

GRANT CONTRACT AMENDMENT

This Amendment is hereby entered into by and between **COUNTY OF LANCASTER, NEBRASKA**, a political subdivision, hereinafter referred to as “Sponsor”, and **FAMILY VIOLENCE COUNCIL** a nonprofit corporation, hereinafter referred to as “Grantee”, for the purpose of amending the Grant Contract dated February 13, 2018, executed under County Contract No. C-18-0075 (“Contract”), for the Improved Community Response to Sexual Assault and Legal Advocacy Relating to Protection Orders and Immigrants in Lancaster County program, which Contract is made a part of this amendment by this reference.

WHEREAS, the original term of the Contract is October 1, 2017 through September 30, 2019; and

WHEREAS, Sponsor shall not be liable for any costs incurred prior to the beginning, or after the conclusion, of the Term, as amended; and

WHEREAS, the parties desire to decrease the amount of funding under this Contract by \$1,800 for a new total of \$62,451;

NOW THEREFORE, in consideration of the mutual covenants contained in the Contract and as stated herein, the parties agree as follows:

- 1) Sponsor shall not be liable for any costs incurred prior to the beginning, or after the conclusion, of the Term, as amended.
- 2) The parties desire to decrease the amount of funding under this Contract by \$1,800 for a new total of \$62,755.
- 3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The parties 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 20th day of September, 2019.

Family Violence Council,
Grantee

By: **Bob Moyer** Digitally signed by Bob Moyer
Date: 2019.09.20 10:43:20
-05'00'

Bob Moyer, Executive Director
Name, Title

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

LANCASTER COUNTY, NEBRASKA
A Political Subdivision, Sponsor

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

By: _____
for Pat Condon
Lancaster County Attorney

By: _____
Roma Amundson, Chair,
Lancaster County Board of Commissioners



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/13/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSPRO Insurance P.O. Box 6847 Lincoln, NE 68506 402 483-4500	CONTACT NAME: Katie Brooks PHONE (A/C, No, Ext): 402-483-4500 E-MAIL ADDRESS: kbrooks@insproins.com		FAX (A/C, No): 402-483-7977
	INSURER(S) AFFORDING COVERAGE		
INSURED Family Violence Council 4600 Valley Road Ste 408 Lincoln, NE 68510	INSURER A : The Hartford		NAIC # 22357
	INSURER B : Carolina Casualty Insurance Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			91SBAUG7477	07/18/2019	07/18/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			91SBAUG7477	07/18/2019	07/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	91WECIN3493	07/18/2019	07/18/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	Management Liability			1631077	04/17/2019	04/17/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lincoln &/or Lancaster County is Listed as additional insured in regards to General Liability on a primary and occurrence basis including a 30-day notice of cancellation.

CERTIFICATE HOLDER City of Lincoln &/or Lancaster County &/or City of Lincoln Lanca 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
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77 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any
74 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
UG insurance company of The Hartford Insurance Group shown below.

SBA

INSURER: HARTFORD CASUALTY INSURANCE COMPANY
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: 3



Policy Number: 91 SBA UG7477 SA

SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: FAMILY VIOLENCE COUNCIL
(No., Street, Town, State, Zip Code)

4600 VALLEY RD
LINCOLN NE 68510

Policy Period: **From** 07/18/19 **To** 07/18/20 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: INSPRO INC
Code: 910071

Previous Policy Number: 91 SBA UG7477

Named Insured is: ASSOCIATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$500 MP

IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR
POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

Countersigned by *Suean L. Castaneda*
Authorized Representative

05/07/19
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 91 SBA UG7477

ADDITIONAL INSURED: THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN THIS POLICY.

LOCATION	001 BUILDING 001
TYPE	PERSON ORGANIZATION
NAME	SEE FORM IH 12 00

POLICY NUMBER: 91 SBA UG7477



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

CITY OF LINCOLN
575 S. 10TH ST
LINCOLN, NE 68508

LANCASTER COUNTY
575 S. 10TH ST
LINCOLN, NE 68508