

## GRANT CONTRACT AMENDMENT

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

WHEREAS, the parties entered into a Grant Contract executed by the County on September 17, 2019, under County Contract No. C-19-0706 (“the Grant Contract”), for the Men With Dreams program; and

WHEREAS, the Grant Contract provided funding in the amount of \$21,953 through a grant from the Nebraska Commission on Law Enforcement and Criminal Justice Juvenile Services Grant (#19-JS-0421); and

WHEREAS, the Sponsor and Grantee desire to increase the funding for the Grant Contract by \$1,271.43.

NOW THEREFORE, in consideration of the mutual covenants contained in the September 17, 2019, Grant Contract under County Contract Number C-19-0706 and hereinafter, it is agreed by and between the parties that the following amendment to the Grant Contract be made:

1. Amend Paragraph 5 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 during the Term, the Sponsor shall make a Grant in the amount of \$23,224.43 (Twenty Three Thousand Two Hundred Twenty Four Dollars and Forty Three Cents), from the Outside Grant.

2. Replace Attachment B to the Grant Contract with Attachment B to this Amendment.

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 \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**LIGHTHOUSE,**  
Grantee

By: \_\_\_\_\_

\_\_\_\_\_  
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

**SCOPE OF SERVICES**

The Grantee shall perform the following services:

- Use the Clifton Strength Finders assessment for at least 30 youth in the Youth Services
- Facilitate youth coaching
- Provide follow-up services with youth exiting the Youth Services Center to continue to help them achieve their goals
- Attend quarterly Juvenile Justice Review Committee meetings.
- Submit quarterly reports as required.
- Adhere to the attached budget.
- Provide a training on the Strength's Finder Assessment tool for up to 60 community providers.

**APPROVED BUDGET**

| Category                          | Amount |
|-----------------------------------|--------|
| <b>Personnel</b>                  |        |
|                                   |        |
|                                   |        |
|                                   |        |
| <b>Personnel Total</b>            |        |
| <b>Consultants/Contracts</b>      |        |
|                                   |        |
|                                   |        |
|                                   |        |
| <b>Consultant/Contracts Total</b> |        |
| <b>Travel</b>                     |        |
|                                   |        |
|                                   |        |
|                                   |        |
| <b>Travel Total</b>               |        |
| <b>Operating Expenses</b>         |        |
|                                   |        |
|                                   |        |
|                                   |        |
| <b>Operating Expenses Total</b>   |        |
| <b>TOTAL</b>                      |        |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2019

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

|  |  |  |                        |
|--|--|--|------------------------|
| <b>PRODUCER</b><br>UNICO Group, Inc.<br>1128 Lincoln Mall<br>Suite 200<br>Lincoln NE 68508 |  | <b>CONTACT NAME:</b> Vickie Roth<br><b>PHONE (A/C, No, Ext):</b> (402)434-7200<br><b>FAX (A/C, No):</b> (402)434-7272<br><b>E-MAIL ADDRESS:</b> vroth@unicogroup.com |                        |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                        |
|  |  | <b>INSURER A:</b> Cincinnati Insurance Co.   | <b>NAIC #</b><br>10677 |
| <b>INSURED</b>   |  | <b>INSURER B:</b> FirstComp  | 27626                  |
| Lighthouse INC DBA Lighthouse<br>2601 N St<br><br>Lincoln NE 68510-1334                    |  | <b>INSURER C:</b>  |                        |
|  |  | <b>INSURER D:</b>  |                        |
|  |  | <b>INSURER E:</b>  |                        |
|  |  | <b>INSURER F:</b>  |                        |

**COVERAGES**      **CERTIFICATE NUMBER:** 19/20 Lines      **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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | EPP 0154282        | 07/01/2018              | 07/01/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | EBA 0154282        | 07/01/2019              | 07/01/2020              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Underinsured motorist \$ 1,000,000  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          | EPP 0154282        | 07/01/2018              | 07/01/2021              | COMBINED SINGLE LIMIT<br>EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | WC0180504-03       | 07/19/2019              | 07/19/2020              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                      |
| A        | Directors & Officers  |           |          | EMN 054 29 92/2022 | 07/01/2019              | 07/01/2020              | \$3,000,000  |

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

City of Lincoln and Lancaster County is listed as additional insured with a 30 day notice of cancellation provision except for non-payment of premium in which a 10 day notice is provided. The Workers Compensation policy includes a waiver of subrogation endorsement that provides a waiver in favor of the certificate holder/entity(ies) when required by written contract with the named insured prior to a loss.

**CERTIFICATE HOLDER**

City of Lincoln and Lancaster County  
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  
*Vickie Roth*

© 1988-2015 ACORD CORPORATION. All rights reserved.

