contract shall be in writing and shall be given to County or the Contractor at the address set forth below or such other address as either may specify hereafter in writing:

Sponsor:

Lancaster County Human Services  
c/o Sara Hoyle, Director  
3140 N Street, Suite 2106  
Lincoln, Nebraska 68510

Grantee:

The Bridge Behavioral Health  
c/o Tammy Stevenson  
721 K Street  
Lincoln, Nebraska 68508

Such notice or other communication may be mailed by United States Certified mail, return receipt requested postage prepaid and may be deposited in a United States Post Office Box or a depository for the receipt of mail regularly maintained by the Post Office. Such notices or communication may also be delivered by hand. For the purpose of the Grant Contract, all notices will be deemed to have been given upon the date of the personal delivery or three days after having been deposited in the United States Post office as proved above.

25) Entire Grant Contract: The Parties hereby agree that this Grant Contract constitutes the entire understanding of the Parties and supersedes all prior contracts, Grant Contracts and negotiations between the Parties whether verbal or written. To the extent any provisions of this Grant Contract conflict with the provisions of any of the attachments to this Grant Contract, the provisions of this Grant Contract shall prevail.

26) Forbearance Not Waiver: Either Party's failure or neglect to enforce any of its rights under this Grant Contract will not be deemed to be a waiver of that Party's rights.

27) E-Verify: In accordance with Neb. Rev. Stat. § 4-108 through § 4-114, Contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and



Control Act of 1986. Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C. § 1324b. Contractor shall require any subcontractor to comply with the provisions of this section.

28) Release of Information: The Grantee agrees to keep any and all information obtained in the performance of this Grant Contract confidential as required by law. The Grantee agrees that it shall be compliant with the Health Insurance Portability and Accountability Act of 1996 and implementing regulations pertaining to confidentiality of health information.

29) The recitals to this Agreement are true and correct, and are incorporated herein and made a part of this Agreement by this reference.

EXECUTED this 17 day of October, 2018, by Grantee.

BY: Tammy Stevenson

NAME: Tammy Stevenson

TITLE: Executive Director

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2018, by the County.

BY: LANCASTER COUNTY BOARD OF COUNTY COMMISSIONERS

APPROVED AS TO FORM  
this \_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Deputy County Attorney for  
PAT CONDON, County Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED BUDGET**

<b>Category</b>	<b>Amount</b>
<b>Personnel</b>	
24-hour Nursing Staff in Civil Protective Unit	\$ 60,000.00
24-hour Technician Staff in Civil Protective Unit	\$ 40,000.00
<b>Personnel Total</b>	\$ 100,000.00
<b>Consultants/Contracts</b>	
<b>Consultant/Contracts Total</b>	\$ 0.00
<b>Travel</b>	
<b>Travel Total</b>	\$ 0.00
<b>Operating Expenses</b>	
<b>Operating Expenses Total</b>	\$ 0.00
<b>TOTAL</b>	\$ 100,000.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2018

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

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

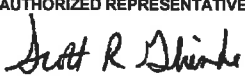
<b>PRODUCER</b> The Glienke Agency, L.L.C. 105 North 6th St Clear Lake, IA 50428 Jay L. Bullington, CPCU	515-267-8555	<b>CONTACT NAME:</b> Scott R. Glienke, CPCU, CIC <b>PHONE (A/C, No, Ext):</b> 515-267-8555 <b>E-MAIL ADDRESS:</b> scott@theglienkeagency.com <b>FAX (A/C, No):</b> 515-222-5999																					
<b>INSURED</b> The Bridge of Nebraska Inc. Tammy Stevenson 721 K Street Lincoln, NE 68508		<table border="1"> <tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr><td>INSURER A :</td><td>Philadelphia Indemnity Ins. Co</td><td>18058</td></tr> <tr><td>INSURER B :</td><td>Alliance of Nonprofits</td><td>10023</td></tr> <tr><td>INSURER C :</td><td>United Heartland Services, Inc</td><td>29157</td></tr> <tr><td>INSURER D :</td><td></td><td></td></tr> <tr><td>INSURER E :</td><td></td><td></td></tr> <tr><td>INSURER F :</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Philadelphia Indemnity Ins. Co	18058	INSURER B :	Alliance of Nonprofits	10023	INSURER C :	United Heartland Services, Inc	29157	INSURER D :			INSURER E :			INSURER F :		
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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**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 INSP	SUBR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		2018-27684 CGL/PRO	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 500,000
B	<input checked="" type="checkbox"/> Professional			2018-27684 CGL/PRO	07/01/2018	07/01/2019	MED EXP (Any one person) \$ 20,000
B	<input checked="" type="checkbox"/> Abuse Liability			2018-27684 CGL/PRO	07/01/2018	07/01/2019	PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3,000,000
POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 3,000,000
OTHER:							<b>Emp Ben.</b> \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			PHPK1843353	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			2018-27684 UMB	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2000021110	07/01/2018	07/01/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N N/A						E.I. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE \$ 500,000
							E.I. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Deputy County Attorney Lancaster Co Attorneys Office Email: DDerbin@lancaster.ne.g 555 S. 10th Street Lincoln, IL 68508	<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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**POLICY CHANGE  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