## ADDITIONAL COVERAGES

|                      |   |                        |                   |                 |
|----------------------|---|------------------------|-------------------|-----------------|
| Ref #                | Description<br>Uninsured motorist combined single limit | Coverage Code<br>UMCSL | Form No.          | Edition Date    |
| Limit 1<br>1,000,000 | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium              |   |                        |                   |                 |
| Ref #                | Description<br>Medical payments                         | Coverage Code<br>MEDPM | Form No.          | Edition Date    |
| Limit 1<br>10,000    | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium              |   |                        |                   |                 |
| Ref #                | Description<br>Umbrella(C)                              | Coverage Code<br>CUMBR | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>\$714.00  |   |                        |                   |                 |
| Ref #                | Description<br>CATAS                                    | Coverage Code<br>CATAS | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>\$44.00   |   |                        |                   |                 |
| Ref #                | Description<br>Flex "basket" Coverage                   | Coverage Code<br>FLEX  | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>-\$427.00 |   |                        |                   |                 |
| Ref #                | Description<br>Add'l for policy minimum premium         | Coverage Code<br>APMP  | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>\$21.00   |   |                        |                   |                 |
| Ref #                | Description<br>Premium discount                         | Coverage Code<br>PDIS  | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>-\$73.00  |   |                        |                   |                 |
| Ref #                | Description<br>Increased employer's liability           | Coverage Code<br>INEL  | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>\$54.00   |   |                        |                   |                 |
| Ref #                | Description<br>Adjst. to reconcile-exp mod. premium     | Coverage Code<br>AREM  | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>-\$832.00 |   |                        |                   |                 |
| Ref #                | Description<br>Waiver of Subrogation                    | Coverage Code<br>WWSUB | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>\$100.00  |   |                        |                   |                 |
| Ref #                | Description<br>Expense constant                         | Coverage Code<br>EXCNT | Form No.          | Edition Date    |
| Limit 1              | Limit 2   | Limit 3                | Deductible Amount | Deductible Type |
| Premium<br>\$180.00  |   |                        |                   |                 |

**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)<br>Or Organization(s)   | Location(s) Of Covered Operations   |
|--|---|
| CITY OF LINCOLN AND/OR LANCASTER COUNTY  | ANY LOCATION AT WHICH WORK OR OPERATIONS ARE PERFORMED BY YOU OR ON YOUR BEHALF |
| 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.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION OR NONRENEWAL BY US  
NOTIFICATION TO A DESIGNATED ENTITY**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS PACKAGE POLICY  
CLAIMS-MADE EXCESS LIABILITY COVERAGE PART  
COMMERCIAL AUTO COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART  
DENTIST'S PACKAGE POLICY  
ELECTRONIC DATA LIABILITY COVERAGE PART  
EXCESS LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART  
PRODUCT WITHDRAWAL COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE PART  
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART  
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY**

**SCHEDULE**

Name and mailing address of person(s) or organization(s):

**CITY OF LINCOLN AND/OR LANCASTER COUNTY  
555 N 10TH ST  
LINCOLN, NE 68508**

Number of days notice (other than nonpayment of premium): 30

- A.** If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least the number of days shown in the Schedule before the effective date of cancellation or nonrenewal.
- B.** If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least 10 days before the effective date of cancellation.
- C.** If notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.
- D.** In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|   |                                 |
|---|---------------------------------|
| Endorsement Effective:<br>07-01-2019                | Policy Number:<br>EBA 015 42 82 |
| Named Insured:<br><br>LIGHTHOUSE INC DBA LIGHTHOUSE |                                 |
| Countersigned by:                                   |                                 |

(Authorized Representative)

The person or organization named in the following schedule is an "insured" to the extent of their liability for the conduct of another "insured" as provided in **SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who is an Insured, Paragraph c.**

**Schedule**

Additional Insured

CITY OF LINCOLN AND/OR LANCASTER COUNTY

Address:

555 N 10TH ST  
LINCOLN, NE 68508

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

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.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

| Subrogant Information   | Class Code | Schedule | Description   | Payroll |
|---|------------|----------|---|---------|
| City Of Lincoln Lancaster County Human Services<br>555 S. 10th St<br>Lincoln NE 68508 | 8864       |          | Social Services Organizations - All Employees and Salespersons, Drivers | \$0.00  |

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective 07/19/2019 Policy No. WC0180504-03 Endorsement No.

Insured: Lighthouse Inc. Premium (See Attached)

Insurance Company: FirstComp Insurance Company Countersigned by \_\_\_\_\_

WC000313  
Ed. 4-84  
© 1983 National Council on Compensation Insurance.