COMPANY: Alliance of Nonprofits for Insurance (27684)  
POLICY NUMBER: 2018-27684  
NAMED INSURED: Bridge Behavioral Health, Inc. (The)  
POLICY CHANGE EFFECTIVE: 09/21/2018  
COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY  
POLICY CHANGE#: 4 Page 1

The following additional insured(s) is/are hereby added to the policy:

CG 20 10 Locations - ALL  
Lancaster County General Assistance \$0  
555 S 10th St.  
Lincoln, NE 68508  
ONLY AS RESPECTS TO Lancaster County, 555 S. 10th Street, Lincoln NE 68508

0

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM: \$0  
RETURN PREMIUM: \$0  
ENDORSEMENT PREMIUM: \$0

10/09/2018

AUTHORIZED SIGNATURE

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 Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Lancaster County General Assistance  Lancaster County, 555 S. 10th Street, Lincoln NE 68508	All insured premises and operations.
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", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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 additional exclusions apply:

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 location 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.

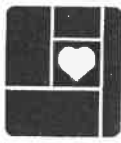
C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

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.



**ALLIANCE OF  
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INSURANCE**

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**ALLIANCE OF NONPROFITS FOR INSURANCE  
RISK RETENTION GROUP (ANI)**

[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

**SOCIAL SERVICE PROFESSIONAL COVERAGE FORM DECLARATIONS**

**PRODUCER:**

Glienke Agency, LLC (The)  
1200 Valley West Dr., Ste. 503  
West Des Moines, IA 50266

**POLICY NUMBER: 2018-27684**

**RENEWAL OF NUMBER: 2017-27684**

**NAME OF INSURED AND MAILING ADDRESS:**

Bridge Behavioral Health, Inc. (The)

721 K Street  
Lincoln, NE 68508

**POLICY PERIOD:**

FROM 7/1/2018 TO 7/1/2019  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Substance abuse treatment center

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.**

**LIMITS OF COVERAGE:**

	PREMIUM
SOCIAL SERVICE PROFESSIONAL AGGREGATE LIMIT .....	\$3,000,000
SOCIAL SERVICE PROFESSIONAL EACH EVENT LIMIT .....	\$1,000,000

**TOTAL PREMIUM:**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:  
ANI-RRG-E02 01 17, ANI-RRG-E32 01 17,

COUNTERSIGNED:

BY

*Pamela C. D.*

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**"NOTICE : This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."**

**ANI-RRG-SSP**



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RISK RETENTION GROUP (ANI)**

[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

**IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE LIABILITY  
COVERAGE PART DECLARATIONS**

**PRODUCER:**

Glienke Agency, LLC (The)  
1200 Valley West Dr., Ste. 503  
West Des Moines, IA 50266

**POLICY NUMBER: 2018-27684**

**RENEWAL OF NUMBER: 2017-27684**

**NAME OF INSURED AND MAILING ADDRESS:**

Bridge Behavioral Health, Inc. (The)

721 K Street  
Lincoln, NE 68508

**POLICY PERIOD:**

FROM 7/1/2018 TO 7/1/2019  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Substance abuse treatment center

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.**

**LIMITS OF COVERAGE:**

	<b>PREMIUM</b>
GENERAL AGGREGATE LIMIT .....	\$3,000,000
EACH CLAIM LIMIT .....	\$1,000,000

NOTE: The limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for Defense Costs.

**TOTAL PREMIUM:**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:  
ANI-RRG-E57 02 12, ANI-RRG-ISCET 06 18,

6/6/2018

BY

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**"NOTICE : This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."**

**ANI-RRG-ISC**